



POTTON GROUP

WHERE CHILDREN AND FAMILIES MATTER

## Potton Kare Services Family Support Referral

**Please complete all sections of this form**

### Please provide details of all children/young people being referred

Local Authority ID Number	Forename	Surname	DOB	Gender/Identifies as (pronoun)	Ethnicity	Religion	Language

### Home Address Including Postcode

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### Parents/carers Details

Relationship	Name	Contact Number	Gender/Identifies as (pronoun)	Ethnicity	Language

### If Looked After or residing at a temporary placement

#### Placement/Temporary Address Including Postcode

<b>Is this address confidential? (delete as appropriate)</b>   Yes/No

### Foster/temporary Carer Details

Relationship	Name	Contact Number	Language

### Communication: Any Special Communication Needs?

<b>Yes/No (delete as appropriate)</b>	<b>If yes please provide details:</b>

Registered/Statutory Status			
	Y/N	Date/s	Please give details of name of child/young person, dates, category (if known)
Any child in the family currently on a Child in Need Plan?			
Any child in family is or has been on a Child Protection Plan?			
Any child or other family member is/has been looked after by a local authority?			
Any child in the family has a disability?			
Any current criminal proceedings?			

Referral Details				
Name of Referrer	Role of Referrer	Contact Number	Email	Name of Authorising Manager

History of Case and Current Situation/Reason for Support Being Required

Support Details				
<i>**Please note, our minimum charge is 1 hour</i>				
Days/dates visits are required	Time visits are required (if flexible please provide guideline – eg, anytime between 7am-6pm)	Length of visit/s required**	Announced or Unannounced?	Are parents/carers aware of this referral?
<b>Frequency of visits (please specify, weekly, monthly, one off etc)</b>				

Service Requirement	
<b>Proposed start date</b>	
<b>Proposed end/review date</b>	

Work to be undertaken
Please give details of outcomes that need to be achieved
Please indicate the frequency that reports are required (after each visit, weekly etc) Please be mindful of the number of visits per week – For example, if visits are being undertaken 7days per week, one weekly report may not be a sufficient amount in order to provide a detailed account of each visit.

Risk Assessment - Child			
	Y/N	If YES, please provide details <i>e.g. whether this is current or historical</i>	If YES, how would you like this to be managed by the worker?
Has the young person/child(ren) displayed any sexualised/challenging behaviour?			
Has the young person/child(ren) shown aggression towards other children or to adults?			
Are there any other risks that may be posed by the young person/child(ren) that the worker need to be aware of?			

Risk Assessment – Adult/s			
	Y/N	If YES, please provide details <i>e.g. whether this is current or historical</i>	If YES, how would you like this to be managed by the worker?
Does any adult residing in the home have issues of alcohol, solvent, or other substance misuse?			
Has any adult residing in the home ever displayed sexualised behaviour towards children or adults?			
Has any adult residing in the home ever displayed physical threats or violence towards a professional?			
Has any adult residing in the home ever displayed verbal or racist abuse towards a professional?			
Is any adult residing in the home engaging in, or have a history of, criminal activity?			
Are there any other risks that may be posed by any adult residing in the home that the worker need to be aware of?			

Please provide details of where invoices for this service should be sent <b>(Please note, referral will not be accepted if this section is not completed)</b>	
Name	
Role	
Department	
Email	
Telephone number	

Authorisation	
Signed (referrer)	
Date	
Signed (Authorizing Manager)	
Date	