

Oranga Tamariki (OT)			
Is the family currently involved with Oranga Tamariki? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, move to Further Information section)			
If yes , what is the level of Oranga Tamariki's involvement? <input type="checkbox"/> FGC <input type="checkbox"/> Family/Whanau Agreement <input type="checkbox"/> Court			
What is the name of the Oranga Tamariki Social Worker involved with the family?		Site?	
Does the client give Iosis permission to contact Oranga Tamariki for more information on how best we can support them? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Further Information			
What is the main thing you (or your client or their whanau) want help with at this time?			
Any other important history/information including court orders: (please include as much information as you can, particularly information relating to safety)			
What are the family's goals and hopeful outcomes?			
What other agencies are or have been involved?			
Why were they involved?			
Are they still involved? <input type="checkbox"/> No <input type="checkbox"/> Yes Which agency/agencies? _____			
Please highlight the services that may be helpful to you			

Community Social Work	Counselling	Young Fathers	Toolbox Parenting Programme Morning or Evening sessions 0-6 yrs 6-12 yrs Afternoon session only 12-18 yrs
Parent Support	Men's Development Programme	Family Resilience Programme	Triple P (Positive Parenting Programme)
Women's Supporting Safety Programme	AOD-Early recovery skills Programme	Getting a Grip on Communication	Financial mentoring

Client signature to approve this referral

Sign: _____	Date: _____	<input type="checkbox"/> <i>Consent given over the phone</i>
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Partner's signature to approve this referral

Sign: _____	Date: _____	<input type="checkbox"/> <i>Consent given over the phone</i>
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