# 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 CoursesHe’s My Dad Gr.Advocacy Support  | ⁫⁫⁫ | 111 |
| **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.***

###  4