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| **Family Connexions Birth Family Support Service****Referral Form** |

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| **Name of person making referral** |  |
| **Team/Agency/LA and contact details** |  |
| **Date Referral being made** |  |
| **Reason for referral being made (ie what support services do the family need)** |  |

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| **Names of birth family being referred** |  |
| **Relationship to children**  |  |
| **Last Known Address**  |  |
| **Telephone** |  |
| **Email** |  |
| **Preferred method of contact**  |  |
| **Other significant birth family**  |  |
| **Child(ren’s) name and date of birth** |  |
| **Child(ren’s) legal status**  |  |
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| **Family history including reasons for adoption. The CPR chronology would be helpful here.** |
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| [ ]  Substance misuse [ ]  Alcohol Misuse [ ]  Domestic abuse [ ]  Housing [ ]  Bereavement [ ]  Employment [ ]  Learning disability  [ ]  Criminal activity [ ]  Literacy difficulties [ ]  Mental Health Issues \*Please tick all that apply |
| **Other**  |
| Insert text here  |

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| **Risk Factors (Please detail any potential risks posed by birth parents or extended family)** |
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| **Is it safe to visit at home?** Yes/No  |
| **Any previous adoptions?**  |
| **Contact arrangements post order**:  |
| **Are birth parents aware of referral being made:** Yes/No |

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| **Particular areas to be explored:** |
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**Please send all referrals to:**

**familyconnexions@aceadoption.com**

**or call 0300 369 0556 and ask to speak to a member of the**

**Family Connexions team**