

## Whanau Centre Referral Form

Select the service you require. Please note all referrals will initially be assessed by our Korowai service.

<input type="checkbox"/> Social Work	<input type="checkbox"/> Counselling
<input type="checkbox"/> HIPPY	<input type="checkbox"/> Whanau Centred Service (Family Harm reduction)
<input type="checkbox"/> Parent Education	<input type="checkbox"/> Break Away Holiday Programme
<input type="checkbox"/> Matua Power	<input type="checkbox"/> Oscar Holiday Programme
<input type="checkbox"/> Building Financial Capability	

### Referrer Information

<b>Referrer Name:</b>	<b>Referral Source:</b>
<b>Contact details:</b> <b>Phone:</b> <b>Email:</b>	<b>Date of Referral:</b>

### Client/Whanau Details

<b>Client Name:</b>	<b>D.O.B:</b>	<b>AGE:</b>
<b>Parent Name: (if child is client)</b>		
<b>Street Address:</b>	<b>Home Phone Number:</b>	
	<b>Mobile Number:</b>	
<b>Suburb:</b>	<b>Email:</b>	
<b>City:</b>	<b>Gender:</b>	
<b>Ethnicity:</b>	<b>Iwi:</b>	
<b>Hapu:</b>	<b>Marae:</b>	
<b>GP:</b>	<b>Medical Centre:</b>	

Please tick purpose of referral (More than one can be ticked)

Education <input type="checkbox"/>	Health <input type="checkbox"/>	Social <input type="checkbox"/>	Budgeting <input type="checkbox"/>	Housing <input type="checkbox"/>	Parenting <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Family Harm <input type="checkbox"/>	Advocacy <input type="checkbox"/>	Relationship <input type="checkbox"/>
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**Summary of Needs**

**Current Situation:**

**Vision: (Outcomes sought)**

Signed by Referrer .....

Date:

Signed by Client/Whanau/Caregiver .....

Date:

**Referral Source (Please tick)**

Internal <input type="checkbox"/>	Walk-in <input type="checkbox"/>	Phone <input type="checkbox"/>	Letter <input type="checkbox"/>	Network <input type="checkbox"/>	Event <input type="checkbox"/>	Email <input type="checkbox"/>	Other <input type="checkbox"/>	School <input type="checkbox"/>	WINZ <input type="checkbox"/>
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File Number: ..... Date Referral Allocated: .....

Service Allocation: .....Staff Allocation: .....

Senior Social Worker: .....