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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

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

Reason for referral: (be as thorough as possible)

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

*Mental Health*     *Special Needs*     *Child Protection*   
*Education/Training*     *Young Offender*     *Smoking*     *Substance Misuse*   
*Asylum / Refugee*     *Housing*     *No recourse*     *Looked After*   
*Domestic Violence*     *Care Leaver*     *Childcare*     *Other*

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

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, Service Manager - Outreach Team  
136 Streatham High Road, London SW16 1BW,  
(t) 0208 835 9570, (f) 0208 677 4883, (e) michellet@stmichaelsfellowship.org.uk

*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 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 .....

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6. Any additional information

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Signed:..... Date:.....

Print name:..... Position:.....