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3. Please identify/give name of legal guardian and relationship to child/ren if different from above\_\_\_\_\_

\_\_\_\_\_

4. Please identify child/ren's carers and relationship to child/ren if different from above. E.g. Other Partner/Foster Carers/Grandparents /Carers etc \_\_\_\_\_

\_\_\_\_\_

5. Are all parents of child/ren aware of referral to NCFP? Yes  No

If no, please explain why not:\_\_\_\_\_

6. Please give details of family's:

(a) Country of Origin:\_\_\_\_\_ (b) Ethnicity:\_\_\_\_\_ (c) 1<sup>st</sup>/2<sup>nd</sup> Language:\_\_\_\_\_

7. What are the reasons for referring to NCFP at this time? (Please give as much information as is available)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Are any of the following agencies currently involved or have been involved with this/your family? *(Please give details including contact names, telephone numbers and dates involved)*

<i>Social Worker</i>	<i>Public Health Nurse</i>	<i>Schools</i>	<i>Child Guidance</i>	<i>Community Welfare Officer</i>
<i>Vincent de Paul</i>	<i>Money Advice &amp; Budgeting Services (MABS)</i>	<i>Mental Health Service</i>	<i>Family Mediation Service</i>	<i>Juvenile Liaison Officer/Garda</i>
<i>Probation Service</i>	<i>Court/Legal Service</i>	<i>Addiction Service</i>	<i>Speech &amp; Language Service</i>	<i>Other</i>

9. (a) Can you in your own words, tell us what you would hope to gain from your involvement with the project?

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(b) What are your fears and concerns about attending the project? \_\_\_\_\_

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10. As the referring agent, what support do you think the family needs? \_\_\_\_\_

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*Parent/Carer Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_

*Parent/Carer Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_

*Referral Agent:* \_\_\_\_\_

*Date:* \_\_\_\_\_

*Project Leaders Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_

FOR N.C.F.P. USE ONLY

Date Referral Received: \_\_\_\_\_

Date Referral Accepted: \_\_\_\_\_

Date Referral Allocated: \_\_\_\_\_

Allocated to: \_\_\_\_\_

Family I.D. No: \_\_\_\_\_

