

Willow Young Carers Service Family Referral Form

Willow Family Workers support parents who are receiving a high level of practical or emotional support from their children due to a longstanding illness, disability, infirmity or mental health difficulty. **Referral will not be accepted without parent/carers signature**



Referrer's Details			
Name		Title or Role	
Agency			
Address			
Phone Number		Email	
Date referral completed with family:		<p style="color: red; font-weight: bold;">It is important that we have consent from all family members, please ensure that everyone signs at the end of this form... thank you!</p>	
Have the family received support from Willow previously? (Please state who and when)			
Parent, Carer Details			
Name		Ethnicity	
Address 		Faith	
Telephone		G.P 	
Date of birth		Nature of illness or disability	
Would You like your son or daughter to be referred to the Willow Young carers Service		YES	
		NO	
Does your son or daughter want to be referred to the Willow Young carers Service		YES	
		NO	

↑ FAMILY CIRCUMSTANCES ↓

Please tick the issues relevant to the family (you may tick as many as apply):

- | | |
|--|---|
| <input type="checkbox"/> Physical health issues | <input type="checkbox"/> Housing problems |
| <input type="checkbox"/> Mental health issues | <input type="checkbox"/> Crime |
| <input type="checkbox"/> Learning difficulties | <input type="checkbox"/> Substance or alcohol misuse |
| <input type="checkbox"/> Low income | <input type="checkbox"/> Relationship difficulties |
| <input type="checkbox"/> Debt | <input type="checkbox"/> Domestic violence |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Single parent |

↑ YOUNG CARER'S DETAILS ↓

Child or Young Person's Name(s):		Date(s) of Birth	
Phone Number(s) 		School(s) or College(s) 	
Relationship to cared for person	Daughter or Son <input type="checkbox"/> Sibling <input type="checkbox"/> Other	Number of hours spent caring per week	1 – 19 hours <input type="checkbox"/> 20 – 49 hours <input type="checkbox"/> 50+ hours <input type="checkbox"/>

Additional Needs

Information on Other Agencies Involved

Please give contact details and brief description of their work with the family

<p>Work undertaken by the referring agency</p>	
<p>Other Agencies Details (please specify if any family member has an allocated social worker)</p>	
<p>Are any children within the house subject to a child protection plan</p>	

RISKS – Are there any known risks to personal safety which would be relevant to the worker who will contact or visit the family?

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Caring Responsibilities Undertaken by Family Members Please describe in detail all practical and/or emotional caring responsibilities taken on by each family member!!

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The Impact of Caring Responsibilities on the Family

How do you think your family circumstances affect the family

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The impact of Caring Responsibilities on the Child or Young Person

As a parent how do you think that your family circumstances affect your son or daughter

What does the Family want from Willow**Families Comments on the Referral (if any):**

We have read or seen the Willow Leaflet and are happy to be referred to the Willow Young Carers Family Support Service. I understand and agree that my details will be added to Willow database on the computer under the Data Protection Act 1998 whether or not I decide to work with Willow.

Signatures of family members.....

Signature of Referrer.....