



# te aroha noa

COMMUNITY SERVICES

	<b>Date:</b> <a href="#">Click here to enter a date.</a>		<b>Referral accepted by:</b>	
<b>Referrer's Name :</b> <b>Agency:</b> <b>Phone Number:</b>			<b>Is the family aware of this referral?</b> N <input type="checkbox"/> Y <input type="checkbox"/> <b>Relationship to referral:</b>	
	<b>Surname(s):</b>		<b>First name(s):</b>	
	<u>Ethnicity</u>	<u>Iwi/Hapu</u>	<u>DOB</u>	<u>GENDER</u>
<b>Address:</b>				
<b>Email Address:</b>				
<b>Phone Numbers:</b> Can a message be left on the phone? Y <input type="checkbox"/>	<b>Mobile:</b>		<b>Other:</b>	
<b>Funding:</b> <i>How will payment be met?</i>	<input type="checkbox"/> Self <input type="checkbox"/> NDOE <input type="checkbox"/> SUC <input type="checkbox"/> PHO		<input type="checkbox"/> ACC <input type="checkbox"/> Other _____ <input type="checkbox"/> Disability Allowance	
<b>Which Service is required?</b>	<input type="checkbox"/> Family/Whānau Dvlpt <input type="checkbox"/> Counselling <input type="checkbox"/> He Ngākau Matua <input type="checkbox"/> Whakatipuria TPU		<input type="checkbox"/> Community Education <input type="checkbox"/> ECC <input type="checkbox"/> HIPPY	
<b>Presenting Issue(s)</b> <i>(PTO if required)</i>				
<b>What are the hopes for TANCS working alongside this Family/Whānau?</b>				
<b>Family Information</b> <b>(Siblings or children to be put here.</b> <b>Note Parents/Caregivers and NOK are on next page)</b>	<u>Name</u>	<u>DOB</u>	<u>Relationship</u>	

<b><u>Office Allocated Practitioner:</u></b>	<b><u>Date entered to EXESS</u></b>



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FOR CHILDREN UNDER THE AGE OF 16 Years:	
<p><b>Mother's Details</b></p> <p>Name:</p> <p>DOB:</p> <p>Ethnicity:</p> <p>Iwi/Hapu:</p> <p>Address:</p> <p>Email:</p> <p>Phone numbers:</p> <p>Cell:</p> <p>Home:</p> <p>Work:</p> <p>Please Circle of the following:</p> <p>Is Primary Caregiver    YES    NO</p> <p>Emergency Contact        YES    NO</p> <p>Conditional Access        YES    NO</p> <p>Details of access:</p>	<p><b>Father's Details</b></p> <p>Name:</p> <p>DOB:</p> <p>Ethnicity:</p> <p>Iwi/Hapu:</p> <p>Address:</p> <p>Email:</p> <p>Phone numbers:</p> <p>Cell:</p> <p>Home:</p> <p>Work:</p> <p>Please Circle of the following:</p> <p>Is Primary Caregiver    YES    NO</p> <p>Emergency Contact        YES    NO</p> <p>Conditional Access        YES    NO</p> <p>Details of access:</p>
<p><b>Legal Guardian/Caregiver</b></p> <p>Name:</p> <p>Cell:</p> <p>Home:</p> <p>Work:</p> <p>Please Circle of the following:</p> <p>Is Primary Caregiver    YES    NO</p> <p>Emergency Contact        YES    NO</p> <p>Conditional Access        YES    NO</p> <p>Details of access:</p>	<p><b>Next of Kin</b></p> <p>Name:</p> <p>Relationship:</p> <p>Cell:</p> <p>Home:</p> <p>Work:</p> <p>Please Circle of the following:</p> <p>Is Primary Caregiver    YES    NO</p> <p>Emergency Contact        YES    NO</p> <p>Conditional Access        YES    NO</p> <p>Details of access:</p>