

FAMILY SERVICES REFERRAL FORM
Temporary referral form for use during Covid 19 pandemic
For use by Tusla social workers

Family Name:	Phone No:
Address:	

Referred child

Name:	DOB:	Gender: M / F
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Family Composition / Household Composition

	Name	M/F	Address (if different from above)	D.O.B	Employment Status/School attending
Parents/					
Caregiver					
Children					

Ethnicity:	Preferred Language:
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Reason for referral	Please tick	Details / Identified need
Emotional issue		
Behavioural issue		
Physical illness / disability		
Mental health issue		
Learning disability		
Addiction		
Education issue (for example: attendance)		
Family issues (for example: bereavement)		

Social isolation		
Parenting Support		
Relationship issues		
Financial / housing difficulties		
History of domestic violence		
Other		

Services supporting the child or young person and their family

Agency or service	Waiting	Previously involved	Currently involved	Assessment completed	Name of key contact
Adult mental health services					
CAMHS (Child Mental Health)					
Crèche or childcare services					
Disability services					
Drugs and alcohol services					
Family resource centre					
Family support					
GP					
Home school liaison coordinator or schools completion project coordinator					
Housing service or local authority					
HSE early intervention team or school age team					
Paediatric physiotherapy					
Speech and language therapy					
Juvenile liaison officer or Gardaí					
National educational psychological service					

Parent and toddler group					
Probation services					
Public Health Nurse					
School or training centre					
Social Worker (medical, disability, mental health, primary care or other)					
Sports clubs					
Tusla Social Worker					
Youth service including mentoring					
Other					

Child / Family Circumstances

Needs	Strengths/Protective Factors

Suggested work input (considering the covid 19 restrictions)

Referral Agency

Name:	Date :
Address:	Phone:
Contact person:	E-Mail:
Line manager:	

I confirm that this referral has been discussed and agreed with the family. Where signed consent cannot be obtained, due to covid 19 restrictions, verbal consent will suffice.

Signed: _____

Date: _____

Office Use Only

Received by: _____ **Action taken:** _____

Date: _____ **Allocated to:** _____