# Navan Springboard Family Support Services

# Referral Form

**Required Service. Please tick as appropriate;**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Type of service** |  | **Complete sections** |
| **Child** | Counselling | ⁫ | 1 &2 |
|  | Access Support | ⁫ | 1 & 2 |
| **Parent** | Counselling | ⁫ | 1 |
|  | Parenting Course | ⁫ | 1 |
|  | Parent Support Group. | ⁫ | 1 |
|  | Adult Education Courses  He’s My Dad Gr.  Advocacy Support | ⁫  ⁫  ⁫ | 1  1  1 |
| **Family.** | Individual Programme of Family Support | ⁫ | 1, 2, 3 |
|  |  |  |  |

**Section 1: Parent details**

Name (Mother): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Ph. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Father): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Ph. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please tick the box which best describes the adult relationship status of the house where the children live:

|  |  |  |  |
| --- | --- | --- | --- |
| Married & living together: |  | Lone parent |  |
| Married and separated: |  | Partners raising children together |  |
| Married, separated and in a new relationship - mother |  | Partners living and raising children together.(1 partner is a step parent) |  |
| Married, separated and in a new relationship - father |  |  |  |

How many children are there in the household: \_\_\_\_\_\_\_\_\_\_\_?

**Section 2; Children Details**

## ***Names of children being referred:***

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_

**Children’s Address**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parents / Guardians Names**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children’s Family Composition

|  |  |  |
| --- | --- | --- |
| Name | Relation to child | Date of Birth |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

### Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of G.P. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GP phone number\_\_\_\_\_\_\_\_\_\_\_

Medical History (Including any allergies):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are the child’s positive attributes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are the child’s interests/hobbies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_?

###### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is the main presenting issue with the child/family giving rise to this referral:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_?

###### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2**

**Please give more details by ticking the following categories if appropriate:**

|  |  |  |
| --- | --- | --- |
| **Emotional Difficulties** | **Behavioural Problems** | **Neglect Abuse** |
| Withdrawn/ isolated  * Low self esteem * Eating difficulties * Sleeping difficulties * Depressed * Anxious / nervous * Bed-wetting/soiling * Suicidal feelings * Self-harming * Tearful * Difficulty making friends   Other, please specify:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Comment:** | * Hyperactive * Concentration/ attention difficulties * Anger management * Temper tantrums * Aggressive behaviour * Substance abuse * Stealing * School refusal * Poor social skills * Anti-social behaviour * Violence     Other. Please specify:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Comment:** | * Physical * Neglect * Emotional * Sexual * Domestic Violence   Other: Please Specify  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Comment:** |

Developmental/ Educational Needs

|  |  |
| --- | --- |
| * Learning Disability * Developmental delay * Physical disability * Speech and Language difficulty * Motor delay   **Any comments**: | * Resource teacher, no of hours\_\_\_\_\_\_ * Special needs assistant * Classroom assistant * ADHD * Dyslexia * Dyspraxia   Any comments: |

### Parent Family

|  |  |
| --- | --- |
| * Alcohol/Substance Misuse * Parenting alone * Mental health problems * Separation and Loss * Health problems * Intellectual/physical disability * Parenting difficulties * Stress * Social isolation * Literacy and numeric difficulties   **Any comments**: | * Financial difficulties * Domestic violence * Poor housing * Social isolation * Difficulty with extended family * Lack of support * Unemployment * Child in foster care * Child in residential care   **Any comments**: |

**3**

###### Section3

### Is the child/family currently involved with any other Professionals/Agencies

|  |  |
| --- | --- |
| **Other Health Agencies involved with the Child and Family**  * Social Worker * Psychology * Counselling * Public Health Nurse * Childcare Worker * Family Therapy * Disability Services * Physiotherapist * Occupational Therapist * Speech and Language * Child psychiatry * Adult Psychiatry * Play/Art/other therapy * Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_ | Other Voluntary Agencies involved with the Child and Family  * Youth Advocacy Programme (YAP) * Schools Completion Programme (NSCP) * Community Development Programme * Travellers Workshop * Barnardos (family welfare conferencing) * Garda Diversionary Project (NYPD) * NDT * Meath youth federation * CARI  Womens refuge  * AMEN  Others (specify) \_\_\_\_\_\_\_\_\_\_\_ |

**What do you hope Springboard can offer the Child/Family?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### Form completed by:

### Referrer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ph. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### Is the parent aware of this referral; Yes / No Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Return by post to:***

***81/82 Blackcastle Lodge, Flowerhill Crescent Navan Co Meath.***

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