**Referral of Services Form**  **Section 1 Date:** \_\_\_\_\_\_\_\_\_\_\_\_ **Name of Referrer (tick):** ☐**Organisation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

☐**Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

☐**Service \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

☐**Self** ☐**Whanau \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Person for this referral:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 2**

|  |  |
| --- | --- |
| **CLIENT INFORMATION** | |
| **FIRST NAME** |  |
| **LAST NAME** |  |
| **PREFERRED NAME** |  |
| **DATE OF BIRTH & AGE** |  |
| **GENDER** |  |
| **CONTACT NUMBER** |  |
| **ADDRESS** |  |
| **NHI NUMBER** |  |
| **PRN NUMBER** |  |
| **ETHNICITY** |  |
| **IWI/HAPU** |  |
| **EMAIL ADDRESS** |  |
| **GUARDIAN NAME &**  **RELATIONSHIP, PHONE** |  |

**Section 3 (PLEASE TICK AND CIRCLE the relevant service(s)**

* ☐ Housing Advocacy & Support/ Kainga Ora/ Tenancy Tribunal/ Housing Register
* ☐ Assistance & Enrolment in a Health Service
* ☐ Adult Bail & Court Support Services
* ☐ Grief/ General Counselling/ Alcohol and Substance/ PTSD Counselling
* ☐ Oscar Holiday Prog
* ☐ Rakau Rangatira (Ready to work/Employment support)
* ☐ Social Worker/Family Court/Oranga Tamariki
* ☐ Family Harm/ Protection orders/ Legal support/Violence Support
* ☐ Budgeting / Financial Advocacy/MSD support/ Kiwi saver Hardship/ Kai

information

* ☐ Kinaki (Senior Support Services) – Isolation / Health Advocacy
* ☐ Youth Services – YJ Bail Support / YJ Mentoring / YJ SWA / TTA Services /

Fast Track

* ☐ Other (please specify):

Brief Comment or upload and attach supporting documents:

**URGENCY LEVEL: High indicates that the matter is urgent and requires support from other agencies, OT, POLICE, etc.**

* ☐ Low
* ☐ Medium
* ☐ High

**Additional Notes/Comments:**

**Referral Reviewed and Accepted / Declined (circle)**

**Name:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**