**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:** | | | | | | |  | | | | | |
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| **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* |