

Kia Ora Whanau/Family and Referring Agency:

iosis Family Solutions is an agency seeks to partner with families and support them to be safe and strong together. On the following page is a list of what we offer to help and what you need to do to request this should you feel our services could assist you in some way. If you are unsure, we can be contacted on 09 269 0050. We look forward to meeting with you.

FAMILY INFORMATION

Name: _____ Gender: _____ D.O.B.: _____

Address: _____ Suburb: _____

Home Telephone: _____ Mobile: _____

Ethnicity: _____ Iwi: _____

Partner:

Name:	DOB:	M/F	Relationship Status	Living Together?
-------	------	-----	---------------------	------------------

DEPENDENT CHILDREN

Child's Name:	DOB:	M/F	Ethnicity:
Child's Name:	DOB:	M/F	Ethnicity:
Child's Name:	DOB:	M/F	Ethnicity:
Child's Name:	DOB:	M/F	Ethnicity:
Child's Name:	DOB:	M/F	Ethnicity:

REFERRER INFORMATION

Referrer (Name and Agency): _____

Phone: _____ Mobile: _____

Fax: _____ Email: _____

What is the main thing you want help with at this time?

Any other important history/information:

What are the family's goals and hopeful outcomes?

What other agencies have been involved? For what reason were they? And are you still working with them?

Any further information? (I.e. Are you concerned for anyone else? Are there court orders or requirements for work?)

WHAT WE OFFER

The following are some of the ways in which we can help, please identify what, if any ways you'd like our assistance.

For more information on what we offer you can go to our website <http://www.iosis.org.nz/What+We+Do.html>

- Understanding and strengthening your family relationships
- Practical parenting support in your home
- Supporting you with other agencies (CYFS, WINZ, HNZ, etc.)
- Goal setting, planning, with support to achieve goals
- Supervised Contact (visits with children)
- Parenting skills and strategies
- One on one work. For:
 - Men
 - Women
 - Couples
 - Children and Youth
 - Teenage Fathers
- Groups:
 - Parenting Course (Toolbox)
 - Family Resilience

Client Signature approving referral: _____

or if signature is not possible, has verbal consent been obtained? Yes No

STATEMENT OF CONFIDENTIALITY:

The information contained in this and any attached pages are intended for the use of the addressee named on this transmittal sheet. If you are not the addressee, note that any disclosure, photocopying, distribution or use of the contents of this faxed information is prohibited. If you have received this document in error, please notify us by telephone immediately so that we can arrange for the retrieval of the original document(s) at no cost to you.