

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 |  |

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

**Email** [admin@family-start.org.nz](mailto:admin@family-start.org.nz)

**Fax** 07 8479323

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

**Ring** 0800 211 211