

Families Matter referral

If you have already completed an Early Help Assessment with signed consent and information completed in full, you **do not** need to use this form

Name of child

Address

Postcode Date of birth

Name of main carer

Relationship to child (above)

Tel number Date of birth

Additional family members at same address

Name	Relationship to child (above)	Date of birth

Referrer name Date referred

Agency Tel number

Additional needs / alerts / access requirements

Do the family agree to work with Families Matter at this stage
(if no then the referral is not ready to be made to Families Matter)

Yes No

Brief outline of support required / concerns / current situation for family etc

Please list any other allocated workers or agencies involved with the family

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Additional Information	Please identify any issues or concerns under each heading if known or relevant
1. Parents & children involved in crime or antisocial behaviour	
2. Children not attending school regularly	
3. Children in need of help	
4. Out of work or at risk of financial exclusion or young people at risk of worklessness	
5. Families affected by domestic violence & abuse	
6. Parents & children with a range of health problems (including mental health)	

Please forward this form securely to:

Email: Families.Matter@southampton.gov.uk

If you are a school with access to Anycomms contact:

ANYCOMMS: Early Help – Families Matter

For more information or help completing these form please contact:

Tel: 023 8083 3311