**Moving Parents and Family Together (M-PACT) Referral Form**

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| **Referral Source** | | |
| Name: | | Agency:  If self-referral please tick here: |
| Contact Number: | Email: | |
| Date completed: | | |

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| Please complete the below information in full, providing the details below for all individuals being referred for assessment in the M-PACT programme. |

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| **Details of adult family members:** **Please tick which adult the family assessment should be arranged through (Repeat lines as required)** | | | | | | | | |
|  | **Full Name** | **Gender** | **Relation to child/ren listed below** | **DOB** | **Address** (inc Postcode) | **Any additional needs?** (If yes, please provide details) | **Drug and/or alcohol use?** Please indicate if current or historical & substance(s) use inc. any OST | **Any criminal convictions** (If yes, please provide details) |
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| **Details of child family members (Repeat lines as required)** | | | | | | |
| **Full Name** | **Gender** | **DOB** | **Address** (inc Postcode) | **School Name/Address** | **Any additional needs?** (If yes, please provide details) | **Drug and/or alcohol use?** Please indicate if current or historical & substance(s) use inc. any OST |
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| **Voice of the family – To be completed by/with the family** |
| As a family what would you like to get from completing the M-PACT programme? |
| Do you have any worries about attending and completing the M-PACT programme? |
| **Are your family known to social care:**  Never Previously Currently  **Any other Concerns (select all as appropriate):**    Education Domestic Abuse Criminal Justice Mental/Emotional Health Physical Health Other  **Please provide further information of the concerns selected (including details of any criminal convictions for any individuals named above):** |

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| **Further Information – To be completed by referring agency, if applicable** |
| What has led to referring the family to M-PACT? |
| What are the intended outcomes for the family participating in the M-PACT Programme? |
| **Are the family known to social care:**  Never Previously Currently  **Any other Concerns (select as appropriate):**    Education Domestic Abuse Criminal Justice Mental/Emotional Health Physical Health Other  **Please provide further information (including details of any criminal convictions for any individuals named above):** |

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| **Signature of agreement of the transfer of information**  **Professional/Family Referrals**  Please sign below to indicate and confirm the family is aware of referral being made and consents to their information on this form being shared with Cranstoun, Here4YOUth, and Oxfordshire County Council. I also acknowledge that the completion of this referral form does not automatically mean that the family will be accepted onto the M-PACT programme, and I understand that an assessment must be completed in order to assess the families suitability.   |  |  |  |  | | --- | --- | --- | --- | | Referrers Name |  | Referrers Signature |  | |

**When completed please forward this form to:** [**Here4youthox@cranstoun.org.uk**](mailto:Here4youthox@cranstoun.org.uk)