

**2-YEAR-OLD REFERRAL FORM
PRIVATE AND CONFIDENTIAL**



Name of child: _____ Name of Parent/ Carer: * _____
(Please print)

Parent's National Insurance Number: * _____ *Date of birth of Parent: * _____

Name of other/s with parental responsibility: _____

Address of child: _____

Date of Birth of child: _____ Gender: **Male/ Female** (Please circle)

Contact Tel No for Parents: _____ (landline) _____ (mobile)

Dr's name & address: _____

Health Visitors name & address: _____

Has a 2 Year Old Assessment check been completed? _____ Date completed: _____

Please obtain a copy of your child's 2 Year Old Assessment check and share with your child's setting.

Name & address of other professionals supporting child/family or parent: _____

Which Children's Centre are you registered with? _____

If you are not registered with a Children's Centre would you be happy to receive information from your nearest Children's Centre? YES/NO (please circle)

**SECTIONS 1 - INCOME STATUS - As Parents, are you on any of the following benefits?
Please ✓**

a. Income Support		b. Income-based Jobseeker's Allowance	
c. Income-related Employment and Support Allowance		d. Support under Part 6 of the Immigration and Asylum Act 1999	
e. Guarantee Element of State Pension Credit		f. Child Tax Credit or Working tax credit and have an annual income not exceeding £16,190 (as of April 2012) as assessed by Her Majesty's Revenue and Customs	
g. A child who is in receipt of Disability Living Allowance (DLA)		h. Universal Credit (please provide proof)	

*please ensure these pieces of information are completed as they are needed to check eligibility

SECTION 2 - THE CHILD - Is the child on any of the following registers or does he/she match any of the following criteria? Please ✓

1. Child who is Adopted Name of Social Worker:		2. Looked After Child (LAC) Name of Social Worker:	
3. Care Order in place Name of Social Worker:		4. Subject to a Child Protection Plan Name of Social Worker:	
5. Child in Need (CIN) Name of Social Worker:		6. Is a CAF in place for the family? Name of Lead Professional:	
7. Has the child/family a Family Support Worker? Name of Family Support Worker:		8. Does the child have any identified needs or disabilities e.g. SEN, developmental delays, additional learning, speech and language needs? Give brief details:	

SECTION 3 - THE PARENTS - As parents, do you meet any of the following criteria? Please ✓

1. Teen Parents		2. Lone Parents	
3. Children from families with 3 or more children under the age of 5 years		4. Does the parent have health issues or disabilities? <i>Give brief details:</i>	
5. Is the family in temporary accommodation?		6. Have you or are you experiencing Domestic violence/abuse?	
7. Does the child have any other additional needs? e.g. sibling with additional needs Give brief details:		Does the parent have a preference to which childcare setting their child attends? Please list:	

I confirm the information provided is correct as at today's date and that any changes to this information will be disclosed at the point of change. I also give my permission for these details to be forwarded to Belinda Yen, the Childcare Project Officer (2-Year-Old Free Entitlement) and the manager of the Child care setting receiving funding for my child/ren.

Parent Signature: _____ Date: _____

Name of referrer completing this form: _____
(Please print)

Job Title: _____

Contact Address: _____

Work email Address: _____

Telephone No: _____

Signature: _____

Please send this form marked **PRIVATE AND CONFIDENTIAL** to: Belinda Yen, Childcare Project Officer (2-Year-Old Free Entitlement), Child Place Planning Team, 2nd Floor, Rutland House, Halton Lea, Runcorn WA7 2GW Tel: 0151 511 7395