

FAMILY START REFERRAL FORM 2022

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|  FAMILY START SERVICES (AGE CRITERIA: 3MONTHS PREGNANT TO 1 YEAR OF AGE) |
| PARENT/PRIMARYCAREGIVER’S NAME: |  | PARENT/PRIMARYCAREGIVER’S NAME: |  |
| RELATIONSHIP TO CHILD: |  | RELATIONSHIP TO CHILD: |  |
| AGE: |  | DOB: |  | AGE: |  | DOB: |  |
| ADDRESS: |  | ADDRESS: |  |
|  |  |
| PHONE: |  | PHONE: |  |
| MOBILE: |  | MOBILE: |  |
| EMAIL: |  | EMAIL:  |  |
| ETHNICITY: |  | ETHNICITY: |  |
| TRIBAL AFFILIATIONS: |  | TRIBAL AFFILIATIONS: |  |

**BABY**

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| BABY’S NAME |  | FEMALE | MALE |
| DOB/EDD: |  | NHI NUMBER: |  |
| GP: |  | WELL CHILD PROVIDER: |  |
| LMC: |  | ETHNICITY: |  |

**DEPENDENTS**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 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: |  |  |  |

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| **SIGNIFICANT OTHERS (WHANAU, NEIGHBORS, FRIENDS)**  | **CONTACT DETAILS** |
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FAMILY START REFERRAL FORM

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| **REASON FOR REFERRAL** |
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| **ANY IMMEDIATE SPECIFIC SAFETY CONERNS** |
|  | DOGS: |  |
|  | GANGS: |  |
|  | OTHER: |  |
|  |  |  |
| **REFERRAL CRITERIA** |
| **LIST A.** (NEED TO HAVE AT LEAST ONE INDICATOR IN THIS SECTION) | COMMENTS (INCLUDING ANY INITIAL STRENGTHS IDENTIFIED) |
| **ORANGA TAMARIKI INVOLVED –** ORANGA TAMARIKI ARE CURRENTLY INVOLVED WITH MY FAMILY OR HAVE BEEN INVOLVED IN THE PAST. |  |
| **CHILD DEVELOPMENT –** I AM CONCERNED ABOUT MY CHILD’S DEVELOPMENT.* I STRUGGLE WITH CARING FOR MY BABY AND MEETING THEIR HEALTH NEEDS.
* I HAD LATE OR VERY LITTLE ANTE-NATAL OR POST-NATAL CARE.
* MY BABY HAS A DISABILITY OR SPECIAL NEEDS.
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| **HISTORY OF CHILD ABUSE –** AS A CHILD I EXPERIENCED SOME ABUSE. |  |
| **ALCOHOL/DRUG/GAMBLING ABUSE –** THE AMOUNT THAT I DRINK/USE DRUGS/GAMBLE IS A PROBLEM. |  |
| **MENTAL HEALTH –** I HAVE OR HAVE HAD SOME ISSUES WITH MY MENTAL HEALTH. |  |
| **RELATIONSHIP PROBLEMS –** I HAVE HAD SOME SERIOUS PROBLEMS WITH FAMILY/PARTNER RELATIONSHIPS. |  |
| **YOUNG PARENT –** I AM UNDER 18, AND I HAVE OTHER CHALLENGES. (REFER TO LIST B BELOW) |  |
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| **LIST 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) |
| **POLICE INVOLVEMENT –** I HAVE BEEN IN TROUBLE WITH THE POLICE. |  |
| **LOW INCOME STATUS –** I FIND IT HARD TO MANAGE WITH THE MONEY I HAVE. |  |
| **FREQUENT CHANGE OF ADDRESS –** I HAVE CHANGED ADDRESS MORE THAN ONCE IN THE LAST 6 MONTHS. |  |
| **UNSUPPORTED PARENT –** I DO NOT HAVE FAMILY OR FRIENDS AROUND TO HELP ME. I FEEL ISOLATED. |  |
| **LOW PARENTAL EDUCATION –** I STRUGGLED AT SCHOOL, LEFT EARLY AND HAVE FEW QUALIFICATIONS. I FIND LEARNING HARD. |  |
| **SUDI**I SMOKED WHILE I WAS PREGNANTMY 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. |  |

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| REFERRER INFORMATION |
| REFERRAL FROM: |  | AGENCY: |  |
| ADDRESS |  | PHONE NO: |  |
|  | E-MAIL: |  |
| DATE: |  | SIGNATURE: |  |

**IMPORTANT:** CONSENT FOR FAMILY START REFERRAL/TRANSFER

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| I/WE CONSENT TO BEING REFERRED TO FAMILY START: |
| CLIENTSIGNATURE: |  | DATE: |  |

PLEASE NOTE THAT THE REFERRAL CAN BE ACCEPTED THROUGH VERBAL CONSENT.

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