

**CARING DADS HERTFORDSHIRE INTERIM SUPPORT PROJECT**

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| **Date of referral:** **Name of person referring:**  | **Agency:** **Contact number:**  |

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| **Details of referral Father** | **Details of referral Mother** |
| Surname: | Surname: |
| Forename(s): | Forename(s): |
| Alias: | Alias: |
| DOB: |  |
| Address: | Phone numbers: |
| Phone numbers:  | Are these numbers SAFE? |
| Ethnic origin: | Ethnic origin: |
| Religion: | Religion: |

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| **DETAILS OF CHILDREN (Please state if child is from current or previous relationship and include any step-children)** |
| NAME | DOB | Summary of contact & legal position regarding contact  | Who has Parental Responsibility/Legal Guardianship? |
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| Please state where children reside; |
| SUMMARY OF CHILD PROTECTION ISSUES: |
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| SUMMARY OF DOMESTIC ABUSE HISTORY:  i.e. custodial or community Criminal Justice sentences for DA and level of contact  with any agencies.  |
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| RISK FACTORS FOR FUTURE ABUSE: |
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| RISK FACTORS TO STAFF: |
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| OTHER SUPPORT NEEDS |
| **If the client have any current or previous issues surrounding please tick next to the subject and expand below:****(If interpreter service needed, cost will need to be covered by referring agency)** |
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| Drugs/alcohol |  | Disability |  |
| Immigration |  | Language/literacy |  |
| Basic life skills |  | Mental health |  |
| Anti-social behaviour |  |  |  |

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