

Office use only Family ID:

Cumbria Family Support

REFERRAL FORM FOR CFS SERVICES

IT IS ADVISABLE TO RING AND CHECK AVAILABILITY WITH THE FAMILY SUPPORT COORDINATOR BEFORE COMPLETING THIS FORM.

Children in Family

Childs/young person's Surname	Child/young person's First name	Date of Birth	School

Family Details

PRINCIPAL CARERS:			
Surname	First name	Relationship to child/young person	Parental responsibility
			Yes / No
			Yes / No

Address including post code			
Phone numbers of parents Mobile and land line			
Ethnicity and religion			
1st Language		Interpreters required? YES / NO	
Nature of any Special Needs			
Email Address			

Other significant people in the children's lives

NAME	Relationship to Child/ Children	Address	Telephone number

Please tell us about the children and their family

If an Early Help Assessment or Initial Assessment has been carried out please attach a copy to this form

What is going well?

What is not going so well?

What needs to happen?

Please include what support from CFS would help this family

**Is there any historical information which is appropriate to share and would help us to support this family?
Please attach a genogram if one has been drawn up.**

KEY AGENCIES (please record all agencies that you know are working with the child/family including both voluntary and statutory)

Name	_____	Name	_____
Address	_____	Address	_____
	_____		_____
Postcode	_____	Postcode	_____
Tel	_____	Tel	_____
Email	_____	Email	_____

(Please continue overleaf if necessary)

Referred by _____ **Date** _____

Agency/relationship to child/young person _____

Address _____

Tel _____ **Email** _____

Referrer's signature _____ **Date** _____

As an organisation we do not tolerate any violent or aggressive behaviour towards members of staff or volunteers.

PARENTAL CONSENT

I agree with the information on this form being shared with Cumbria Family Support to help me meet the needs of my child/children

Signature of Parent/carer Name of Parent/carer

Date

CUMBRIA FAMILY SUPPORT
RISK ASSESSMENT

This form is to enable Cumbria Family Support to plan and provide a service which is safe for staff, volunteers and other service users.

FAMILY NAME: _____

Family ID: _____

ADULTS	YES	NO
Does any adult closely connected to the family (including ex-partners) have any convictions that the Association should be aware of eg identified as presenting a risk, or potential risk, to children, convictions for violence?		
If yes please give details		
Does any adult closely connected to the family (including ex-partners) have any known aggressive, violent or intimidating behaviour including domestic violence, either now or in the past?		
If yes please give details		
Are there any mental or physical health conditions that would need particular care and attention or safe practice?		
If yes please give details		
CHILD/CHILDREN	YES	NO
Do any of the children have any presenting behaviours which could cause a risk to themselves/other children/adults?		
If yes please give details		
Do any of the children have any emotional or physical health conditions that would need particular care and attention, or safe practice eg temper tantrums, epilepsy, diabetes?		
If yes please give details		
Are there any risk and management plans in operation, eg time out, medication?		
If yes please give details		
ENVIRONMENT	YES	NO
Are there any hazards in the home/garden which might affect the safety of workers and volunteers, eg animals, substances, waste?		
If yes please give details		

NAME OF PERSON COMPLETING FORM _____ AGENCY _____

Signature: _____ Date: _____

Please return completed form, **signed by referrer and parent/carer**, and **completed** risk assessment to:

Eden area: Sarah Craig, Family Support Coordinator
Cumbria Family Support
The Office
Mardale Road
Penrith CA11 9EH
Tel: 01768 593102

Carlisle area: Dan Nicholson, Family Support Coordinator
Cumbria Family Support
At Carlisle West Children's Centre
Wigton Road
Carlisle CA2 6JP
Tel: 01228 227348

Workington area: Val McQuillin, Family Support Coordinator
Cumbria Family Support
Carlisle West Children's Centre
Wigton Road
Carlisle CA2 6JP
Tel: 07927559446