

**TIME in Lincolnshire Referral Form**

(Time to talk, Intensive support about Me, Empower).

**The mother must meet the referral criteria below, if you answer NO to any of the first 6 questions below, they are not eligible to be referred to the TIME programme.**

**Date referral form completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mothers Mosaic Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Has Mother agreed to receive support from the TIME programme?  Without consent we are unable to work with the Mother. | Yes | | No |
| If no, add date practitioner will revisit with mother: |
| 1. Has the need for being pregnancy free, at the start of the programme & for the following 18 months whilst they are engaged on the programme, been explained & contraceptive support been accessed? | Yes | | No |
| 1. Has Mother had at least one child removed from their care (must be within 3 years of last removal)? | Yes | Please state how many children have been  removed? | No |
| 1. Mother is not currently pregnant? | Yes | | No |
| 1. Mother does not have other children in their care? | Yes | | No |
| 1. Is the mother a resident of Lincolnshire? | Yes | | No |
| Is Mother under the age of 30 Years? | Yes | No | Please state mother's age. |
| Is the Mother a care leaver? | Yes | No |  |
| Have final proceedings concluded? | Yes | No | Date concluded - |

**Referrers details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of referrer. | Job Title. | Organisation. | Telephone Number. | E.Mail. |
|  |  |  |  |  |

**Mother's details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Mothers Name | DOB | Address | Telephone number | Ethnicity |
|  |  |  |  |  |

|  |
| --- |
| Number of children removed and category for removal. |
|  |

**Children's Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: child 1 | Date of birth: | Date of removal: | Placement Type: |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: child 2 | Date of birth: | Date of removal: | Placement Type: |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: child 3 | Date of birth: | Date of removal: | Placement Type: |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: child 4 | Date of birth: | Date of removal: | Placement Type: |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: child 5 | Date of birth: | Date of removal: | Placement Type: |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: child 6 | Date of birth: | Date of removal: | Placement Type: |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: child 7 | Date of birth: | Date of removal: | Placement Type: |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: child 8 | Date of birth: | Date of removal: | Placement Type: |
|  |  |  |  |

Are proceedings on-going? YES/NO (delete as appropriate YES/NO).

**Other professional involvement**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Job Title. | Organisation. | Telephone Number. | E.Mail. |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Job Title. | Organisation. | Telephone Number. | E.Mail. |
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| --- | --- | --- | --- | --- |
| Name | Job Title. | Organisation. | Telephone Number. | E.Mail. |
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| --- | --- | --- | --- | --- |
| Name | Job Title. | Organisation. | Telephone Number. | E.Mail. |
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| --- | --- | --- | --- | --- |
| Name | Job Title. | Organisation. | Telephone Number. | E.Mail. |
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| --- | --- | --- | --- | --- |
| Name | Job Title. | Organisation. | Telephone Number. | E.Mail. |
|  |  |  |  |  |

**Presenting needs checklist** (delete as appropriate in YES/NO column).

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| --- | --- | --- | --- | --- | --- |
| Drugs & Alcohol | Historical | | Current | | Additional information. |
|  | YES | NO | YES | NO |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Domestic Abuse | Historical | | Current | | Additional information. |
|  | YES | NO | YES | NO |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Learning Difficulties | Historical | | Current | | Additional information. |
|  | YES | NO | YES | NO |  |

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| --- | --- | --- | --- | --- | --- |
| LAC | Historical | | Current | | Additional information. |
|  | YES | NO | YES | NO |  |

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| --- | --- | --- | --- | --- | --- |
| Mental Health | Historical | | Current | | Additional information. |
|  | YES | NO | YES | NO |  |

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| --- | --- | --- | --- | --- | --- |
| Physical Health | Historical | | Current | | Additional information. |
|  | YES | NO | YES | NO |  |

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| --- | --- | --- | --- | --- | --- |
| Homelessness | Historical | | Current | | Additional information. |
|  | YES | NO | YES | NO |  |

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| --- | --- | --- | --- | --- | --- |
| Criminal Justice | Historical | | Current | | Additional information. |
|  | YES | NO | YES | NO |  |

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| --- | --- | --- | --- | --- | --- |
| OTHER | Historical | | Current | | Additional information. |
|  | YES | NO | YES | NO |  |

|  |
| --- |
| Additional Information – please add below, including relevant risk information. |
| C:\Users\Katie.gratrick\AppData\Local\Microsoft\Windows\INetCache\IE\L83CVNSS\dandelion-1444152125uue[1].jpg |

**Completed referral forms to be e-mailed to:**

**Child\_BS\_Grantham\_EarlsfieldFC@lincolnshire.gov.uk**