

PFL Home Visiting Referral Form

Family Information:

Name of person who is pregnant:			
Date of Birth:			
Address:			
Phone		Mobile	
Email			

Estimated due date:

Referral Agencies Information:

Name of referral agency			
Name of referrer			
Referrer's role			
Phone		Mobile	
Email			
Has the referrer discussed this referral with the family being referred? Please tick the appropriate box:			
	Yes	☐	No ☐
Signature of referrer			Date

Continued Collaboration with referral agent if relevant:

(What continued involvement is expected between the family and your service? Do you have any hopes or anticipations about how you would like to stay involved or be invited to collaborate with this service? If yes, have these been discussed with the family?)

Any Key Support Priorities:

(Prompts: Is there anything in particular that the family would like from the programme? Are there any immediate supports or topics to discuss? E.g. any risks or concerns or worries for the family)

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Participation Supports Required:

Does the family need any additional support for participation (such as language support, visual supports, physical supports or support for learning difficulties)

Yes

☐

No

☐

Please State:

Under 18 Assent (only if mother is under 18):

Please tick boxes below when you have read and understood the statements



I am happy for the information contained in this form to be used to contact me for the Preparing For Life Home Visiting Programme

☐

I am happy for PFL Home Visiting to inform an agency making this referral with me (if applicable) that I have engaged in the service (no other information will be shared without my consent)

☐

Signature

Date

Family consent (Mother to sign or guardian if mother is under 18):

Please tick boxes below when you have read and understood the statements



I am happy for the information contained in this form to be used to contact me (my family) for the Preparing For Life Home Visiting Programme

☐

I am happy for PFL Home Visiting to inform an agency making this referral with me (if applicable) that I (my family) have engaged in the service (no other information will be shared without my consent)

☐

Signature

Date

Guidance for making a referral to PFL Home Visiting Service:

Referral Criteria: Any mother-to-be (and partner) living in the Dublin 5, 13, 15 and 17 area who would like the support offered by PFL Home Visiting. Referrals surrounding these areas may be accepted on a case-by-case basis.

Guidance on completing the referral form:

General: Please complete every element of the referral form, clearly indicating if any elements have been left intentionally blank. *Please ensure the date is completed.*

Mothers Estimated Due Date: Preparing For Life Home Visiting primarily works with families from the timepoint of a mothers pregnancy. However, there may be flexibility with this in exceptional circumstances. This will be decided on a case by case basis

Consent: PFL Home Visiting is a voluntary programme. Therefore, we request the mother's consent for the referral to be valid. Furthermore, in order to inform referral agents if a family has engaged, we need consent via the box provided to allow us to do this. We also include an assent process for mothers who are under 18 years.

Further information on the service: For further information or to send a referral, please use the contact details below or visit our website <https://www.preparingforlife.ie/>

Please return this completed form to:

Eva Cagney,
Preparing For Life,
Bell Building, Darndale,
Dublin 17

Phone: 087 6054488
Email: eva.cagney@nspartnership.ie