

RIGHT SERVICE RIGHT TIME



AGENCY REQUEST FOR SERVICE

To: Right Service Right Time Coordinator

Date: _____

Referred by:

Agency: _____ DDI: _____

Referrer Name: _____ email: _____

CONSENT: The family has consented to this referral and we have attached, posted or faxed the signed consent form available on the website.

Family Details:

Parent One Name: _____ DOB: _____

Ethnicity: _____ Iwi: _____

Address: _____

Telephone: _____ email: _____

Parent Two Name: _____ DOB: _____

Ethnicity: _____ Iwi: _____

Address: _____

Telephone: _____ email: _____

Caregiver: _____ DOB: _____

Ethnicity: _____ Iwi: _____

Address: _____

Telephone: _____ email: _____

PTO

Children's Details (may include 'unborn').

Child's Name	Gender	Date of Birth	School/Preschool Name	Ethnicity	Resides at Home
	M <input type="radio"/> F <input type="radio"/>				<input type="radio"/>
	M <input type="radio"/> F <input type="radio"/>				<input type="radio"/>
	M <input type="radio"/> F <input type="radio"/>				<input type="radio"/>
	M <input type="radio"/> F <input type="radio"/>				<input type="radio"/>
	M <input type="radio"/> F <input type="radio"/>				<input type="radio"/>
	M <input type="radio"/> F <input type="radio"/>				<input type="radio"/>

A PRELIMINARY ASSESSMENT HAS BEEN UNDERTAKEN AND THE IDENTIFIED ISSUES/MAIN REASONS FOR THIS REFERRAL ARE:

Family needs/key issues:

Strengths/resources/supports within family:

Previous Interventions: (if any) e.g. 'Strengthening Families'

_____ Lead Agent: _____

_____ Lead Agent: _____

Immediate safety issues for community agency caseworker: (if any)

Legal status with CYF: (if any)

Relevant custody/access arrangements: (if any)

Is the family receiving a benefit?

Domestic Purposes Unemployment Other _____

Current status with CYF: (if any)

GP/Primary Health Provider name and contact details:

Any other relevant information:

Including any internal & external reports that have been completed eg: Suicide Risk, Child Abuse, Psychometric or DSM IV Assessment.

OTHER SERVICES / PROFESSIONALS CURRENTLY INVOLVED WITH FAMILY:

Name	Agency	Role	Phone

FAMILY SUPPORT NETWORK: Other family and important significant others (including grandparents, carers, neighbours, extended family).

Name	Gender	Relationship	Contact Details	Resides at Home
	M <input type="radio"/> F <input type="radio"/>			<input type="radio"/>
	M <input type="radio"/> F <input type="radio"/>			<input type="radio"/>
	M <input type="radio"/> F <input type="radio"/>			<input type="radio"/>

SUMMARY OF FAMILY HISTORY:

Referrer Name/ Designation: _____

Signature (if form is posted): _____

Date: _____

Thank you for contacting Right Service Right Time, our coordinator will contact you within 48 hours of receiving this form.

print finished form

save a copy of the form

RIGHT SERVICE RIGHT TIME



CONSENT FORM

To: **Right Service Right Time Coordinator**

Date: _____

I _____ (Client Name)

give consent for Right Service Right Time to consult with relevant agencies to inform and progress this Referral for Services.

I understand that the information will be confidential and used by the Right Service Right Time service pursuant to the Privacy Act 1993, and kept appropriately confidential.

I understand that if the Right Service Right Time service identifies that there are safety issues for me and/or others, it will discuss the concerns with me before releasing information.

I understand that the following agencies may be represented on a panel when my information is discussed; the Response Panel includes, but is not limited to, staff from the following organisations:

Barnardos NZ	Methodist Mission
CDHB Mental Health	Partnership Health
Child, Youth and Family	Presbyterian Support USI
Early Start	Strengthening Families
Christchurch Women's Refuge	St. John of God Waipuna
START	Te Puawaitanga

I understand that as long as I am enrolled in Right Service Right Time this consent is valid for a period of one year.

I am aware that I can withdraw from this process at any stage.

Client Signature: _____ Date: _____

Referring Agency: _____