

Statutory Referral for Day Programme



Home & Family
EST. 1984

Te Whare Manaaki Tangata

Please complete and return this form to contact@homeandfamily.net.nz

Referrer details:

Ko wai to ingoa? Please tell us your full name:

Pronouns you would like us to use for you - please circle: She/Her He/Him They/Them/Their

Relationship to client/s:

Site location:

Name of Site Manager:

Work contact number:

Organisation:

Name of Line Manager/Supervisor:

Work contact number:

Work email:

Parent/Caregiver

Full ingoa (name) of client:

Date of Birth:

Ethnic Group/s:

Iwi (if applicable):

Best contact number:

Email address:

Current living address:

Gender identified with:

Parent/Caregiver

Full ingoa (name) of client:

Date of Birth:

Ethnic Group/s:

Iwi (if applicable):

Best contact number:

Email address:

Current living address:

Gender identified with:

Pēpi/Tamariki

Full ingoa: _____

Full ingoa: _____

Full ingoa: _____

Full ingoa: _____

Full ingoa: _____

Date of Birth: _____

Date of Birth: _____

Date of Birth: _____

Date of Birth: _____

Date of Birth: _____

Are the parents/caregivers aware this referral has been made? Yes / No

What are the key issues and needs that have been identified for this whānau?

Are there legal orders in place? Please circle what is applicable and provide details:

Custody Orders: YES / NO

Parenting Orders: YES / NO

Court Appointed Access: YES / NO

Protection Orders: YES / NO

Trespass Orders: YES / NO

Other (Please specify):

Home & Family Charitable Trust
PO BOX 287 Christchurch

e: contact@homeandfamily.net.nz web: www.homeandfamily.net.nz ph: 03 944 0635



Are there parenting concerns? YES / NO

Please include any care and protection concerns.

Is the whānau currently involved with Oranga Tamariki? YES / NO

Has the whānau previously been involved with Oranga Tamariki? YES / NO

Has the whānau used Home & Family services in the past? YES / NO

Has the whānau experienced family violence? YES / NO

Are there concerns regarding mental health for the whānau? YES / NO

What interventions, if any, has the whānau had previously?

What are their strengths, resources, supports and protective factors?

Is there other relevant information for us to be aware of, including safety/legal issues? YES / NO

Will the client require a parenting assessment? YES / NO

OTHER WHĀNAU/CAREGIVERS/PROFESSIONALS/AGENCIES INVOLVED:

NAME	ROLE/AGENCY	PHONE: