



Whakatū Te Korowai Manaakitanga Trust
Pepa tuku/Referral form (EXTERNAL Agency)

Ko tehea tari i hiahiatia ai (Services required)	
<input type="checkbox"/> Kaupapa Huarahi/Street Initiative <input type="checkbox"/> Whānau Ora Navigator/Family Wellness Navigator <input type="checkbox"/> Mahere Pūtea/Budgeting <input type="checkbox"/> Whānau Kaimahi-a-Iwi/Social Work <input type="checkbox"/> He Mea Nui Ahau/I Am Great <input type="checkbox"/> Mokopuna Ora/Child Wellness	Oranga Tamariki use only: <input type="checkbox"/> Hāpū māmā me ngā pēpi/Pregnant mums and babies <input type="checkbox"/> Te Whakamana i ngā mātua/Youth Justice Parenting <input type="checkbox"/> Whānau Manaaki Youth Justice
Ngā mātua (Parent/caregiver)	
Ingoa (Name):	
Nama waea (Phone number):	Rā whānau (Date of birth):
Wāhi kāinga (Address):	Iwi/Nō wai (Ethnicity): Māori iwi/hapū:
Īmēra (Email):	<input type="checkbox"/> Tāne (Male) <input type="checkbox"/> Wahine (Female) <input type="checkbox"/> Ia (Other)
Ngā mātua (Parent/caregiver)	
Ingoa (Name):	
Nama waea (Phone number):	Rā whānau (Date of birth):
Wāhi kainga (Address):	Iwi/Nō wai (Ethnicity): Māori iwi/hapū:
Īmēra (Email):	<input type="checkbox"/> Tāne (Male) <input type="checkbox"/> Wahine (Female) <input type="checkbox"/> Ia (Other)
Tamariki/Rangatahi o te whānau (Children/youth)	
Ingoa (Name): Rā whānau (Date of birth): Iwi/Nō wai (Ethnicity): <input type="checkbox"/> Tāne (Male) <input type="checkbox"/> Wahine (Female) <input type="checkbox"/> Ia (Other)	Ingoa (Name): Rā whānau (Date of birth): Iwi/Nō wai (Ethnicity): <input type="checkbox"/> Tāne (Male) <input type="checkbox"/> Wahine (Female) <input type="checkbox"/> Ia (Other)
Ingoa (Name): Rā whānau (Date of birth): Iwi/Nō wai (Ethnicity): <input type="checkbox"/> Tāne (Male) <input type="checkbox"/> Wahine (Female) <input type="checkbox"/> Ia (Other)	Ingoa (Name): Rā whānau (Date of birth): Iwi/Nō wai (Ethnicity): <input type="checkbox"/> Tāne (Male) <input type="checkbox"/> Wahine (Female) <input type="checkbox"/> Ia (Other)
Ingoa (Name): Rā whānau (Date of birth): Iwi/Nō wai (Ethnicity): <input type="checkbox"/> Tāne (Male) <input type="checkbox"/> Wahine (Female) <input type="checkbox"/> Ia (Other)	Ingoa (Name): Rā whānau (Date of birth): Iwi/Nō wai (Ethnicity): <input type="checkbox"/> Tāne (Male) <input type="checkbox"/> Wahine (Female) <input type="checkbox"/> Ia (Other)



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Whakaaetanga (Whānau consent)	
Are the whānau aware of this referral? <input type="checkbox"/> āe/yes <input type="checkbox"/> kāo/no	Have the whānau given consent to be contacted? <input type="checkbox"/> āe/yes <input type="checkbox"/> kāo/no
Client signature:	
Verbal authorization only: <input type="checkbox"/> āe/yes Rā/Date:	
Pūtake mō te tuku mai? (Reason for referral)	
Please provide detailed information for the referral. If there is an existing safety plan please attach it to this referral form.	
What are the whānau protective and risk factors?	
What is the desired outcome for the whānau?	
Aromatawai tūraru (Risk Assessment)	
Please identify and check off potential risks for our staff: <input type="checkbox"/> Pets on the property or in the home <input type="checkbox"/> Severe and high risk mental health concerns <input type="checkbox"/> Concerns of physical violence <input type="checkbox"/> Concerns of verbal abuse <input type="checkbox"/> Concerns of drug use in the home <input type="checkbox"/> Other: _____	Degree of urgency: <input type="checkbox"/> Urgent – contact within 24 hours <input type="checkbox"/> Semi-urgent – contact within 3 days <input type="checkbox"/> Non-urgent – contact within 7 days
Ko ēhea atu tari e takoto nei (Other agencies involved)	
Tēnā whakamaramatia (Please specify):	
Tari-tuku whakaaturanga (Referrer details)	
Tari tuku (Referring agency):	
Tangata i tuku (Referrer name):	Tuhiinga ingoa (Signature):
Nama waea (Phone number):	Waea Pūkoro (Mobile):
Īmera (Email):	Rā (Date):
Referral acknowledged by:	
Rā/Date:	