



Limerick
Social Service
Council CLG

Comhairle Sheirbhís Sóisialta Luimnigh

Limerick Social Service Centre
Upper Henry St., Limerick
Tel: (061) 314111
E-mail: cfsreferral@lssc.ie

Child & Family Service Referral

PERSON(S) BEING REFERRED:

Name:

DOB:

Address:

Tel:

Expected delivery date: (where applicable)

Referral to:

Please tick box below:

The Child and Family Service

Community Social Work and Family Support Service

The Community Mothers Programme

The Teen Parent Support Programme

Parenting Teenagers:

The Relationships and Sexual Health Programme

The Family Advocacy Service

Family Support Initiative

Groups-Please specify _____

Please send all referrals, marked private and confidential, to
LSSC Child and Family Support Manager, Upper Henry Street, Limerick.
E: cfsreferral@lssc.ie T: 061-314111

INTERNAL USE ONLY

Received by:	Date:	Signed:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Assigned to:	Date:	Department:
<input type="text"/>	<input type="text"/>	<input type="text"/>

PARENTS AND GUARDIANS:

First Name: Surname: Relationship to the child or young person:

OTHER FAMILY AND HOUSEHOLD MEMBERS (INCLUDING BROTHERS AND SISTERS, STEP-PARENTS AND ANY OTHER PERSON LIVING IN THE HOUSEHOLD).

First Name: Surname: Relationship to the child or young person:

PROFESSIONALS WHO WORK WITH THE CHILD/REN OR FAMILY (if known; i.e. GP, teacher, etc.):

Name and title Present address Telephone Working with

Name and title	Present address	Telephone	Working with

NEEDS AT REFERRAL/WHAT SUPPORT WOULD YOU LIKE FROM LSSC?:

Include prompts such as physical and mental health, emotional and social development, relationships, living environment, etc.

STRENGTHS WITHIN FAMILY AT TIME OF REFERRAL:

Think about family support, relationships, school attendance in relation to the referral.

WHAT OUTCOME WOULD YOU LIKE TO SEE FROM THE INTERVENTION:

ANY OTHER ESSENTIAL INFORMATION:

Such as expected delivery date, legal orders, assessments or reports that may be relevant to this referral.

CONSENT:

Are the child/ren and the family aware of the referral? Yes No If yes, who?

Have the child/ren and family consented to the referral? Yes No If yes, who?

REFERRER'S DETAILS:

Name:	Job Title:	Service/Agency:
Address:		Tel: Mobile: Email: