

Whakatū Te Korowai Manaakitanga Trust

Pepa tuku/Referral form (EXTERNAL Agency)

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

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Whakaaetanga (Whānau consent)		
Are the whānau aware of this referral?	Have the whānau given consent to be contacted?	
□āe/yes □kāo/no	□āe/yes □kāo/no	
Client signature:		
Verbal authorization only: □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:	Degree of urgency:	
Pets on the property or in the home	Urgent – contact within 24 hours	
Severe and high risk mental health concerns	Semi-urgent – contact within 3 days	
Concerns of physical violence	□Non-urgent – contact within 7 days	
Concerns of verbal abuse		
☐ Concerns of drug use in the home		
Other:		
Ko ēhea atu tari e takoto nei (Other agencies involved)		
Tēnā whakamaramatia (Please specify):		
Tavi tulus subalis atumanas (Dafaman dataila)		
Tari-tuku whakaaturanga (Referrer details)		
Tari tuku (Referring agency):	Tubings inges (Gansturs):	
Tangata i tuku (Referrer name):	Tuhinga ingoa (Signature):	
Nama waea (Phone number): īmera (Email):	Waea Pūkoro (Mobile):	
inicia (Linan).	Rā (Date):	
Referral acknowledged by:	Rā/Date:	
Mererrar acknowledged by.	nu/ Dutc.	

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