

Home-Start Richmond, Kingston & Hounslow
 211 Parkway House, Sheen Lane
 East Sheen SW14 8LS

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Richmond, Kingston
 & Hounslow

REFERRAL FORM FOR INTERIM TELEPHONE SUPPORT

Please use this form if you would like to refer yourself or a family you know to our PHONE SUPPORT service at Home-Start Richmond, Kingston & Hounslow (Home-Start). If you are making a referral for a family **you must have their consent**. We support families who have **at least one child under the age of 5 years**.

A. Family Details

Main carer surname: surname	Forename: forename	Date of birth: dd/mm/yyyy
Home address: address		Postcode: postcode
Main telephone number: phone	Email: email	
Borough of: <input type="checkbox"/> Richmond <input type="checkbox"/> Kingston <input type="checkbox"/> Hounslow	Ethnicity: ethnicity	
English spoken/understood by main carer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, main language? language	
Name of partner (if applicable): name	Date of birth: dd/mm/yyyy	
Name(s) of other adults living in household: name	Previous Home-Start support? <input type="checkbox"/> Yes <input type="checkbox"/> No	

	Child's surname:	Forename:	Date of birth:	Gender:	Addtl needs/disability:
1	surname	forename	dd/mm/yyyy	select	please describe
2	surname	forename	dd/mm/yyyy	select	please describe
3	surname	forename	dd/mm/yyyy	select	please describe
4	surname	forename	dd/mm/yyyy	select	please describe
5	surname	forename	dd/mm/yyyy	select	please describe

B. Could you also please tell us:

Are any of the children on a **Child in Need Plan**? Yes No

(Please note that Home-Start is unable to support families where any child is on a Child Protection Plan)

Has any member of the family been subject to domestic violence/abuse? Yes No

If yes, is the domestic violence/abuse current? Yes No

Does any member of the family struggle with drug or alcohol abuse? Yes No

Does any member of the family struggle with mental health concerns? Yes No

If the answer is 'yes' to any of these questions, please provide more details in the boxes in section C.

**C. Please tell us why you would like Home-Start support, using the headings below:
PLEASE NOTE WE CAN ONLY OFFER PHONE AND REMOTE SUPPORT AT THIS TIME**

Emotional and physical wellbeing of children e.g. health concerns, developmental differences, learning difficulties	please describe
Parenting skills e.g. managing behaviour, setting routines, supporting learning and development, providing balanced diet	please describe
Emotional and physical wellbeing of parents e.g. isolation, anxiety, post-natal depression, physical or mental health issues	please describe
Family life e.g. concerns about finances, housing, employment, stress in relationships, difficulty accessing local services	please describe

D. Referrer details:

Name: name	Role: role
Agency: agency	Address: address
Direct contact number: phone	Email: email
Have you visited the family home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other agencies currently supporting family: other agencies

If you are referring yourself, how did you hear about us?

- Family/friend Website Children's Centre Health Visitor/ other professional

HOW TO SUBMIT THIS FORM

Email to: info@homestart-rkh.org.uk (we suggest you password protect this referral and send us the password in a separate text to 07580 249763). If you require any further information about the referral process or Home-Start support please email or call 020 8487 8500.

We aim to contact a family within 2 – 3 weeks from receipt of this form.

Data Protection The information provided in this form will be held in confidence but may be shown to the service user if requested. Information provided by the referrer and service user will be uploaded to our secure cloud-based database and used only for the purpose of providing support to the service user, with their additional consent for sign-posting to other service providers. Home-Start's General Data Protection Regulation (GDPR) Policy will be explained to the family, and consent obtained, at our initial visit. Home-Start will seek the ongoing consent of the family as our support continues in compliance with GDPR. Consent for storage of data may be withdrawn at any time by contacting Home-Start in writing.



Home-Start operates in the boroughs of Richmond, Kingston and Hounslow under the registered name of Home-Start Richmond, Kingston & Hounslow, a company limited by guarantee, registered in England and Wales no 5386801.

Parkway House, Sheen Lane, East Sheen, SW14 8LS. Registered charity no. 1108975.