**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* |
| *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**