



Referral Form to be completed by Referral Agent and Referred Family

REFERRAL AGENT DETAILS	
Name:	Title:
Work Address:	
Work Phone (office):	Work Phone (mobile):
E-mail:	
Date Referral Submitted:	

Which Programme(s) is this Referral for:

Strengthening Families <input type="checkbox"/>	M-PACT <input type="checkbox"/>	<input type="checkbox"/>	Non-Violent Resistance <input type="checkbox"/>	HOPE Online <input type="checkbox"/>
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Please complete below an individual profile for each family member (Parents/Carers and Teens/Children)

Family Member 1	
Name:	Child/Teen/Parent/Guardian/Other:
Address:	Eircode:
Date of Birth:	Gender:
Mobile Number:	Email:
Ethnicity:	Attending Programme (Yes/No):
Family Member 2	
Name:	Child/Teen/Parent/Guardian/Other:
Address:	Eircode:
Date of Birth:	Gender:
Mobile Number:	Email:
Ethnicity:	Attending Programme (Yes/No):
Family Member 3	
Name:	Child/Teen/Parent/Guardian/Other:
Address:	Eircode:
Date of Birth:	Gender:
Mobile Number:	Email:
Ethnicity:	Attending Programme (Yes/No):
Family Member 4	
Name:	Child/Teen/Parent/Guardian/Other:
Address:	Eircode:
Date of Birth:	Gender:
Mobile Number:	Email:
Ethnicity:	Attending Programme (Yes/No):
Family Member 5	
Name:	Child/Teen/Parent/Guardian/Other:
Address:	Eircode:
Date of Birth:	Gender:
Mobile Number:	Email:
Ethnicity:	Attending Programme (Yes/No):
Family Member 6	
Name:	Child/Teen/Parent/Guardian/Other:
Address:	Eircode:
Date of Birth:	Gender:
Mobile Number:	Email:
Ethnicity:	Attending Programme (Yes/No):

Reason For Referral for this Family:**OTHER FAMILY MEMBERS:****Are there other people living in the home? (e.g., grandparents) YES/NO****If Yes give details:****Is there any additional information about the family dynamics we should be aware of? (e.g. a parent not living in the family home, a child in care)****ASSISTANCE TO ATTEND:****Will the family/teen require assistance with the following? (circle relevant)**

Do the family have a car?	YES/NO (If no car we may be able to assist with taxi)
Is childminding required for children not attending the SFP/M-PACT programme?	YES/NO (if YES the coordinator will speak to family for more details)
Any allergies, dietary requirements we need to be aware of?	
Do any of the family have special requirements, e.g. wheelchair user?	

Family Member 1

Name:

Please provide us with reason for referral, presenting issues and/or any information we need for this Family Member:

Please tick all that apply:

Physical/Mental Health

- Substance/alcohol misuse (Past or Present)
- Eating difficulties
- Sleeping difficulties
- Learning/developmental diagnosis (If ticked please specify)

Physical Health Problems

(Please specify)

Mental Health Problems

(Please specify)

Education/Employment

- Poor School Attendance
- School refusal
- Literacy/numeracy difficulties
- Unemployment
- Special needs assistant

Family & Social

- Social isolation
- Domestic abuse
- Parenting alone
- Separation and loss
- Financial difficulties
- Poor housing

Emotional & Behaviour**Concerns/Issues**

- Anxious/nervous
- Aggressive behaviour
- Low self esteem
- Hyperactive
- Difficulty building relationships with peers
- Inappropriate sexualised behaviour
- Criminal behaviours
- Criminal conviction (please specify)

Other (please specify)

Family Member 2

Name:

Please provide us with reason for referral, presenting issues and/or any information we need for this Family Member:

Please tick all that apply:

Physical/Mental Health

- Substance/alcohol misuse (Past or Present)
- Eating difficulties
- Sleeping difficulties
- Learning/developmental diagnosis (If ticked please specify)

Physical Health Problems

(Please specify)

Mental Health Problems

(Please specify)

Education/Employment

- Poor School Attendance
- School refusal
- Literacy/numeracy difficulties
- Unemployment
- Special needs assistant

Family & Social

- Social isolation
- Domestic abuse
- Parenting alone
- Separation and loss
- Financial difficulties
- Poor housing

Emotional & Behaviour**Concerns/Issues**

- Anxious/nervous
- Aggressive behaviour
- Low self esteem
- Hyperactive
- Difficulty building relationships with peers
- Inappropriate sexualised behaviour
- Criminal behaviours
- Criminal conviction (please specify)

Other (please specify)

Family Member 3

Name:

Please provide us with reason for referral, presenting issues and/or any information we need for this Family Member:

Please tick all that apply:

Physical/Mental Health

- Substance/alcohol misuse (Past or Present)
- Eating difficulties
- Sleeping difficulties
- Learning/developmental diagnosis (If ticked please specify)

Physical Health Problems

(Please specify)

Mental Health Problems

(Please specify)

Education/Employment

- Poor School Attendance
- School refusal
- Literacy/numeracy difficulties
- Unemployment
- Special needs assistant

Family & Social

- Social isolation
- Domestic abuse
- Parenting alone
- Separation and loss
- Financial difficulties
- Poor housing

Emotional & Behaviour**Concerns/Issues**

- Anxious/nervous
- Aggressive behaviour
- Low self esteem
- Hyperactive
- Difficulty building relationships with peers
- Inappropriate sexualised behaviour
- Criminal behaviours
- Criminal conviction (please specify)

Other (please specify)

Family Member 4

Name:

Please provide us with reason for referral, presenting issues and/or any information we need for this Family Member:

Please tick all that apply:

Physical/Mental Health

- Substance/alcohol misuse (Past or Present)
- Eating difficulties
- Sleeping difficulties
- Learning/developmental diagnosis (If ticked please specify)

Physical Health Problems

(Please specify)

Mental Health Problems

(Please specify)

Education/Employment

- Poor School Attendance
- School refusal
- Literacy/numeracy difficulties
- Unemployment
- Special needs assistant

Family & Social

- Social isolation
- Domestic abuse
- Parenting alone
- Separation and loss
- Financial difficulties
- Poor housing

Emotional & Behaviour**Concerns/Issues**

- Anxious/nervous
- Aggressive behaviour
- Low self esteem
- Hyperactive
- Difficulty building relationships with peers
- Inappropriate sexualised behaviour
- Criminal behaviours
- Criminal conviction (please specify)

Other (please specify)

Family Member 5

Name:

Please provide us with reason for referral, presenting issues and/or any information we need for this Family Member:

Please tick all that apply:

Physical/Mental Health

- Substance/alcohol misuse (Past or Present)
- Eating difficulties
- Sleeping difficulties
- Learning/developmental diagnosis (If ticked please specify)

Physical Health Problems

(Please specify)

Mental Health Problems

(Please specify)

Education/Employment

- Poor School Attendance
- School refusal
- Literacy/numeracy difficulties
- Unemployment
- Special needs assistant

Family & Social

- Social isolation
- Domestic abuse
- Parenting alone
- Separation and loss
- Financial difficulties
- Poor housing

Emotional & Behaviour**Concerns/Issues**

- Anxious/nervous
- Aggressive behaviour
- Low self esteem
- Hyperactive
- Difficulty building relationships with peers
- Inappropriate sexualised behaviour
- Criminal behaviours
- Criminal conviction (please specify)

Other (please specify)

Family Member 6

Name:

Please provide us with reason for referral, presenting issues and/or any information we need for this Family Member:

Please tick all that apply:

Physical/Mental Health

- Substance/alcohol misuse (Past or Present)
- Eating difficulties
- Sleeping difficulties
- Learning/developmental diagnosis (If ticked please specify)

Physical Health Problems

(Please specify)

Mental Health Problems

(Please specify)

Education/Employment

- Poor School Attendance
- School refusal
- Literacy/numeracy difficulties
- Unemployment
- Special needs assistant

Family & Social

- Social isolation
- Domestic abuse
- Parenting alone
- Separation and loss
- Financial difficulties
- Poor housing

Emotional & Behaviour**Concerns/Issues**

- Anxious/nervous
- Aggressive behaviour
- Low self esteem
- Hyperactive
- Difficulty building relationships with peers
- Inappropriate sexualised behaviour
- Criminal behaviours
- Criminal conviction (please specify)

Other (please specify)

Agencies Supporting the Family:	
Has either parent or the family currently or historically been involved with any other Agencies? YES/NO If Yes please state which agencies and the reason for referral to these agencies:	
Parents: (please name parent)	
Family:	
Are these agencies aware that this application had been made on behalf of the family? YES/NO If Yes please list below the agencies that are aware of the referral <i>(We recommend that all current agencies are made aware of the referral so they can support the family through the programme if their application is successful)</i>	
Agencies:	

Criminal Convictions:	
Has anyone in this family ever been convicted of a criminal offence?	Yes/No/Don't Know
If Yes, can you please inform who and provide a detailed explanation below	
Child Protection:	
Has anyone in this family who is availing of the service ever been convicted of sexual abuse/assault?	Yes/No/Don't Know
If Yes, can you please inform who and provide a detailed explanation below	
Has any action ever been taken against anyone in this family in relation to a child/children?	Yes/No/Don't Know
If Yes, can you please inform who and provide a detailed explanation below	

Referrer's Input:	
How long have the family been with your Service?	
Number of Years	Number of Months
How long have you been working with the family?	
Number of Years	Number of Months
Do Families Matter have all the information that they need? Are there any further risks?	
Referrer: SIGNATURE AND DATE	
<ul style="list-style-type: none"> • This form has been discussed and completed with the family • As referrer I offer to stay in contact with the family for the duration of their involvement with the programme/service, support them to attend and address any difficulties that may arise • As referrer I will inform FM of any new risks that arise for an individual or the family during the duration of the programme/service • I agree to my contact information being stored by Families Matter. Please tick : Yes <input type="checkbox"/> No <input type="checkbox"/> 	
Signature:	Date:

Are the family willing to consider other FM programmes? If so, which?

Strengthening Families <input type="checkbox"/>	M-PACT <input type="checkbox"/>	Donegal Reach Project <input type="checkbox"/>	Non-Violent Resistance <input type="checkbox"/>	HOPE Online <input type="checkbox"/>
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Families Input:
What do you/your family hope to gain from the Programme?
What strengths do you feel that you/your family have?
If your application is successful is there any relevant information we need to know?

Parent/Caregivers: SIGNATURE AND DATE		
Agreement to Storing and Sharing of Information		
<ul style="list-style-type: none"> • I request that an application be submitted to Families Matter with the support of the above referral agent • I agree that the information contained in this form may be stored for the purpose of securing a place on this programme/project • I agree that this information may be requested/shared between the Families Matter team and other services/agencies that my child/family is involved with pertaining my family's involvement in this programme • I consent to a member of the Families Matter team contacting me prior to the programme starting • I confirm that I have been informed about this referral and the programme has been explained to me • I agree this information may be shared within the Families Matter team 		
Parent/Guardian Name	Signature	Date

Young Person: SIGNATURE AND DATE		
<ul style="list-style-type: none"> • I agree that I have been informed about this referral and the programme has been explained to me • I agree this information may be shared with the Families Matter team 		
Child/Teen Name	Signature	Date

Please return to:
Families Matter, Alcohol Forum Offices, Enterprise Fund Business Centre, Ballyraine,
Letterkenny, Co. Donegal. Phone: 074 9125598. Email: familiesmatter@alcoholforum.org

Advice Sheet for Referral Agent:

- **One referral form to be completed per family.**
- **The referral form must be completed by the Referrer jointly with the referred family. The family's input and opinions are important.**
- **The family members must be fully aware of their referral and understand the commitment required from them should their application be successful.**
- **Please outline all family members and relevant information for each family member in the referral form even if they will not be participating in the programme. This is important as it helps us to understand the family better.**
- **Information on family dynamics is important as it gives the Families Matter team a better understanding of the family. For example if a father does not live in the family home or has another family, or if a child is in foster or residential care at present but could return home; certain issues such as these may have an impact on the families participation in the programme and/or affect their progression in the programme.**
- **If Families Matter is aware of any family issues/concerns they can then attempt to prepare sessions in a manner that will not upset any family members.**
- **Families Matter recommend that all Agencies involved with the family are made aware of this referral. This is so they can support the family if their application is successful.**
- **All professionals whose work brings them into direct or indirect contact with children, irrespective of the position held within the organisation, have responsibility towards child protection and welfare and as a result it is imperative that Families Matter Staff are notified of any convictions of child abuse against any family members that are potentially attending a programme.**