

# RIGHT SERVICE RIGHT TIME



**Social Service Providers  
Aotearoa Inc.**

*Children, Family, Community*

## AGENCY REQUEST FOR SERVICE

**To: Right Service Right Time Coordinator**

Date: \_\_\_\_\_

**Referred by:**

Agency: \_\_\_\_\_ DDI: \_\_\_\_\_

Referrer Name: \_\_\_\_\_ email: \_\_\_\_\_

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

**Family/Whānau Details:**

Parent One Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Iwi: \_\_\_\_\_

Language spoken: \_\_\_\_\_ Is a professional interpreter needed? Yes  No

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ email: \_\_\_\_\_

Parent Two Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Iwi: \_\_\_\_\_

Language spoken: \_\_\_\_\_ Is a professional interpreter needed? Yes  No

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ email: \_\_\_\_\_

Caregiver: \_\_\_\_\_ DOB: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Iwi: \_\_\_\_\_

Language spoken: \_\_\_\_\_ Is a professional interpreter needed? Yes  No

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ email: \_\_\_\_\_

**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/whānau needs/key issues: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Strengths/resources/supports within family/whānau: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous Interventions: (if any)

\_\_\_\_\_ Agency: \_\_\_\_\_

\_\_\_\_\_ Agency: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Relevant custody/access arrangements: (if any) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any suggestions regarding the type of service the family/whānau requires:

\_\_\_\_\_

Current status with Oranga Tamariki, Ministry for Children: (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 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/WHĀNAU HISTORY:**

Referrer Name/ Designation: \_\_\_\_\_

Signature (if form is posted): \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for contacting Right Service Right Time, our coordinator will contact you within 2 weeks 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, if possible, discuss the concerns with me before releasing information to the Police and/or Oranga Tamariki .

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

Barnardos NZ

START

Hauora Trust

CDHB Mental Health

Christchurch Methodist Mission

Purapura Whetu

Oranga Tamariki, Ministry for Children

Presbyterian Support Family Works

Te Whare Whero

Early Start

Name of GP/Medical Centre: \_\_\_\_\_

Do you consent to Right Service Right Time informing your GP of the outcome of this referral? Yes/No

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

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_