



To: _____ Date: _____

Referred by:

Agency: _____ Phone: _____

Referrer Name: _____ email: _____

Please note, you may be contacted to provide further information, and or be invited to attend Rārangā-a-whānau/Mahi Tahi (panel)

CONSENT: **The family/whānau has consented to this referral & we have attached the signed consent form**

Family/ Whānau Details:

Parent One Name: _____ **DOB:** _____

Ethnicity: _____ Iwi: _____ Gender: _____

Language Spoken: _____ Is a professional interpreter needed? Yes No

Address: _____

Telephone: _____ email: _____

Parent Two Name: _____ **DOB:** _____

Ethnicity: _____ Iwi: _____ Gender: _____

Language Spoken: _____ Is a professional interpreter needed? Yes No

Address: _____

Telephone: _____ email: _____

Caregiver: _____ **DOB:** _____

Ethnicity: _____ Iwi: _____ Gender: _____

Language Spoken: _____ Is a professional interpreter needed? Yes No

Address: _____

Telephone: _____ email: _____

Is the other parent/caregiver aware of this Request for Support? Yes No

Children's Details (may include unborn)

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

A PRELIMINARY ASSESSEMENT HAS BEEN UNDERTAKEN AND THE IDENTIFIED ISSUES/MAIN REASONS FOR THIS REQUEST FOR SERVICE ARE:

Family/whānau needs/key Issues:

Strengths/resources/supports within family/whānau:

Previous Interactions/Supports: (if any)

_____ Agency: _____

_____ Agency: _____

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

Legal status with Oranga Tamariki, Ministry for Children: (if any)

Relevant additional information eg; current Oranga Tamariki plans in place: (if any)

Relevant custody/access arrangements: (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/WHĀNAU:

Name	Agency	Role	Phone

FAMILY/WHĀNAU SUPPORT NETWORK: Other family/whānau and important significant others including grandparents, carers, neighbours, extended family/ whānau.

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

REFERRING AGENCY EXPECTATIONS:

Referrer Name/ Designation: _____

Signature (if form is posted): _____

Date: _____

Thank you for contacting Te Whiri Ora Right Service Right Time.

Our coordinator will contact you within 2 weeks of receiving this form. Please email the completed form to info@rightservice.org.nz.



Te Whiri Ora
Right Service, Right Time.

Family/Whānau Consent Form

I _____ (Your Name)
give consent for this request for support to Te Whiri Ora Right Service Right Time.

I understand that my information will be confidential and used by Te Whiri Ora Right Service Right Time pursuant to the Privacy Act 1993 and kept appropriately confidential.

I understand that if Te Whiri Ora Right Service Right Time identifies that there are safety concerns for me and/or others, it will, if possible, discuss the concerns with me before releasing information to the Police and/or Oranga Tamariki.

I understand that my involvement in Te Whiri Ora Right Service Right Time is voluntary and I may withdraw at any stage of the process.

Signature: _____ Date: _____

print finished form

save a copy of the form