

Statutory Referral Form for SafeCare



Home & Family

Te Whare Manaaki Tangata

Please complete and return this form to 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:

The cost of this programme is \$3500 + GST. I confirm that funding is available for this referral: YES

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):

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: