

Engaging Priority Families - Referral Form

When completing referral form, please ensure you have:

- Completed all sections of the referral form (second caregiver's details are optional)
- Provided further details where necessary about the family (in the "Comments" section)
- Ticked all boxes that meet our criteria

Important: Referrals will not be processed without prior consent from the family

Referral Agency Details

Name of Person:

Position of Referral Person & Agency:

Physical / Postal Address:

Phone: (09) Mobile:

Fax: Email:

Consent from Family for Referral: Yes No Date of Referral:

Child's Details (complete in full)

Full Name of Child:

DOB : **NOTE: Child must be 3 to 5 years old to qualify**

Ethnicity: Gender: M F

First Caregiver's Details (complete in full)

Full Name

Relationship to Child:

Full Physical Address:

Best contact number(s): Age:

Ethnicities you identify with (please list these):

Is there one or more dogs on the property? Yes No

Any other known risks identified:

Second Caregiver's Details (optional)

Full Name

Relationship to Child:

Full Physical Address:

Best contact number(s): Age:

Ethnicities you identify with (please list these):

Is there one or more dogs on the property? Yes No

Referral criteria *(Please tick to indicate criteria are being met)*

Family/Whanau resides within EPF contracted area *(see options below)*

MANUKAU WARD: Mangere, Otahuhu, Otara, Papatoetoe

MANUREWA WARD: Manurewa, Papakura, Takanini

PUKETAPAPA WARD: Hillsborough, Lynfield, Mt. Roskill, Three Kings,
Waikowhai, Wesley, parts of Royal Oak

WHAU WARD: Avondale, Blockhouse Bay, Green Bay, Kelston,
New Lynn, New Windsor, Rosebank

Child/Tamariki meets the age criteria

The Child/Tamariki must be 3 to 5 years old

Child/Tamariki is not attending an Early Childhood Education (ECE) service

The child/tamariki has not attended an ECE ever OR within the last 3 months

Other information:

Low income status

Lack of essential resources

Family/Whanau is living in the most vulnerable situations

Family/Whanau consent for referral

Consent must be given by the family/whanau prior to working with them

Oranga Tamariki Involvement

Family has had Oranga Tamariki involvement in the past

Reason for Referral

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You can either email your referrals through to: EPF@atwc.org.nz or fax us on: (09) 276 9761