



Home-Start Referral Form

Date of referral: [Click here to enter a date.](#)
office use only)

FAMILY NUMBER:(Home-Start

Referral criteria (please tick to indicate that all factors are present):

Lives in Hampshire (Portsmouth or Gosport – contact us to discuss other areas)	<input type="checkbox"/>
At least one child in the family is aged 0-11	<input type="checkbox"/>
At least one member of the family serves in the Royal Navy or Royal Marines	<input type="checkbox"/>
Parent / carer have agreed to referral (see signature at bottom of page 2)	<input type="checkbox"/>

***PLEASE COMPLETE ALL AREAS OF THIS REFERRAL FORM. IT SHOULD BE COMPLETED
WITH THE FAMILY BEING REFERRED WHENEVER POSSIBLE***

To be completed by parent(s):

What would you like to get out of having a Home-Start volunteer?

Please tick to say that you are happy to be contacted in the following ways:

email *phone* *text* *letter*

Please sign here to confirm that you understand we will holding your personal data in accordance with guidelines at Home-Start

Home-Start RNRMC referral form

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To discuss a referral. Please call **02392 734400** quoting RNRMC ~ Details can be found on www.home-starthampshire.org.uk

Completed referrals should be sent to snhs.homestartportsmouth@nhs.net (secure and confidential email address)

Project is jointly delivered by **Home-Start Portsmouth** (reg charity no 1124943) and **Home-Start Hampshire** (reg charity no 1144661)

Signature:

Date:

NAME OF MAIN CARER: Enter name ADDRESS: Enter address. Postcode: Enter Postcode Tel. No: Enter phone number Email: Enter email address	NAME OF REFERRER: : Enter name ADDRESS: Enter address. Postcode: Enter Postcode Tel. No: Enter phone number Email: Enter email address
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Please provide details of ALL members of the household:

	Name	Gender: M/F	Date of Birth:	Considered Disabled Y/N	Ethnicity:
Adults in household	Parent / Carer		Click here to enter a date.	Y/N	Choose an item.
	Parent / Carer / Partner		Click here to enter a date.	Y/N	Choose an item.
	Any other adults in household		Click here to enter a date.	Y/N	Choose an item.
Child(ren)	Enter Name.		Click here to enter a date.	Y/N	Choose an item.
	Enter Name.		Click here to enter a date.	Y/N	Choose an item.
	Enter Name.		Click here to enter a date.	Y/N	Choose an item.
	Enter Name.		Click here to enter a date.	Y/N	Choose an item.

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Enter Name.		Click here to enter a date.	Y/N	Choose an item.
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Current Assessments and Plans:

If an Early Help Assessment has been completed, please enclose

Date of Assessment / most recent review: **Date:**

Date of next TAC / TAF meeting **Date:**

OR

If there is a child in the family subject to a Children In Need or Child Protection Plan, please provide the name and contact details of Social Worker [Click here to enter text](#)

Which of the areas below are currently causing difficulties within the family? (please tick)

1. Children's physical health (accessing health appointments, nutrition, exercise & sleep)	
2. Parental well-being (emotional & mental health, drug or alcohol use, domestic abuse)	
3. Meeting children's emotional needs (parent / child relationship, building resilience & connection)	
4. Keeping children safe (home environment, internet safety, domestic abuse, bullying & racial harassment)	
5. Social networks (family, friends, social life & community)	
6. Education & learning (early development, learning through play, school, homework)	
7. Boundaries & behaviours (maintaining appropriate boundaries)	
8. Family routine (bedtimes, mornings, basic care, doing things together)	
9. Home & money (managing household expenses & budgeting)	
10. Progress to work (stability at home, work skills, training, volunteering, job applications)	
11. Other (please describe)	

Does the family have any of the following factors present? (please tick)

- Lone Parent
- Drug / alcohol / substance misuse
- Domestic violence
- Post-natal depression
- Requires an interpreter
- Teenage parent
- Other mental health difficulties

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Is there any other information you would like to include? e.g. any health and safety considerations such as smokers in the family / large pets etc.?

[Click here to enter text.](#)

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