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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 DetailsName:DOB:Ethnicity:Iwi/Hapu:Address:Email:Phone numbers:Cell:Home:Work:Please Circle of the following:Is Primary Caregiver YES NOEmergency Contact YES NOConditional Access YES NODetails of access: | Father’s DetailsName:DOB:Ethnicity:Iwi/Hapu:Address:Email:Phone numbers:Cell:Home:Work:Please Circle of the following:Is Primary Caregiver YES NOEmergency Contact YES NOConditional Access YES NODetails of access: |
| Legal Guardian/Caregiver | Next of Kin |
| Name:Cell:Home:Work:Please Circle of the following:Is Primary Caregiver YES NOEmergency Contact YES NOConditional Access YES NODetails of access: | Name:Relationship:Cell:Home:Work:Please Circle of the following:Is Primary Caregiver YES NOEmergency Contact YES NOConditional Access YES NODetails of access: |