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|  | **Date:** | | **Referral accepted by:** | | |
| **Referrer’s Name:**  **Agency:**  **Phone Number:** |  | | **Is the family aware of this referral? N Y**  **Relationship to referral:** | | |
|  | **Surname(s):** | | **First name(s):** | | |
|  | |  | | |
| **Ethnicity:** | **Iwi/Hapū:** | | **D.O.B:** | **Gender:** |
| ***Tangata MUST have a point of contact. Please ensure at least one of these areas is filled in.*** | | | | |
| **Address:** |  | | | | |
| **Email Address:** |  | | | | |
| **Phone Numbers:**  **Can a message be left on the phone? Y** | **Mobile:** | | **Back Up Number:** | | |
| **Funding:**  **How will payment be met?** | **Self**  **OT Contract**  **ACC**  **Disability Allowance** | | **Other:** | | |
|  | **Family/Whānau**  **Counselling (MUST add notes below)**  **ECC**  **He Ngākau Mātua**  **Start Date of Course / /**  **Duration of Course:** | | **Wāhine Ataahua**  **Tū Hāpainga**  **Digital Literacy**  **Incredible Years**  **Tenancy 4 Whānau**  **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |

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| **Presenting Issue(s)**  ***(Please note down what it is you are needing support in)*** |  | | |
| **What are your hopes for the Family/Whānau?** |  | | |
| **Family Information**  **(Siblings or children to be put here.**  **no**  **Parents/Caregivers and NOK are on next page)** | **Name** | **DOB** | **Relationship** |
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| ***Office Allocated Practitioner:*** | | ***Date entered to EXESS:*** |
| *FOR CHILDREN UNDER THE AGE OF 16 YEARS:* | | |
| Mother’s Details  Name:  DOB:  Ethnicity:  Iwi/Hapu:  Address:  Email:  Phone numbers:  Cell:  Home:  Work:  Please Circle of the following:  Is Primary Caregiver YES NO  Emergency Contact YES NO  Conditional Access YES NO  Details of access: | Father’s Details  Name:  DOB:  Ethnicity:  Iwi/Hapu:  Address:  Email:  Phone numbers:  Cell:  Home:  Work:  Please Circle of the following:  Is Primary Caregiver YES NO  Emergency Contact YES NO  Conditional Access YES NO  Details of access: | |
| Legal Guardian/Caregiver | Next of Kin | |
| Name:  Cell:  Home:  Work:  Please Circle of the following:  Is Primary Caregiver YES NO  Emergency Contact YES NO  Conditional Access YES NO  Details of access: | Name:  Relationship:  Cell:  Home:  Work:  Please Circle of the following:  Is Primary Caregiver YES NO  Emergency Contact YES NO  Conditional Access YES NO  Details of access: | |