

Kirikiriroa Family Services Trust Referral Form

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| Whanau Information  |  |
| Mothers name | **Fathers name** |
| Age DoB / /  | Age DoB / /  |
| Address | **Address** |
| Phone | Phone |
| Ethnicity/Tribe | **Ethnicity/Tribe** |
| Strengths | Aspirations/dreams |
| Child’s Details |  |
| Child’s name | **GP name** |
| Male/Female DoB / /  | Disability Y/N |
| First Language | **EDD** |
| Referrer Information  |
| Person name |
| Agency name |
| Address |
| Phone |
| Date  |
| Signature |
| Potential risks/hazards |

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| --- | --- | --- | --- |
| List A-key criteria (1 or more) |  | List B-Additional circumstances |  |
| Mental Health Issues |  | Sudden Unexplained Death Indicators |  |
| Addiction Problems |  | Multiple births |  |
| Childhood History of Abuse |  | Lack of positive support networks |  |
| Care or Protection History |  | Criminal Justice Involvement |  |
| Relationship Problems |  | Financial and material resource difficulties |  |
| Parenting and Development Issues |  | Frequent change of address |  |
| Young parents (under 18 years of age) |  | Low parent education  |  |

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| --- |
| Consent  |
| I/We consent to being referred to the Family Start Programme |
| Signature Date / /  |

**Email** admin@family-start.org.nz

**Fax** 07 8479323

**Post** PO Box 15528 Dinsdale Hamilton 3243

**Drop In** 27 Rifle Range Rd, Dinsdale, Hamilton

**Ring** 0800 211 211