

**Renewing Roots | Professional Referral Form**

Renewing Roots offers free, confidential support for former residents of Ireland's Mother and Baby and County Home institutions now living in the North of England.

Thank you for making a referral. By completing this form, you confirm that consent has been given for you to share the information enclosed.

Please email to: [**renewingroots@frea.org.uk**](mailto:renewingroots@frea.org.uk)

Person making referral:

|  |  |
| --- | --- |
| **Contact Information** | |
| Name |  |
| Name of organisation |  |
| Date referral made |  |

Person being referred:

|  |  |
| --- | --- |
| **Contact Information** | |
| Name |  |
| Address |  |
| Postcode |  |
| Telephone |  |
| Mobile |  |
| Email |  |
| Date of birth |  |
| **Institutional Information** | |
| Name of Mother and Baby Home or County Home Institution resided in? (if known) |  |
| Date entered (if known) | month and year |
| Date left (if known) | month and year |

|  |  |
| --- | --- |
| **Benefits received (please answer yes or no)** | |
| Universal Credit |  |
| Pension Credit |  |
| Housing Benefit |  |
| Council Tax Support |  |
| Employment Support Allowance |  |
| Job Seekers Allowance |  |
| Income Support |  |
| Other (please specify) |  |
| **Support Requested (Please answer yes or no to each of our services)** | |
| Access birth and early life records |  |
| Trace family members |  |
| Access the Payment Scheme & Healthcare Payment |  |
| Access specialist counselling |  |
| Support connecting to local services and community events. These include welfare entitlements, health care and social and cultural groups. |  |