

**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**

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 |

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| --- |
| **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. |  |