|  |
| --- |
| **PFL Home Visiting Referral Form** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Family Information** | | |  | | |  | |
| Name | | |  | | |  | |
|  | | |  | | |  | |
| Address | | |  | | |  | |
|  | | |  | | |  | |
|  | | |  | | |  | |
|  | | |  | | |  | |
|  | | |  | | |  | |
| Phone |  | Mobile |  | Email |  | |  |
|  | | |  | | |  | |
|  | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | |  | | |  |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| **Mothers estimated due date for baby:** | | |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Any Key Support Priorities** | | |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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