

WE ARE UNABLE TO PROCESS YOUR REFERRAL UNTIL WE RECEIVE THIS FORM

Please note that all referrals must be made with the consent of the family.  
**Information on this form will be shared with the family.**

Family No. <i>(office use only)</i>
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Parent 1 Name:		Parent 1 Gender:	Main Carer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Birth:	Parent 1 Ethnicity:	Parent 1 Disability: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Parent 2 Name <i>(if living in household):</i>		Parent 2 Gender:	Main Carer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Parent 2 Date of Birth:	Parent 2 Ethnicity:	Parent 2 Disability: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Full address including postcode:
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Contact telephone no.:	Is an interpreter required for this family? Yes <input type="checkbox"/> No <input type="checkbox"/>
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**Referred by:**

Name:	Address including postcode:
Role:	
Agency:	Tel No:
Email address:	
Other agencies involved:	

Please tick which **one** of the four projects below you wish to refer to, choosing the most appropriate for this family.

- 1. **Time to Talk:** Group support for parents/carers and family members of children with additional needs.
- 2. **Diamond Family Support:** Intense support for families with multiple and complex needs.
- 3. **Nurturing Families Programme:** Support for parents of young children to build confidence, improve communication skills and improve attachment with primary caregiver.
- 4. **Parents Together:** Support for families to reduce social isolation and loneliness.

In addition, if you feel the family would benefit from Family Links Nurturing Parenting Programme please tick here.

**Family Links Nurturing Parenting Programme**

**Details of all children under 18:**

Child's Name Eldest First	Gender		Date of Birth	Considered disabled by main carer?	Asian or Asian British				Black or Black British			Chinese		Mixed				White			Any Other Back-ground <i>(specify)</i>	Subject to assessment of needs e.g. Early Help <i>(See extra info reqrd below)</i>	Child in Need	Child Care / Protection Plan
	Male	Female			Indian	Pakistani	Bangladeshi	Other Asian <i>(specify)</i>	Caribbean	African	Other Black <i>(specify)</i>	Chinese	Chinese Other <i>(specify)</i>	White & Black Caribbean	White & Black African	White & Asian	Other Mixed <i>(specify)</i>	British	Irish	Other White <i>(specify)</i>				

*For families with more than four children, please attach additional sheet*

Next Early Help Meeting. Please supply date, time, venue, name of lead professional and telephone no.

**Please tick all that apply:**

Lone parent	Substance abuse	Domestic abuse	Emotional wellbeing / mental health issues
Learning difficulties	Financial difficulties	Communication	Teenage pregnancy 21 years or younger

Background information: *(please attach an additional sheet if more space required)*

Referrer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: *(optional)* \_\_\_\_\_ Date: \_\_\_\_\_

**Checklist for Referrer:**

- 1. Family have consented to referral
- 2. If an Early Help, Child in Need or Child Protection Plan is in place – Signs of Safety Action Plan is attached
- 3. Risk assessment is attached

We try to respond to all referrers within 8 weeks after receiving the referral to report progress.  
If you have any issues or concerns about the referral process or the support for the family, please contact us.

**Return to: CAFS, Bridge Centre, Birches Head Road, SOT, ST2 8DD. Tel: 01782 863762; Email: [info@cafstaffordshire.org.uk](mailto:info@cafstaffordshire.org.uk)**