**Iosis Referral Form**

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

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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
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| **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 Programme0-6 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 mentoringGetting a Grip on Communication for Couples |

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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*
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