**IOSIS WHANAU CENTRE – REFERRAL FORM**

**(formerly merivale whanau development centre)**

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| **Referral Date:** |  |
| **Referring Organisation:** |  | **Name of Referrer:** |  |
| **Address:** |  | **Role:** |  |
| **Phone:** |  | **Mobile** |  |
| **Fax:** |  | **Email:** |  |
| **Details of Other Agencies/Professionals involved (including lawyers):**  |
| **Agency Name:** |  | **Phone No:** |  |
| **Agency Contact Name:** |  | **Email:** |  |
| **Agency Name:** |  | **Phone No:** |  |
| **Agency Contact Name:** |  | **Email:** |  |
| **Agency Name:** |  | **Phone No:** |  |
| **Agency Contact Name:** |  | **Email:** |  |
| **Agency Name:** |  | **Phone No:** |  |
| **Agency Contact Name:** |  | **Email:** |  |
| **Agency Name:** |  | **Phone No:** |  |
| **Agency Contact Name:** |  | **Email:** |  |
| **Clients Details:**  |
| **Name:** |  | **DOB:**  |  |
| **Address:** |  |
| **Phone:** |  | **Mobile:** |  |
| **Email address:** |  |
| **Ethnicity:** |  | **Iwi:** |  | **Home Language:** |  |
| **PARTNER’S DETAILS** |
| **Partner’s name:** |  | **Partner’s DOB:** |  |
| **Ethnicity:** |  | **Relationship status:** |  |
| **Do you and your partner live together?** | * Yes
 | ဓ/No | * Sometimes
 | **Partner’s Gender:** |  |
| **If no, what is your partner’s address?** |  |
| **Does your partner have any children?** | Two | **Phone number:** |  |
| **FAMILY / WHANAU DETAILS** |
| **Children’s Names** | **M/F** | **Ethnicity** | **D.O.B** | **Care details? Who is current carer** | **Will child be entering into Iosis Whanau Centre? Yes/No** |
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| **FAMILY / WHANAU DETAILS cont.** |
| **Children’s Names** | **M/F** | **Ethnicity** | **D.O.B** | **Caregiver?** | **Parents name(s):** |
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| **LEGAL INFORMATION:** **e.g. legal status of the children, protection orders in place, access arrangements, etc (photocopies of these documents will be required if referral is accepted)**  |
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| **PLEASE OUTLINE PRIMARY REASON FOR REFERRAL:**  |
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| **BACKGROUND INFORMATION** **Please present an overview of client’s history and current situation. Factors to include are:*** **History, e.g. family of origin, significant child hood experiences, family network, support**
* **Physical health: illnesses, infections, recent hospital admissions, current health status, e.g. diabetes, epilepsy**
* **Mental health: historical or current concerns, diagnosis, hospital admission, current medications , e.g. self harm, anxiety, depression**
* **Social interactions/relationships with others e.g. how do they typically interact with others? Communication style, aggressive, passive, intimidation, introverted, etc**
* **Spiritual: e.g. faith, church, etc**
* **Cultural: e.g. cultural identity, etc**
* **Economic status: e.g. current benefit status, debt, etc**
* **Include previous interventions and their impact on the client**

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| **FAMILY/WHANAU VIOLENCE** **Please provide details related to family/whanau violence, including history and current status****Factors to consider: length, frequency and intensity of violence** **Was hospital admission and/or medical attention required****Did children witness violence?**  |
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|  **SUBSTANCE ABUSE** **Please provide details related to substance abuse including history and current status****Factors to consider: length, frequency and intensity of use, substance of greatest concern,** **Was hospital admission and/or medical attention required due to over use?****Level of current concern regarding substance abuse? E.g. historical, current, etc** |
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| **Referrer’s expectations of Iosis Whanau Centre****Please identify goals for the mother including particular skills to learn**  |
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| **Mother’s expectations of Iosis Whanau Centre****Mother’s goals including particular skills they would like to learn.**  |
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| **CHILD(REN) DETAILS:****Please present a summary of each child or baby ’s needs who will be entering Iosis Whanau Centre with their mother:****Factors to include are:*** **Physical health: illnesses, infections, recent hospital admissions, current health status, e.g. diabetes, epilepsy**
* **Mental/Emotional needs historical or current concerns, diagnosis, hospital admission, current medications e.g.anxiety, PTSD**
* **Pro-social skills/behavioural concerns**
* **Living situation: living with foster carers, whanau, length of time in care, how many times been placed in care**
* **Education: e.g. pre-school/school attendance, Special Education, Resource Teacher of Learning & Behaviour**
* **Other: Specialists involved – SSU, Special Education,**
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| **Consent from client for referral**  |
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| *Has the mother given consent for this referral* | * *Yes*
 | * *No*
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| *Has the mother given consent for matters to be discussed verbally between referring agency & Iosis* | * *Yes*
 | * *No*
 |
| *Signature**Referrer:* |  | *Signature Mother:* |  | *Date Signed:* |
| **ANY OTHER RELEVANT COMMENTS**  |
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**Note: Please include documentation that will assist us with our referral process e.g. FGC outcomes, Gateway Assessments, Medical reports, CYF Assessments, family violence incidents, etc**