

## REFERRAL FORM

**Date of referral:** .....

- Please note that we will be unable to process your request until we receive this form (requests are considered every Wednesday at our team meeting)
- Please note that all requests must be made with the consent of the family.

Have you discussed this request **and its content** with the family prior to completing this form? **YES / NO**

Do the parents give consent for HPP to contact them? **YES/NO**

Referral for **Families First Assessment (FFA)\***

**Parent Support**

\*formerly known as CAF

**Referred by:**

Name: ..... Telephone Number: .....

Email: .....

Family Details	Address	Telephone numbers
<b>Mother:</b> .....	..... .....	<b>Mobile:</b> .....
<b>Father/Partner:</b> .....	..... .....	<b>Home:</b> .....
Single Parent: Yes /No	<b>Post Code</b> .....	<b>Work:</b> .....
<b>Email:</b>		

**Availability (for meetings):** Family.....

(Please note: we will try to take account of your availability when arranging meetings but this cannot be guaranteed.)

Name of Child	M/F	D.O.B.	School attending	Year Group	CP/CIN EHCPlan (please specify)

**Ethnicity of main carer:**

Bangladeshi	Indian	Pakistani	White and Asian	Any other Asian Background
Black African	Black Caribbean	White and Black African	White and Black Caribbean	Any other Black Background
White British	White Irish	Traveller of Irish Heritage	Gypsy Roma	Any other White Background
Chinese	Any other Ethnic Group.....	Information refused	Information not yet obtained	Any other mixed background

**I hope that Harpenden Plus Partnership will help meet the needs that the family has in the following areas (please tell us why this is a need and how we may be able to help):**

1. Parents emotional health and wellbeing	
2. Parents self-esteem	
3. Parents physical health and wellbeing	
4. Childs emotional health and wellbeing	
5. Childs physical health and wellbeing	
6. Managing behaviour	
7. Family routines	
8. Stress in the family	
9. Family learning	
10. School attendance/transition	
11. Other (please describe)	

**Please provide any other details about the family that you feel relevant to support this referral:**

**Other agencies involved:**

Family Doctor: ..... Telephone Number: .....

Name and Role: ..... Telephone Number: .....

Name and Role: ..... Telephone Number: .....

**Risk Assessment**

Please tell us of any Health and Safety issues that we need to consider when placing a member of staff with this family.

**Managers Approval (For Office Use Only)..... Date.....**

**Family Support Worker allocated..... CAF / PS Signposting / PS Family Star**