



**PLEASE ENSURE THAT THE REFERRAL FORM IS COMPLETED AS FULLY AS POSSIBLE GIVING FULL DETAILS WHERE REQUIRED. THIS WILL ENSURE THAT THE REFERRAL PROCESS IS NOT DELAYED.**

## **NOMINATION PROCEDURE FOR REFERRALS**

Through its Community Support service Life's Pregnancy Matters™ works directly with vulnerable families in the local community.

- Nominations are made to the **Regional Office of Lifeni.**
- Nominations can be made by the client or via statutory and voluntary organisations.
- Nominations are accepted during normal office hours.
- Taking the referral records the potential client details on to our database. This information includes details of support required, and other agencies involved. If the referral is being taken from an agency a "Reference Request Form" will be forwarded to the appropriate agency. The information will be used as part of the Risk Assessment.
- The information is then passed onto the Support Worker for the location required.
- The Support Worker usually contacts the client directly to make an appointment for the interview. However in certain circumstances these arrangements may be made by the referring agency.
- During discussions with the client or referring agency the aims of the interview are explained.
- If the Support Worker has failed to make contact with the client, after two days they will contact the referring agency.
- The details of the referral are recorded on Life's internal database.
- The admission criteria is:
  - Have their own tenancy
  - Pregnant and or mother of a child under 5
  - In need of Support
  - Over the age of 16
- If there are no vacancies at the time of the interview, the Support Worker adds the client's name to the waiting list and regularly rings the potential client or referral agency to keep them informed of the current situation. The client will be sent a letter confirming that they have been added to the waiting list.
- Please ensure that the referral form is completed as fully as possible using block capitals. This will ensure that there is little delay as possible in processing the referral.

**Please phone or email you nomination to:**

Tel: 02890 438339

Email: [Lifeni@lifecharity.org.uk](mailto:Lifeni@lifecharity.org.uk)



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COMMUNITY SUPPORT REFERRAL NOMINATION FORM			
Referral Agency/Name of person making referral:			Job Title:
Email:		Telephone No.	
Potential Client Name:			
Email:		Telephone No.	
DOB:			
Names, gender and DOB of child/ren:			
Current address:			
Ethnic Origin:		NI No.:	
Working:	Yes <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> Don't Know <input type="checkbox"/>	Details:	
Claiming Benefits:	Yes <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> Don't Know <input type="checkbox"/>	Details:	
Disability/Health Problems:	Yes <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	Details:	
Substance misuse:	Current <input type="checkbox"/> Previous <input type="checkbox"/>	Details:	
Domestic Abuse:	Current <input type="checkbox"/> Previous <input type="checkbox"/>	Details:	
Has the client used a Life service before?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which one?		
Reasons for referral:			
Support needs ( please provide details):			
Support currently provided by ( please provide details):			
Permission to liaise with other agencies? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Would the client benefit from an interpreter during the interview? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please detail type needed (eg BSL, or language requirements):			
Would the client benefit from having a named person to support her during an interview? Yes <input type="checkbox"/> No <input type="checkbox"/> x			
If yes, please give details of who will attend with the client:			
Contact Details	Name/ postal address	Telephone No.	Email address
Next of Kin*			
Social Worker			
After Care Team			
Probation			
Midwife/Health Visitor			
Health Professional			
Other			
Referral procedure explained to Client? <u>Yes</u> <input type="checkbox"/> No <input type="checkbox"/>			

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