

Family No. _____

Please indicate the support required

Remote Emotional Support Y/N _____

Doorstep Support Y/N _____



**RAINBOW VOLUNTEERS
REFERRAL FORM**

Name of Main Carer _____

Name of Partner _____

Address: _____

Post Code _____ Tel No. _____ Email _____

Full Name(s) of <u>ALL</u> Child(ren)	M/F	D.O.B.	Child Protection Register?
			Yes / No
			Yes / No
			Yes / No
			Yes / No

There must be at least one child under 11 years in the family

Name of Referrer: _____ Agency: _____

Email Address of Referrer: _____ Tel No: _____

Agencies currently involved: _____

Are there any Health and Safety issues that we need to consider when placing a volunteer with this family?

**To enable Home-Start Cymru to offer emotional support to this family
please comment in the relevant boxes**

Family Needs	Need √	Please tell us <u>why</u> this is a need
1. Managing child(ren)'s behaviour		
2. Being involved in the child(ren)'s development/learning		
3. Coping with own mental health		
4. Coping with feeling isolated		
5. Coping with child(ren)'s mental health		
6. Stress caused by conflict in the family		

Practical Doorstep Support – Please Indicate How The Family Can Be Supported

Family Needs	Need √	Please tell us <u>why</u> this is a need
1. Foodbank		
2. Free School Meal Vouchers		
3. Medication Collection		
4. Baby Supplies		
5. Shopping		
6. Other (please state)		

Do you have the consent of the family for this referral? Yes / No

Have you visited the family home? Yes / No

Have you discussed this referral with Home-Start Cymru? Yes / No

Signed (Family) _____

Signed (Referrer) _____