



## Family Start Referral Form

<input type="checkbox"/> Family Start Services (Age criteria: 3months pregnant to 1 year of age)							
Parent/Primary Caregiver's Name:			Parent/Primary Caregiver's Name:				
Relationship to child:			Relationship to child:				
Age:		DOB:		Age:		DOB:	
Address:				Address:			
Phone:				Phone:			
Mobile:				Mobile:			
Ethnicity:				Ethnicity:			
Tribal Affiliations:				Tribal Affiliations:			

**Baby**

Baby's Name			Female	Male
DOB/EDD:			NHI Number:	
GP:			Well Child Provider:	
LMC:			Ethnicity:	

**Dependents**

Name:		M	F	DOB:		Own Home:	
Name:		M	F	DOB:		HNZ Rental:	
Name:		M	F	DOB:		Private Rental:	
Name:		M	F	DOB:		Boarding:	
Name:		M	F	DOB:			

Significant Others (Whanau, Neighbors, Friends)	Contact Details



## Family Start Referral Form

### Reason For Referral

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### Any Immediate Specific Safety Concerns

	Dogs:	
	Gangs:	
	Other:	

### Referral Criteria

List A. (need to have at least one indicator in this section)	Comments (Including any initial strengths identified)
<b>CYF Involved</b> – Child Youth and Family are currently involved with my family or have been involved in the past.	
<b>Child Development</b> – I am concerned about my child’s development. <ul style="list-style-type: none"> <li>I struggle with caring for my baby and meeting their health needs.</li> <li>I had late or very little ante-natal or post-natal care.</li> <li>My baby has a disability or special needs.</li> </ul>	
<b>History of Child Abuse</b> – As a child I experienced some abuse.	
<b>Alcohol/Drug/Gambling Abuse</b> – The amount that I drink/use drugs/gamble is a problem.	
<b>Mental Health</b> – I have or have had some issues with my mental health.	
<b>Relationship Problems</b> – I have had some serious problems with family/partner relationships.	
<b>Young Parent</b> – I am under 18, and I have other challenges. (Refer to list B below)	



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<b>List B.</b> (Need to have at least 3 indicators in this section. Please provide details about how they affect the parent's/caregiver's ability to care for the child.	Comments (including any initial strengths identified)
<b>Police Involvement</b> – I have been in trouble with the police.	
<b>Low Income Status</b> – I find it hard to manage with the money I have.	
<b>Frequent change of address</b> – I have changed address more than once in the last 6 months.	
<b>Unsupported Parent</b> – I do not have family or friends around to help me. I feel isolated.	
<b>Low Parental Education</b> – I struggled at school, left early and have few qualifications. I find learning hard.	
<b>SUDI</b> I smoked while I was pregnant My baby has not been breast fed – or was for a short time only. My baby was a low birth weight. My baby was premature. My baby was or is exposed to second hand smoke. I have had other babies with low birth weight.	

Referrer Information			
Referral From:		Agency:	
Address		Phone No:	
		E-Mail:	
Date:		Signature:	

**IMPORTANT:** Consent for Family Start Referral/Transfer

I/We consent to being referred to Family Start:			
Client Signature:		Date:	

Please note that the referral can be accepted through verbal consent.

**Office use only**

Date entered in FS Net:		Assigned IC Whanau Worker		IC Accept/Decline:	
Acknowledgement Letter Date:		First Contact with Whanau Date		Allocated S/W	
FS Net File No#					

[fsreferrals@atwc.org.nz](mailto:fsreferrals@atwc.org.nz)

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