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| **PFL Home Visiting Referral Form** |

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| **Family Information** |  |  |
| Name  |  |  |
|  |  |  |
| Address  |  |  |
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|  |  |  |
|  |  |  |
| Phone |  | Mobile |  | Email |  |  |
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| **Referral Agencies Information** |  |  |
|  |  |  |
| Name of Referral Agency  |  |  |
|  |  |  |
| Name of Referrer |  |  |
|  |  |  |
| Referrers role |  |  |
|  |  |  |
| Phone |  | Mobile |  | Email |  |  |
|  |  |  |
| Has the referrer discussed this referral with the family being referred? Please tick the appropriate box: |
|  | Yes | [ ]  |  |  |
|  | No | [ ]  |  |  |
| Signature of Referrer |  | Date |  |  |
|  |
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| **Mothers estimated due date for baby:**  |
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| **Any Key Support Priorities**  |
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| --- | --- | --- |
| **Participation Supports Required** |  |  |
| Does the family need any additional support for participation (such as language support, visual supports, physical support or support for learning difficulties) |
|  |  |  |
|  | Yes | [ ]  | No | [ ]  |
|  |  |  |
| Please State: |  |  |
|  |  |  |
|  |

|  |  |
| --- | --- |
| **Family consent: (Mother to sign)** |  |
|  |  |  |
| Please tick the boxes below when you have read and understood the statements. | ***√*** |
|  |  |  |
| I am happy for the information contained in this form to be used to contact me for the Preparing For Life Home Visiting Programme.I am happy for PFL Home Visiting to inform an agency making this referral with me (if applicable) that I have engaged in the service (no other information will be shared without my consent)  | [ ] [ ]  |
|  |  |  |
|  |  |  |
|  |  |  |
| Signature  |  | Date |  |
|  |  |  |
|  |  |  |

**Guidance for making a referral to PFL Home Visiting Service**

**Referral Criteria:**

* Any mother-to-be (and partner) living in the Dublin 5 and 17 area who would like the support offered by PFL Home Visiting. Referrals surrounding these areas may be accepted on a case-by-case basis

**Guidance on completing the referral form:**

**General:** Please complete every element of the referral form, clearly indicating if any elements have been left intentionally blank. *Please ensure the date is completed.*

**Mothers Estimated Due Date:** Preparing For Life Home Visiting primarily works with families from the timepoint of a mothers pregnancy. However, there may be flexibility with this in exceptional circumstances. This will be decided on a case by case basis.

**Key Support Priorities:** Is there anything in particular that families are hoping to get from the process? Or any immediate supports required?

**Family Consent:** PFL Home Visiting is a voluntary programme. Therefore, we request the mother’s consent for the referral to be valid. Furthermore, in order to inform Referral Agents if a family has engaged, we need consent via the box provided to allow us to do this.

**Further information on the service:** For further information or to send a referral, please use the contact details below or visit our website www.

**Please return this completed form to:**

Eva Mills

Preparing For Life, Bell Building, Darndale, Dublin 17

Phone: 0876054488 Email: eva.mills@nspartnership.ie