**Iosis Referral Form**

**For use by external agencies or Iosis internal referrals**

**For Merivale referrals, please contact reception and request a Merivale Referral Form**

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| **Referrer’s Details** | | | | | | | | | | | | |
| **Organisation:** | |  | | **Branch/site:** | |  | | | | | | | |
| **Worker name:** | |  | | **Role with client:** | | | | |  | | | | |
| **Mobile:** |  | | | **Office number:** | | | |  | | | | | |
| **Email address:** | |  | | **Fax number:** | |  | | | | | | | |
| **Has the client given permission for a referral to be made to Iosis?** | | | | | | | Yes | | | No | |  | |
| **If yes, please specify:** | | |  | Verbal | Written | | | | | | Client’s signature ­­­­­ ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| **Referred Client’s Biographical Data** | | | | | | | | | | | | | | | | | | |
| **Name:** |  | | | | | | | | | **Date of birth:** | |  | | | **Gender:** |  |
| **Are you known by any other name:** | | | | | |  | | | |  | | | |  |  |  |
| **Address:** | |  | | | | | | | | | | | | | | | |
| **Home number:** | | | | |  | | | | | **Mobile:** |  | | | | | | |
| **Email address:** | | | |  | | | | | | | | | | | | | |
| **Ethnicity:** | | |  | | | | **Iwi:** |  | **Home language:** | | | |  | | | | |

**Internet Connection?**  (Please Circle) Yes No

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| **Client’s Partner Details** | | | | | | | | | | | | | | | | |
| **Does the partner require services?** | | | Yes (P**artner must give consent on page 2 and complete services required below)**  No | | | | | | | | | |  |  | |
| **Partner’s name:** | |  | | | | | **Partner’s date of birth:** | | | | **Partner’s gender:** | | |
| **Ethnicity:** |  | | | | | | **Relationship status:** | | |  | | | | |
| **Does the client and partner live together?** | | | | Yes | | No | |  | **Partner’s phone number:** | | |  | |
| **If no, what is the partner’s address?** | | | | |  | | | | | | | | | |
| **List services partner requires:**  **(Refer to page 2 for a list of services we offer)** | | | | |  | | | | | | | | | |

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| **Family/Whanau Details** | | | | | | |
| **Children’s names (including surname)** | **M/F** | **Ethnicity** | **D.O.B** | **Caregiver** | **Parents name(s):** |
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| **Oranga Tamariki (OT)** | | | | | | | | | | | | | | | |
| Is the family currently **involved** with Oranga Tamariki? | | | | | Yes | | No (If No, move to Further Information section) | | | | | | | | |
| **If yes,** what is the level of **Oranga Tamariki’s** involvement? | | | | | | FGC | | Family/Whanau Agreement | | | | | Court | | |
| What is the name of the Oranga Tamariki Social Worker involved with the family? | | |  | | | | | | Site? | | |  | | | |
| Does the client give Iosis **consent** to contact Oranga Tamariki for more information on how best we can support them? | | | | | | | | | | | Yes | | | No |  |
| Does the client give Iosis **consent** to share information with Oranga Tamariki on their engagement with Iosis programmes or services? | | | | | | | | | | Yes | | | | 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?** | No | Yes | | Which agency/agencies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **Please highlight the services that may be helpful to you** | | | | | | | | | | | | | | | |

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| Community Social Work | Counselling | Young Fathers | Toolbox Parenting Programme  0-6 yrs 6-12 yrs 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  Getting a Grip on Communication for Couples |
| Addictions – One to One counselling |

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| **Client signature to approve this referral** | | | | |
| **Sign:** |  | **Date:** |  | *Consent given over the phone* |
| **Partner’s signature to approve this referral** | | | | |
| **Sign:** |  | **Date:** |  | *Consent given over the phone* |