Family Support Hub Referral Form

Reference Number: .......................... Date Received: ..........................
(For Office Use Only)

<table>
<thead>
<tr>
<th>Referral Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of family or individual referred:</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Postcode</td>
</tr>
<tr>
<td>Tel No</td>
</tr>
</tbody>
</table>

Please specify below which family member(s) require support.

<table>
<thead>
<tr>
<th>Family Information</th>
<th>Name</th>
<th>Date of Birth</th>
<th>Requires Support (Y/N)</th>
<th>Ethnicity</th>
<th>Language Spoken</th>
<th>Disability/Health Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent 1</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Parent 2</td>
<td></td>
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</tr>
<tr>
<td>Carer/Guardian</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

(Continue on a separate sheet if required)

<table>
<thead>
<tr>
<th></th>
<th>Name</th>
<th>Date of Birth</th>
<th>Requires Support (Y/N)</th>
<th>Ethnicity</th>
<th>Language Spoken</th>
<th>School Attended</th>
<th>Disability/Health Issues Please Outline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child/YP1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child/YP2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child/YP3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child/YP4</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Are there any barriers to communication? For example, language, sensory impairment, disability, etc? Yes / No If yes, please specify.

<table>
<thead>
<tr>
<th>Other Agencies Involved</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>G.P.</td>
<td></td>
</tr>
</tbody>
</table>
Reason for Referral (Continue on separate sheet if required)

Type of Service/Programme Requested

Has the family/individual previously engaged with a Family Support Hub? (Yes / No)
If Yes, please specify area and date?

Confirmation of Consent: PLEASE READ CAREFULLY THROUGH COMPLETED FORM BEFORE SIGNING

- I have read and understood the Family Support Hub Information Leaflet.
- I consent to myself/my family/my child (delete as appropriate) being referred to the Family Support Hub and on to an appropriate service provider.
- I understand and agree with the information provided and the referral to the Family Support Hub.
- I understand that a further needs assessment may be required, in consultation with myself, in order to identify service(s) required.
- I understand that in order to access an appropriate service there will be a need to share information about myself or my family with Hub Members, however this will be on an agreed ‘need to know’ basis.

*Signed ……………………………………….. (Parent/Person with Parental Responsibility/Individual)

Date …………………

Referred By: | Contact Details
---|---
Name: | Address:
Agency: | Post code:
Date: | Tel. No:

Additional Information:

Signed ……………………………………….. (Referrer) Date …………………

*Referral Forms will not be accepted without signature to confirm consent.

Refferrals submitted electronically will not be accepted.
# Family Support Hub Referral Record

**For office use only (Hub Lead Body)**

<table>
<thead>
<tr>
<th>Referral Form Identifier Number:</th>
<th>Date Referral Received:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previously Referred to Hub: Y/N</td>
<td>Date Referred:</td>
</tr>
<tr>
<td>Date Of Initial Contact:</td>
<td>Electoral Ward:</td>
</tr>
<tr>
<td>Service Unavailable: Y/N</td>
<td>SOA:</td>
</tr>
<tr>
<td>Family Assessment Required: Y/N</td>
<td>By Whom:</td>
</tr>
<tr>
<td>Referred To:</td>
<td>Service Declined: Y/N</td>
</tr>
<tr>
<td>Date:</td>
<td></td>
</tr>
</tbody>
</table>

### Decision made by the Family Support Hub
- Accepted and Signposted
- Signposted but family did not engage
- Rejected assessed as at Tier 3
- Rejected for other reason *(Please Specify)*

### Services Attended
- Number of children/parent referred on who took up the service offer
- Number of children/parent referred on who did not take up the service offer

### Programmes Completed
- Number who completed the intervention referred to
- Number who did not complete the intervention referred to

### Outcomes of Service Intervention
- Number who completed the intervention referred to with positive outcome
- Number who completed the intervention referred to with no positive outcome

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**Hub Co-ordinator Signature** …………………………………………………………………………………

**Date** ………………………………………………………

Version 0.3 Nov 2014