

# RIGHT SERVICE RIGHT TIME



## FAMILY REQUEST FOR SERVICE

To: **Right Service Right Time Coordinator**

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

Your Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

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

Partner's Name (if applicable): \_\_\_\_\_ DOB: \_\_\_\_\_

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

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

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

Phone (landline): \_\_\_\_\_ Mobile: \_\_\_\_\_

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

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

**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

Please describe what challenges you are dealing with in your family, consider: child behaviour; parenting skills; family relationships; adult /child mental health; physical health; finances; debt; school issues; social skills; social isolation; Family Court process.

Have you had social, health or education Services involved with your family in the past? Yes  No

Please identify each service

**Consent:**

I \_\_\_\_\_ (Your Name)

give consent to Right Service Right Time to consult and share my information with relevant agencies so that I can be referred to the appropriate services. This may include sharing my information with a Panel made up of representatives of services who are partners with Right Service Right Time. This is to ensure the most appropriate referral is made.

I understand that my information will be confidential and used by Right service Right Time in accordance with the Privacy Act 1993.

I understand that if care and protection concerns are identified by Right Services Right Time, then those concerns will be discussed with me before releasing that information to the appropriate authority.

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

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