



**REFERRAL FORM - FAMILY SUPPORT SERVICES**  
**Reducing Isolation Project**

**COMMUNITY BASED SUPPORT FOR FAMILIES WHO HAVE CHILDREN/YOUNG PEOPLE WITH DISABILITIES OR COMPLEX HEALTH NEEDS AGED 0-18**

Please ensure all the form is completed because we have a range of services. This helps us work out family support needs, and match families to helpful services

<b>PARENT/MAIN CARER NAME:</b>	
<b>ADDRESS:</b>	<b>CONTACT NUMBERS</b>
	<b>HOME:</b>
	<b>WORK:</b>
<b>POST CODE:</b>	<b>MOBILE:</b>

Please tell us about all the children in the family aged 0-17

CHILD'S NAME (Include surname if different to parent/carer's)	DOB	MALE/ FEMALE	RELIGION	ETHNIC ORIGIN	LANGUAGES USED	DISABILITY

**Who is making this referral?**

Parent/ Main carer       Child/young person       Other

If other Name:

Address:

Contact Number:

Does the child/young person and the family know about the referral? Yes  No

Which services would you be interested in? (tick as many as you like)

- Big events, parties & outings
- Smaller, targeted outings
- Family Club
- Family Support Volunteers
- Parent workshops/coffee mornings/events

**Please tell us more about the children in the family who have disabilities and/or complex health needs:**

Does the child/young person have any health or medical needs? Are there any health professionals working with the child? Tell us more:

Does the child have any challenging behavioural or social issues? Please tell us more.

Tell us about the child/young person's support needs in any other areas e.g language and communication, self-care, physical needs, social skills.

**Please tell us why this referral is being made at this time:**

Are there particular stresses the family is experiencing at the moment?

Is an interpreter required for an assessment visit? Yes  No   
if yes, in which language?

The information on this form will be held and processed by Hackney Family Backup in written and/or computerised records, within confidentiality and data protection policies, for the purpose of service provision and monitoring.

**Please return this form to:**

**Hackney Family Backup, The Print House, 18 Ashwin Street, London E8 3DL  
020 7275 0088 admin@hfbu.org.uk  
www.hfbu.org.uk**