

Iosis Referral Form

For use by external agencies or Iosis internal referrals



Transforming family
life for good

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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please specify: <input type="checkbox"/> Verbal <input type="checkbox"/> Written	Client's signature:

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: <input type="checkbox"/> Email <input type="checkbox"/> Phone call <input type="checkbox"/> Text Message <input type="checkbox"/> Letter by Post <input type="checkbox"/> Other		

Client's Partner Details

Does the partner require services? ☐ Yes (Partner must give consent on page 2 and complete services required below)
☐ No

Partner's name:	Date of birth:	Gender:
Ethnicity:	Relationship status:	
Does the client and partner live together? <input type="checkbox"/> Yes <input type="checkbox"/> No	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)		

Family/Whānau Details

Children's names (including surname)	M/F	Ethnicity	D.O.B.	Caregiver	Parents name(s):

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/Whānau 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 whānau) 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? ☐ Yes ☐ No

If yes, please list the names of these agencies

Please highlight the services that may be helpful

- ☐ Community Social Work ☐ Counselling ☐ Financial Mentoring
☐ Parent Support

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