

# Statutory Referral Form for SafeCare



Please complete and return this form to [contact@homeandfamily.net.nz](mailto:contact@homeandfamily.net.nz)

**NOTE:** Our Social Workers will endeavour to get in contact within 2 weeks of receiving your referral

## REFERRER DETAILS:

Name of referrer:

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

Relationship to client/s:

Work contact number:

Work email:

Organisation/Site Location:

Line Manager/Supervisor:

Site Manager:

## PRIMARY 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:

## OTHER 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):



**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:**

<b>NAME</b>	<b>ROLE/AGENCY</b>	<b>PHONE:</b>