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St Michael's Fellowship offers practical and emotional support to young parents and parents-to-be (mums: 21 and under, dads: 24 and under) living in Lambeth. The service consists of a wide range of individual and group outreach support tailored to parents' and children's personal needs.

## Referral Form

Young mothers support

Young fathers support

<b>Name of Referrer</b>	<b>Agency</b>	<b>Contact details: Telephone &amp; Email address</b>	
<b>What support package does this young person require?</b>			
<b>Individual Support</b>		<b>Group Support</b>	
<b>Name of Young Parent/Parent to-be</b>			<b>Date of Birth</b>
<b>Address</b>		<b>Telephone</b>	
<b>Ethnicity</b>	<b>First Language</b>	<b>Smoker?</b> <input type="checkbox"/>	
<b>Next of Kin</b>	<b>Telephone</b>		
<b>Name of 2<sup>nd</sup> Parent/2<sup>nd</sup> Parent to-be</b>			<b>Date of Birth</b>
<b>Address</b>	<b>Telephone</b>	<b>Smoker?</b> <input type="checkbox"/>	
<b>Name of 1<sup>st</sup> Child</b>		<b>Name of 2<sup>nd</sup> Child</b>	
<b>DOB or Due date</b>	<b>DOB or Due date</b>		
<b>What contraception used/using?</b>			
<b>Is there an existing CAF?</b> <input type="checkbox"/> <b>Tick box if ok to contact Father directly by Father Support Worker</b> <input type="checkbox"/>			

**Reason for referral:**

**Are you aware of any other support needs, challenges or concerns affecting this family?** Tick where appropriate

- |                                                        |                                                |                                               |                                                  |
|--------------------------------------------------------|------------------------------------------------|-----------------------------------------------|--------------------------------------------------|
| <b>Lacks parenting skills</b> <input type="checkbox"/> | <b>Mental Health</b> <input type="checkbox"/>  | <b>Special Needs</b> <input type="checkbox"/> | <b>Child Protection</b> <input type="checkbox"/> |
| <b>Education/Training</b> <input type="checkbox"/>     | <b>Young Offender</b> <input type="checkbox"/> | <b>Smoking</b> <input type="checkbox"/>       | <b>Substance Misuse</b> <input type="checkbox"/> |
| <b>Asylum / Refugee</b> <input type="checkbox"/>       | <b>Housing</b> <input type="checkbox"/>        | <b>No recourse</b> <input type="checkbox"/>   | <b>Looked After</b> <input type="checkbox"/>     |
| <b>Domestic Violence</b> <input type="checkbox"/>      | <b>Care Leaver</b> <input type="checkbox"/>    | <b>Childcare</b> <input type="checkbox"/>     | <b>Other</b> <input type="checkbox"/>            |

<b>Social Worker</b>	<b>Telephone</b>
<b>Health Visitor</b>	<b>Telephone</b>
<b>GP</b>	<b>Telephone</b>
<b>Midwife</b>	<b>Telephone</b>
<b>Other Agency</b>	<b>Telephone</b>

**Is the young person aware of this referral?** Yes  No

**Has the young person given their permission to pass on this information?** Yes  No

**Staff Signature** ..... **Date:**.....

**Once completed please send this form to Michelle Thompson, Young Parents Outreach Manager.**

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*St Michael's Fellowship is committed to delivering a confidential service to all families. Staff will not discuss the personal details of any adult or child with other outside agencies without prior consent. The only exception is where a child is considered to be at risk.*



# Home Risk Assessment

St. Michael's often work in clients' homes. It is vital that we know of any known or suspected factors that could put us in danger. Please fill in the following risk assessment.

1. Where did you meet the client?

Home  Office  Clinic  Group  Public place  Children's centre

2. Did the client display any inappropriate behaviour? Yes  No

shouting  swearing  shaking/trembling  threatening behaviour  agitated behaviour

If yes please explain further.....

3. Are you aware of any violent or aggressive incidences involving this client?

(e.g. criminal, domestic violence) Yes  No

Please explain.....

4. Are you aware of there being any pets in the home? Yes  No

If yes what kind? .....

5. Would you advise a joint initial home visit? Not necessary  Yes

If yes please explain why .....

.....

6. Any additional information

.....

.....

Signed:.....

Date:.....

Print name:.....

Position:.....