**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**

**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**

**Is this address confidential?**

**Foster/temporary Carer Details**

Relationship

Name

Contact Number

Language

**Communication: Any Special Communication Needs? If yes please provide details:**

**Registered/Statutory Status**

**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 \*\*Please note, our minimum charge is 1 hour**

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?

Frequency of visits (please specify, weekly, monthly, one off etc)

**Service Requirement**

Proposed start date

Proposed end/review date

**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. Please provide details e.g. whether this is current or historical. 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. Please provide details e.g. whether this is current or historical. 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**

**(Please note, referral will not be accepted if this section is not completed)**

Name

Role

Department

Email

Telephone number

**Authorisation**

Signed (referrer)

Date

Signed (Authorizing Manager)

Date