 **Referral Form**

**Please make sure that you have the permission of the Parent/s to share this information** with Parent and Child Together North East.

On our part we will respect the confidentiality of the family being referred and if the referral does not proceed we will destroy this information within one month.

**About the referrer…**

|  |  |
| --- | --- |
| Name |  |
| Agency or organisation |  |
| Job title |  |
| Team Leader/Manager |  |
| Address  Postcode |  |
| Work telephone number |  |
| Mobile number |  |
| Work email |  |

**About the Family…**

|  |  |  |
| --- | --- | --- |
| Name (Parent 1) |  | |
| D.O.B. |  | |
| Contact number |  | |
|  | | |
| Name (Parent 2) |  | |
| D.O.B. |  | |
| Contact Number |  | |
|  | | |
| Child 1 (Name and Age) |  |  |
| Child 2 (Name and Age) |  |  |
| Child 3 (Name and Age) |  |  |
| Child 4 (Name and Age) |  |  |
|  | | |
| Current Family Address  Postcode |  | |
|  | |
|  | |
|  | |

**Briefly explain the reason for this referral?**

|  |
| --- |
|  |

**What do you believe are the family’s greatest vulnerabilities?**

|  |
| --- |
|  |

**What do you think are the family’s greatest strengths?**

|  |
| --- |
|  |

**How do you feel the family will benefit from a stay at Eagle House?**

|  |
| --- |
|  |

**HAVE ANY OF THE APPLICANTS BEEN CONVICTED OF THE FOLLOWING?**

* Arson Yes / No (Please circle your response)
* Sexual or violent offences Yes / No (Please circle your response)

In you have answered **Yes** to either question please summarise below

Parent1

|  |
| --- |
|  |

Parent2

|  |
| --- |
|  |

**DO ANY OF THE APPLICANTS OR ANY FAMILY MEMBER HAVE ANY OTHER CONVICTIONS OR COURT CASES PENDING?** Yes / No (please circle)

If **Yes** please summarise below. Please include the offence (or alleged offence) and date

Parent1

|  |
| --- |
|  |

Parent2

|  |
| --- |
|  |

**CURRENT HOUSING** (Please Tick below)

|  |  |  |  |
| --- | --- | --- | --- |
| Private rented |  | Council tenancy |  |
| Housing association tenancy |  | Supported housing |  |
| Foster care |  | Rehab unit |  |
| Hostel |  | Friends/Family |  |
| Parental home |  | Rough sleeping |  |
| B & B |  | Hospital ward |  |
| Residential care |  | NFA |  |
| Prison |  | Other (please specify below) |  |

|  |
| --- |
| Other Housing: |

**CURRENT HOUSING RELATED ISSUES** (Tick all boxes that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| Never had independent accommodation |  | Had previously tied property |  |
| History of rent arrears |  | Relationship breakdown |  |
| Overcrowding |  | History of noise nuisance |  |
| Evicted from previous accommodation |  | Escaping sexual harassment or violence |  |
| Leaving residential care |  | Hospital discharge |  |
| Mobility issues affecting access |  | Care leaver leaving foster care |  |
| Anti-social behaviour |  | Prison discharge |  |
| History of rough sleeping and street activity |  | History of abandoning tenancies |  |
| History of false allegations |  | Other (please specify) |  |

1. **EMPLOYMENT, TRAINING OR EDUCATION**

Please provide a summary below highlighting the current or most recent employment, training or education

Parent1

|  |
| --- |
|  |

Parent2

|  |
| --- |
|  |

1. **DOES THE FAMILY RECEIVE BENEFITS?** Yes / No (circle one)

If **Yes** please summarise each benefit and the amount received (including frequency)

Parent1

|  |
| --- |
|  |

Parent2

|  |
| --- |
|  |

As a Family

|  |
| --- |
|  |

1. **DOES THE FAMILY HAVE OUTSTANDING DEBTS?** Yes / No (circle one)

If **Yes** please summarise debtors and outstanding amounts below

Parent1

|  |
| --- |
|  |

Parent2

|  |
| --- |
|  |

As a family

|  |
| --- |
|  |

1. **DOES A FAMILY MEMBER EXPERIENCE MENTAL Ill HEALTH?** Yes / No

If **Yes** please summarise any diagnosed mental health conditions below

Parent1

|  |
| --- |
|  |

Parent2

|  |
| --- |
|  |

Other family members

|  |
| --- |
|  |

1. **DOES A FAMILY MEMBER HAVE A PHYSICAL OR LEARNING DISABILITY** Yes / No

If **Yes** please summarise below

Parent1

|  |
| --- |
|  |

Parent2

|  |
| --- |
|  |

Other family members

|  |
| --- |
|  |

1. **HAS A FAMILY MEMBER EXPERIENCED SUBSTANCE DEPENDENCY?** Yes / No

If **Yes** then please tick the box that best describes the current situation

|  |  |  |  |
| --- | --- | --- | --- |
|  | Parent 1 | Parent 2 | Other Family Member |
| Alcohol dependent |  |  |  |
| Drug dependent |  |  |  |
| On methadone maintenance/reduction programme |  |  |  |
| IV drug use |  |  |  |
| Completed rehab or detox programme |  |  |  |
| Attending counselling or day programme |  |  |  |
| Additional Information/ Comments | | | |

1. **ADDITIONAL SUPPORT NEEDS**

Please take a few moments to tick the boxes that best apply

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Parent 1** | | | **Parent 2** | | |
| Always | Some-times | Not at all | Always | Some-times | Not at all |
| Physical health and self-care |  |  |  |  |  |  |
| Mental health and emotional wellbeing |  |  |  |  |  |  |
| Parenting and keeping your child/children |  |  |  |  |  |  |
| Daily living skills and family routines |  |  |  |  |  |  |
| Budgeting and debt management |  |  |  |  |  |  |
| Social networks |  |  |  |  |  |  |
| Relationships |  |  |  |  |  |  |
| Trust and hope |  |  |  |  |  |  |
| Education, training and employment |  |  |  |  |  |  |
| Boundaries and behaviour |  |  |  |  |  |  |
| Are there any other areas that the family will need help with? | | | | | | |

1. Are extended family likely to be involved in supporting this family? Yes / No

If **Yes** please give details below

|  |
| --- |
|  |

**MORE TO TELL?**

Please use a separate sheet to provide additional information that might help us to understand the family’s history and current situation. This should include any significant history of the police being called to a family's home, even when that doesn't result in prosecutions.

**SIGNATURES**

Referrer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 1 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 2 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

We will contact you if we need further information in order to make a decision about the suitability of the family for a stay at Eagle House.

**Please return this form to:**

*Parent and Child Together North East*

*Eagle House, Hurworth Moor, Darlington DL2 1QE*

or,

*Email: office@pactne.co.uk*

Thank you for taking the time to complete this form