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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**