

## Early Years Vulnerable Family Referral Form

The Early Years Vulnerable Family (EYVF) Referral form must be completed fully for **all** referrals made to EYVF for funding alongside one of the following documents:

- A Common Assessment Framework (CAF) for CAF route
- Social Work Assessment for Social Work route

**Any referral received without this form fully completed will not be accepted.**

**Children aged 6 months to 5 years (up to statutory school age) can access an EYVF place.**

**Is this a request in relation to a change in circumstances?**

Yes

No

**Have you checked to see if the child is entitled to 2 year old funded free education or 30 hours extended entitlement?**

Referrers details:	
Name:	
Job title/Department/ Organisation:	
Telephone number:	
Email address	
<b>Please ensure consent has been provided by the parent/carer that all information submitted to support the referral e.g. CAF/Initial Assessment/Core Assessment/Risk Assessment can be passed on to third parties, for example; The Early Years , third party childcare providers.</b>	
<b>Date consent was provided</b>	

Child's details:	Parent's/Carers details:
Name:	Name:
DOB	N/A
Full address:	
Contact telephone numbers and email address:	

**Briefly explain what intervention is planned for the family that this request will support ?**

**Is the child already accessing childcare provision?**

**Yes/No**

**If yes, please provide details**

**Name of the setting:**

**Total number of hours per week the child currently attends:**

**Childcare/additional childcare request details:**

Hours per week:

Lunches per week:

Which Children's Centre is the family registered with?

For more details on the EYVF funding please contact the Early Years Team on:  
Email: [earlyyears@barnet.gov.uk](mailto:earlyyears@barnet.gov.uk)