

Referral Form for SafeCare



Home & Family
EST. 1984

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

<p><u>PRIMARY PARENT/CAREGIVER:</u></p> <p>Full ingoa (name) of client:</p> <p>Date of Birth:</p> <p>Ethnic Group/s:</p> <p>Iwi (if applicable):</p> <p>Best contact number:</p> <p>Email address:</p> <p>Current living address:</p> <p>Gender identified with:</p>	<p><u>OTHER PARENT/CAREGIVER:</u></p> <p>Full ingoa (name) of client:</p> <p>Date of Birth:</p> <p>Ethnic Group/s:</p> <p>Iwi (if applicable):</p> <p>Best contact number:</p> <p>Email address:</p> <p>Current living address:</p> <p>Gender identified with:</p>										
<p><u>REFERRER DETAILS:</u> <i>This section only needs to be filled out if you are referring someone other than yourself</i></p> <p>Name of referrer:</p> <p>Pronouns you would like us to use for you - please circle: She/Her He/Him They/Them/Their</p> <p>Relationship to client/s:</p> <p>Work contact number:</p> <p>Work email:</p> <p>Are the parents/caregivers aware this referral has been made? Yes / No</p>											
<p><u>Pēpi/Tamariki</u></p> <table><tr><td>Full ingoa: _____</td><td>Date of Birth: _____</td></tr><tr><td>Full ingoa: _____</td><td>Date of Birth: _____</td></tr><tr><td>Full ingoa: _____</td><td>Date of Birth: _____</td></tr><tr><td>Full ingoa: _____</td><td>Date of Birth: _____</td></tr><tr><td>Full ingoa: _____</td><td>Date of Birth: _____</td></tr></table>		Full ingoa: _____	Date of Birth: _____	Full ingoa: _____	Date of Birth: _____	Full ingoa: _____	Date of Birth: _____	Full ingoa: _____	Date of Birth: _____	Full ingoa: _____	Date of Birth: _____
Full ingoa: _____	Date of Birth: _____										
Full ingoa: _____	Date of Birth: _____										
Full ingoa: _____	Date of Birth: _____										
Full ingoa: _____	Date of Birth: _____										
Full ingoa: _____	Date of Birth: _____										
<p><u>What are the key issues and needs that have been identified for this whānau?</u></p> <p>Are there legal orders in place? Please circle what is applicable and provide details:</p> <p>Custody Orders: YES / NO</p> <p>Parenting Orders: YES / NO</p> <p>Court Appointed Access: YES / NO</p> <p>Protection Orders: YES / NO</p> <p>Trespass Orders: YES / NO</p> <p>Other (Please specify):</p>											

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 a parenting assessment be required? YES / NO

OTHER WHĀNAU/CAREGIVERS/PROFESSIONALS/AGENCIES INVOLVED:

NAME	ROLE/AGENCY	PHONE: