

**CAFS (CHILDREN & FAMILIES STAFFORDSHIRE)  
REFERRAL FORM**



**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. *Have you discussed this referral with the family prior to completing this form?* YES  NO

We try to respond to all referrers within 4 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.

**Information on this form will be shared with the family.**

Family No. <i>(office use only)</i>
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Name of parent 1:	Main Carer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of parent 2:	Main Carer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Full address including postcode:	
Contact telephone no.:	
Email address:	Communication preference (please indicate): Post <input type="checkbox"/> Tel. call <input type="checkbox"/> text <input type="checkbox"/> email <input type="checkbox"/>

Is an interpreter required for this family?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**Referred by:**

Name:	Family Doctor & Tel No:
Role:	
Agency:	Health Visitor & Tel No:
Address including postcode:	
Email:	Other agencies involved:
Tel No:	<i>For Office Use only: Date of initial visit?</i>

**Family needs:** So that we can offer the family the most appropriate support, and match the most suitable volunteer, please complete the following table. Please note that there is not a 'points' system. Families will not be prioritised on the basis of how many categories are ticked. This information, together with information provided by the family, will be used to monitor how our support meets the family's needs.

**I hope that Children & Families Staffordshire will help meet needs the family has in the following areas:**

	<b>Family needs</b>	✓	If you have ticked, please tell us <b>why</b> this is a need
<b>Parenting Skills</b>	1. Managing child's behaviour		
	2. Being involved in the child(ren)'s learning		
	2.a. Building stronger attachments between child & caregiver		
	2.b. Improve parent's ability in supporting children's learning and development		
	2.c. Gain knowledge & skills by taking up volunteering & other learning opportunities		
<b>Parents Wellbeing</b>	3. Coping with own physical health		
	4. Coping with own emotional wellbeing / mental health		
	5. Coping with feeling isolated		
	6. Parent's self-esteem/confidence		
<b>Childrens Wellbeing</b>	7. Coping with child's physical health		
	8. Coping with child's emotional wellbeing/ mental health		
	8.a. Child's confidence & self esteem		
	8.b. Enabling children to be school ready / improved school attendance		
	8.c. Support to access school & community activities		
<b>Family Management</b>	9. Managing the household budget		
	9.a. Improved physical health, healthier lifestyle choices, exercise etc.		
	11. Stress caused by conflict in the family		
	12. Coping with extra work caused by multiple birth / children under 5		
	14. Other (please describe)		

**Details of children (include details of all children under 18)**

Child's name Eldest first	Gender		Date of birth	School Attended	Immigration status			Considered to be disabled by main carer? Tick if yes (✓)	Asian or Asian British				Black or Black British			Chinese or Other Ethnic Group		Mixed	White			Subject to assessment of needs e.g. Early Help (✓) See extra info required below.	Child in need (✓) e	Child care/ protection plan (✓)
	Male	Female			Asylum seeker	Refugee	Pending		Indian	Pakistani	Bangladeshi	Other Asian	Caribbean	African	Other	Chinese	Other Ethnic	Any mixed	British	Irish	Other White			
C1.																								
C2.																								
C3.																								
C4.																								
C5.																								
C6.																								
C7.																								

**Next Early Help Meeting. Please supply Date, Time, Venue, Name of Lead Professional and Tel. No.**

**Details of parents & other members of the household with responsibilities for caring for the children and/or living in the house**

	Gender		Date of birth	Immigration status			Consider themselves to be disabled?  ✓ if yes?	Asian or Asian British				Black or Black British			Chinese or Other Ethnic Group		Mixed	White		
	Male	Female		Asylum seeker	Refugee	Pending		Indian	Pakistani	Bangladeshi	Other Asian	Caribbean	African	Other	Chinese	Other Ethnic		Any mixed	British	Irish
Main Carer																				
Partner living in household																				
Other Please specify e.g. Grandparent																				

Referrer's Signature:

Date:

Parent's Signature:  
*(Optional)*

Date:

Thank you for taking time to provide this information which will help us to process the referral.

## Extra Information Sheet

Please indicate all that apply:

lone parent	substance abuse	domestic abuse	emotional wellbeing/ mental hlth issues	learning disabilities	teenage pregnancy 19yrs or younger	communication difficulties	financial difficulties
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Background Information:

Please outline any medical problems in the family:

Any relevant historical background information re parents / children:

Any issues relating to health and safety: