

The Cottage Family Centre



Agency Referral Form Adolescent Mental Health Project – Raw Youth

For the Attention of:	Management
Sender Information	Organisation: Name: Position: Contact Number: Email Address:

The Therapeutic service is designed to support individuals and alter behaviours within families who are at risk of relationship breakdown and issues which affect their day to day lives.

Criteria for Service	Yes	No
Is the adolescents aged between 12 – 16 years? Social isolation and relationships are causing concern		
Does the adolescent have a school attendance and engagement are causing concern (75% < attendance for at least 12 months)		
Does the adolescent have an identified emotional well-being need?		
Support planning is in place and other interventions have been trailed but have not had the desired positive impact		

Please complete this form to make a referral to us for support. We would be grateful if you could supply as much information as possible. The questions are not being asked in order to exclude people from the service but to ensure that we are able to offer a suitable level of support for the service user.

<p>Details Main Parent/Carer:</p>	<p>Full Name:</p> <p>House/Flat No:</p> <p>Street:</p> <p>Town:</p> <p>Postcode:</p> <p>Home telephone:</p> <p>Mobile:</p> <p>Relationship to children:</p>
<p>Details of other adults living within the family home:</p>	<p>Full Name:</p> <p>House/Flat No:</p> <p>Street:</p> <p>Town:</p> <p>Postcode:</p> <p>Home telephone:</p> <p>Mobile:</p> <p>Relationship to children:</p>
<p>Children's Details:</p>	<p>1)</p> <p>Full Name:</p> <p>Date of Birth:</p> <p>Sex:</p> <p>If any, what school/nursery do they attend?</p> <p>2)</p> <p>Full Name:</p> <p>Date of Birth:</p> <p>Sex:</p> <p>If any, what school/nursery do they attend?</p>

	<p>3) Full Name:</p> <p>Date of Birth:</p> <p>Sex:</p> <p>If any, what school/nursery do they attend?</p> <p>4) Full Name:</p> <p>Date of Birth:</p> <p>Sex:</p> <p>If any, what school/nursery do they attend?</p> <p>5) Full Name:</p> <p>Date of Birth:</p> <p>Sex:</p> <p>If any, what school/nursery do they attend?</p>
<p>What other agencies/ Organisations Are involved with the family?</p>	<p>Social worker:</p> <p>School/Nursery:</p> <p>Health Visitor:</p> <p>CPN:</p> <p>Voluntary organisations:</p> <p>Other:</p>
<p>Is there drug and alcohol dependency by any individual within the family?</p>	<p>NO/YES</p> <p>If Yes, please give further information:</p>

<p>Do you have specific concerns about any of the children's health?</p> <p>Please also give details on any current medication, dietary requirements, allergies etc.</p>
<p> </p>
<p>Do you have specific concerns about any of the Parent's/Carers health?</p> <p>Please also give details on any current medication, addictions, dietary requirements, allergies etc.</p>
<p> </p>
<p>Do you have specific concerns about any of the children's development? Please provide details.</p>
<p> </p>
<p>Do you have specific concerns about the family's domestic situation? Please provide details.</p>
<p> </p>
<p>Anticipated outcomes: What do you expect this referral to achieve in respect of your concerns for this family?</p>
<p> </p>

<p>Please give further information to support your referral:</p>	<p> </p>
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Please ensure you have completed the referral form fully before signing the declaration below. Unfortunately incomplete referrals will be returned to the referrer which may result in a delay of support services being offered.

The Cottage Family Centre is committed to providing a high quality care and support service which will achieve the very best outcomes for children and families.

Everyone is different, Each is special

I declare that the information given is a full and accurate account of my knowledge regarding the applicant.

Referrer signature: _____

Date: _____

Please return this form by post/email to:

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