

Whānau Development Referral Form



Family Start Referral Form

Whānau Details:

Matua/Parent/Primary Caregiver's Name:				Matua/Parent/Primary Caregiver's Name:			
Age:		DOB:		Age:		DOB:	
Address:				Address:			
Phone:				Phone:			
Waea Pūkoro /Mobile:				Waea Pūkoro /Mobile:			
Mātāwaka/Ethnicity:				Mātāwaka/Ethnicity:			
Iwi:				Iwi:			

BABY/TAMAITI DETAILS:

Name/ingoa:			Female <input type="checkbox"/>	Male <input type="checkbox"/>
DOB/EDD:		NHI Number:		
GP:		Well Child Provider:		
LMC:		Mātāwaka/Ethnicity:		

DEPENDANTS

Name:		<input type="checkbox"/>	M	<input type="checkbox"/>	F	DOB:		Relationship	
Name:		<input type="checkbox"/>	M	<input type="checkbox"/>	F	DOB:		Relationship	
Name:		<input type="checkbox"/>	M	<input type="checkbox"/>	F	DOB:		Relationship	
Name:		<input type="checkbox"/>	M	<input type="checkbox"/>	F	DOB:		Relationship	
Name:		<input type="checkbox"/>	M	<input type="checkbox"/>	F	DOB:		Relationship	

Significant Others (Whānau, Neighbours, Friends)	Contact Details

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Reason For Referral	
Any Immediate Specific Safety Concerns	
	Kurī/Dogs:
	Gangs:
	Other:
Referral Criteria	
List A. (need to have a 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. <ul style="list-style-type: none"> 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. 	
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.	Comments
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 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/kura:	
Address		Phone No:	
		Īmēra/E-Mail:	
Date:		Signature:	
IMPORTANT: Consent for Family Start Referral/Transfer			
I <input type="checkbox"/> /We <input type="checkbox"/> consent to being referred to Family Start:			
Client Signature:		Date:	
Please note that the referral can be accepted through verbal consent.			

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