

Jigsaw North - Manaaki Whanau Referral Form

DATE:

Name of Parent/Caregiver:

DOB:

Is this person the client? Please tick if yes

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

Address if different to above:

Female Male (Please Tick)

Ethnicity:

Name:

DOB:

Is this young person or child being referred the client? Please tick

Address if different to above:

Female Male (Please Tick)

Ethnicity:

SERVICE/S REQUESTED

Counselling/ Therapy

Social Work support

Parenting Programme

IF PARENTING PROGRAM IS SELECTED PLEASE TICK THOSE THAT SUIT YOUR SCHEDULE AND NEEDS: Building
Awesome Whanau (Child wellbeing as a whole) – Every Thursday evening for 6 weeks: 5:30pm-7:30pm
Circle of Security (Regulation of emotional needs of child) – Every Tuesday for 8 weeks: 12:30pm-2:30pm
Chaos to Calm (Women’s anger intervention program) - Every Thursday afternoon for 7 weeks: 12:30pm – 2:30pm
Teenage Years (Parenting Teenagers) – Returning Term 2 2019

REFERRER DETAILS

Myself

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

***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***

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. Have you experienced suicidal thoughts and/or feelings? YES NO If yes, when?
7. Do you have Mental Health needs/history – diagnosed or undiagnosed? YES NO If yes, please explain?
8. What is happening now?

For staff use only

CLIENT CONTACT or ATTEMPTED CONTACT

TYPES: Phone message = **PM** Text message = **TM** Incorrect number = **IN** Phoned/ No Reply = **NR**

1:
DATE:
TYPE:
STAFF MEMBER:
NOTE:

2:
DATE:
TYPE:
STAFF MEMBER:
NOTE:

3:
DATE:
TYPE:
STAFF MEMBER:
NOTE:

First scheduled appointment date : _____ **With:** _____

Reason for non-engagement: _____

C. O. I

ANY FURTHER NOTES