

**D15 Family Support Service – Self and Agency referral form
Blanchardstown Local Drug and Alcohol Task Force**



D15 Family Support service offers a safe space for people affected by someone else’s drug/alcohol use to explore their options. The service also offers supports to people who have identified concerns about their own alcohol use.

Please tick which service is relevant:

PROGRAMME REQUIRED:

Family Support:

A family member who is living with/directly affected someone else’s by substance misuse residing in Dublin 15.

Alcohol Support:

A person who is dealing with problematic ALCOHOL use living in Dublin 15.

Details of the referred person:	
Full name:	
Address:	
Date of Birth:	
Telephone:	
Nationality:	
Ethnicity:	
Occupation/Education:	
Gender:	

Details of the referral – briefly outline the reason for this referral:	
Current challenges:	
Desired outcome:	

Please use block letters when filling this form and complete fully – Thank you

Has/is the referred person experienced/experiencing any of the following:

Domestic Abuse	Drug-Related Intimidation	Mental Health Issues	Homelessness	Other
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Briefly outline the concerns:

Agency Referral details:

Name			
Address			
Telephone:			
Email:			
Signature:		Date:	

Self-referral:

Signature:	Date:
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I, understand that if a concern may arise about my child/ren regarding their well-being/safety that a referral must be made to TUSLA, child and family social services in agreement with reporting requirements of Children First legislation and guidelines.

Please tick to confirm you have read:



Please use block letters when filling this form and complete fully – Thank you