

# Children's Service Referral Form

5-12 years



- Please answer all questions
- If information is unavailable or a question is not applicable, please indicate this.
- Incomplete referral forms cannot be processed and will be returned to the referrer.
- Referrals can be sent to: PO Box 8726, Newmarket, Auckland 1149 | Faxed to 09 377 9229

## DETAILS OF PERSON BEING REFERRED:

Child's name:		
Date of birth: / /	Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender-diverse
Ethnicity:	Iwi / Hapu	
Caregivers name:	Relationship to child:	
Address:		Postcode:
Home phone:	Work phone:	Mobile:
Email:		

## REFERRER DETAILS

Referred by: <input type="checkbox"/> Self <input type="checkbox"/> Agency <input type="checkbox"/> Relative/friend <input type="checkbox"/> Other – please describe:		
Referrers name:	Position:	
Agency:	Branch:	
Address:		Postcode:
Home phone:	Work phone:	Mobile:
Email:		
Youth Justice involved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Care and Protection involved? <input type="checkbox"/> Yes <input type="checkbox"/> No	



## CURRENT LIVING SITUATION

Where will the child be living for the duration of the assessment?

Caregiver's name:

Relationship to child:

Address:

Postcode:

Home phone:

Work phone:

Mobile:

Email:

Is the child living with other children?

No

Yes

**Gender**

**Age**

**Relationship to young person**

## AGENCIES INVOLVED AND CONTACT DETAILS

Care and Protection Social Worker:

Phone:

Email

Current School:

Phone:

Email:

Youth Justice Social Worker:

Phone:

Email:

Other:

Phone:

Email:

Other:

Phone:

Email:



## OTHER CONCERNING BEHAVIOUR

Describe the child's other problem behaviours if any i.e. stealing, running away, cruelty to animals, fire setting, aggression etc.

## DEVELOPMENTAL, LEARNING OR MENTAL HEALTH DIFFICULTIES

Please summarise the child's history of developmental, learning or mental health problems:  
*(Please include any relevant documents with the referral).*

## EDUCATION

Describe the child's school attendance history, including number of schools attended:

## PREVIOUS COUNSELLING / INTERVENTION

Has this child had previous counselling/intervention for any needs?

Counsellor / Provider:

Dates:

Purpose:

Counsellor / Provider:

Dates:

Purpose:

## SUPPORT

Please indicate what steps have been taken to address the needs of the children affected by the child's concerning sexual behaviour:

Counselling arranged, please give the names of the counsellor(s):

Social Work arranged, please give the name of the social worker(s):

Other – please describe:

## FAMILY INFORMATION

Who are the significant members of this family involved with this child?

	Name	Relationship to child
1.		
2.		
3.		
4.		
5.		
6.		

Briefly describe the child's family background i.e. birth order, culture, significant losses, separations etc.

## ORANGA TAMARIKI INVOLVEMENT

Briefly summarise Oranga Tamariki involvement with this child and their family:  Care and protection  Youth Justice

FGC has been held – please provide plan  FGC has been arranged

Please indicate any Court orders or FGC outcomes that are in force:

Order:

Dated:

Expiry:

## ASSESSMENT DETAILS

Who of the family or caregivers are able to attend the assessment meetings?

The number of assessments may vary. The most common framework involves an initial face to face meeting with parents/caregivers and one or two child/adult interviews over consecutive weeks. Assessment interviews usually last one and half hours. How will transport be organised for the assessment?

## REPORTS

Please ensure the following reports, where available are included with the referral:

Report	Written by	Date:	<input checked="" type="checkbox"/> if included
Summary of evidential review			<input type="checkbox"/>
Police summary of facts			<input type="checkbox"/>
Psychological Report			<input type="checkbox"/>
Neuropsychological Report			<input type="checkbox"/>
Educational/GSE Report			<input type="checkbox"/>
Psychiatric Report			<input type="checkbox"/>
Medical Reports			<input type="checkbox"/>
Oranga Tamariki Tuituia Assessment			<input type="checkbox"/>
FGC Plan			<input type="checkbox"/>
Orders to family i.e. trespass/protection			<input type="checkbox"/>
Gateway Assessment			<input type="checkbox"/>
Other:			<input type="checkbox"/>

## OTHER COMMENTS OR ADDITIONAL INFORMATION

Please provide additional information or further comments that could be helpful:

Has the person being referred ever been the victim of sexual abuse?  Yes  No

Has the person being referred ever lodged an Integrated Sensitive Claims (ISCC) with ACC?  Yes  No



## COMPLETION CHECKLIST AND REFERRER SIGNATURE

Before sending the referral, please check the following and sign below:

All sections and information have been completed

All reports and documents have been included

The referrer has signed and dated the referral below. **Unsigned referrals will not be accepted**

The Oranga Tamariki Site Manager has signed below to accept possible costs incurred (*Oranga Tamariki referrals only*)

**The legal guardian of the person being referred acknowledges and agrees with the referral being made**

Referrer's signature:

Date:    /    /

ORANGA TAMARIKI SITE MANAGER SIGNATURE FOR COSTS (*for Oranga Tamariki referrals only*)

Most Oranga Tamariki referrals will have the assessment cost covered by Oranga Tamariki National Office bulk funding contract.

In the event there is no Oranga Tamariki National Office bulk funding available we will always advise the site or Youth Justice Manager of this prior to starting the assessment process. If you choose to proceed with the assessment, an invoice for all costs will be forwarded post assessment, including for abandoned or incomplete assessments.

The Site Manager must sign below as acknowledgement of this referral and to accept responsibility for payment of these costs if necessary. **Unsigned referrals will not be accepted**

**Site Manager name:**

**Phone:**

**Email:**

**Mobile:**

**Site Manager signature:**

**Date:**    /    /

Safe Network will store all personal information collected in a client management database managed by Trinity Alliance, a grouping of three agencies providing similar services: Safe Network, WellStop and Stop. Personal information stored in the Trinity Alliance client management database may be accessible to the other agencies within Trinity Alliance.

All Trinity Alliance agencies will respect the confidential nature of a Client's personal information.

ADDITIONAL NOTES:

