

RIGHT SERVICE RIGHT TIME



SELF REQUEST FOR SERVICE

To: **Right Service Right Time Coordinator**

Date: _____

Your Name: _____ DOB: _____

Ethnicity: _____ Iwi: _____

Partner's Name (if applicable): _____ DOB: _____

Ethnicity: _____ Iwi: _____

Telephone: _____ email: _____

Your Address: _____

Partner's Address (if different from above): _____

If you are caring for children, please fill in the details below (may include 'unborn').

Child's Name	Gender	Date of Birth	School/Preschool Name	Ethnicity
	Male <input type="radio"/> Female <input type="radio"/>			
	Male <input type="radio"/> Female <input type="radio"/>			
	Male <input type="radio"/> Female <input type="radio"/>			
	Male <input type="radio"/> Female <input type="radio"/>			
	Male <input type="radio"/> Female <input type="radio"/>			
	Male <input type="radio"/> Female <input type="radio"/>			
	Male <input type="radio"/> Female <input type="radio"/>			

PTO

Family Challenges: Please tick any challenges that apply to your situation.

- I am a young parent under 25 years.
- I do not have many support networks I can rely on.
- I don't feel supported by my family/whānau.
- I have difficulties with depression, anxiety etc.
- A family/whānau member has difficulties with depression, anxiety etc.
- I have difficulties with addictions – e.g. drug, alcohol, gambling.
- A family/whānau member has difficulties with addictions – e.g. drug, alcohol, gambling.
- My family relationships can be problematic and stressful.
- My partner relationship is difficult at times – I do not feel supported, we argue a lot.
- I am involved with the Criminal Justice System or have had involvement with the Criminal Justice System in the past.
- A family/whānau member is involved with the Criminal Justice System or has had involvement with the Criminal Justice System in the past.
- I have difficulties with housing, transport and or meeting the expenses of day to day living, e.g. electricity bills, rent, food, clothing, home management, budgeting.
- I have moved at least twice in the last 12 months.
- I want to improve my social skills: e.g. feeling good about myself, getting on with others.
- I have issues with custody/access arrangements.
- I do not have a lot of experience or confidence in parenting and want to learn new skills.
- I left school early/I did not finish high school.
- I or my family/whānau have had involvement with Child, Youth and Family within the last 4 years.
- My child/young person has extra needs: pre-maturity; low birth weight; special needs, ADHD, learning difficulties
Specify: _____
- My child/young person has difficulties at school or is not attending.
- I am concerned about my safety.
- I am concerned about my child/ren's safety.
- I have difficulties managing my child/ren's behaviour.

Any other challenges: _____

What support would be best for you and your family/whānau? _____

Agencies involved (current and past): _____

GP name: _____

CONSENT:

- I have attached, posted or faxed the signed consent form available on the website.

Name: _____ 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: _____