

Jigsaw North - Manaaki Whanau Referral Form			
<b>DATE:</b> Are you, or have you ever been, a client of Jigsaw North? If yes, when?			
Name of Parent/Caregiver:		DOB:	
Is this person the client? Please tick if yes <input type="checkbox"/>			
Address:		Female	Male (Please Tick)
		Ethnicity:	
BEST CONTACT NUMBER/S:		Email:	
EMERGENCY CONTACT/NEXT OF KIN			
Name:	Relationship:	Ph:	
YOUNG PERSON/S and or CHILD/REN			
Name:		DOB:	
Is this young person or child being referred the client? Please tick <input type="checkbox"/>			
Address if different to above:		Female	Male (Please Tick)
		Ethnicity:	
Name:		DOB:	
Is this young person or child being referred the client? Please tick <input type="checkbox"/>			
Address if different to above:		Female	Male (Please Tick)
		Ethnicity:	
SERVICE/S REQUESTED			
Counselling/ Therapy <input type="checkbox"/>		Social Work support <input type="checkbox"/>	
Parenting Programme <input type="checkbox"/>			
IF PARENTING PROGRAM IS SELECTED PLEASE TICK THOSE THAT SUIT YOUR SCHEDULE AND NEEDS:			
<u>Building Awesome Whanau</u> (Child wellbeing as a whole) – Every Thursday evening for 6 weeks: 5:30pm-7:30pm <input type="checkbox"/>			
<u>Circle of Security</u> (Regulation of emotional needs of child) – Every Tuesday for 8 weeks: 12:30pm-2:30pm <input type="checkbox"/>			
<u>Chaos to Calm</u> (Women’s anger intervention program) - Every Thursday afternoon for 7 weeks: 12:30pm – 2:30pm <input type="checkbox"/>			
<u>Teenage Years</u> (Parenting Teenagers) – Returning Term 2 2019 <input type="checkbox"/>			
REFERRER DETAILS			
Myself <input type="checkbox"/> OR		NAME of referrer:	
		Role:	
		Organisation:	
		Contact number:	
		Email:	
The client is aware of and consents for this referral to Jigsaw North Signed _____ Date _____			
IMPORTANT INFORMATION			
<b><i>You may be eligible for ACC Free Counselling if you have experienced sexual assault **0800 101 996 Call ACC** If this is an emergency please call police 111 or crisis Mental Health Support 0800 223 371</i></b>			
1. Are there children currently in your care? YES NO (please tick)			
2. How many children under 18 are in your home?			
3. Are there current custody orders in place? YES NO (If yes, who has day to day care of child/ren currently?)			
4. Please list any other agencies involved :			
5. Do you have upcoming Family Court or Family Group Conference Dates (FGC)? YES NO If YES when?			
6. Do you have Mental Health needs/history - diagnosed or undiagnosed? If yes, Please explain? YES NO			
7. Have you experienced suicidal thoughts and/or feelings? YES NO If yes, when?			
8. What is happening now?			

