A picture containing drawing

Description automatically generated

**CARING DADS HERTFORDSHIRE INTERIM SUPPORT PROJECT**

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

|  |  |
| --- | --- |
| **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: |

|  |  |  |  |
| --- | --- | --- | --- |
| **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? |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Please state where children reside; | | | |
| SUMMARY OF CHILD PROTECTION ISSUES: | | | |
|  | | | |
| SUMMARY OF DOMESTIC ABUSE HISTORY:i.e. custodial or community Criminal Justice sentences for DA and level of contactwith any agencies. | | | |
|  | | | |
| RISK FACTORS FOR FUTURE ABUSE: | | | |
|  | | | |
| RISK FACTORS TO STAFF: | | | |
|  | | | |
| 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)** | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | Drugs/alcohol |  | Disability |  | | Immigration |  | Language/literacy |  | | Basic life skills |  | Mental health |  | | Anti-social behaviour |  |  |  | | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |