

Caregiver/Legal Guardian:		
DOB:	Address:	
Ethnicity:		
Paid employment:	Yes	No
Employer:	Phone number:	
Occupation:	Informed of referral:	Yes No
Comments:		

Have the whānau / caregivers agreed to participate in the programme?		Yes	No	
Household / Family / Whānau / Other significant persons' details:				
First name	Family name	Relationships	DOB	Address

Reason for referral: Why do you believe this young person and their whānau would benefit from participating in the Refocus programme

Other agencies / organisations involved	
Name of agency	Contact person
Email	Phone number
Address	
Name of agency	Contact person
Email	Phone number
Address	
Name of agency	Contact person
Email	Phone number
Address	

Further comments/concerns/recommendations: Level of motivation / schooling/ FGC outcomes

Referrer	Agency/Organisation	Relationship to Y P	Date	Contact phone

Office use only					
Referral accepted	Yes	No	Whānau advised	Yes	No
Date					

