**Iosis Referral Form**

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

**For Iosis Whanau Centre (formerly known as Merivale) referrals, please contact reception and request an Iosis Whanau Centre 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:** |  |
|  |  |  |  |  |  |
| **Preferred method of contact – please tick** | **Email** [ ]  | **Phone call** [ ]  | **Text Message** [ ]  | **Letter by Post** [ ]  | **Other:** |
| **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 | [ ]  Financial mentoring | Toolbox Parenting Programme[ ]  0-4 yrs  |
| [ ]  Parent Support | [ ]  Men’s Development Programme | [ ]  Family Resilience Programme | [ ]  Building Awesome Whanau (0-12yrs) Parenting Programme |
| [ ]  Triple P (Positive Parenting Programme) | [ ]  Getting a Grip on Communication | [ ]  Toolbox Teenage Years |
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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* |