

Iosis Referral Form

For use by external agencies or Iosis internal referrals

For Iosis Whānau Centre (formerly known as Merivale) referrals, please contact reception and request an Iosis Whānau Centre Referral Form



Transforming family life for good

Referrer's Details

Organisation: _____ Branch/site: _____
Worker name: _____ Role with client: _____
Mobile: _____ Office number: _____
Email address: _____ Fax number: _____
Has the client given permission for a referral to be made to Iosis? Yes No
If yes, please specify: Verbal Written Client's signature: _____

Referred Client's Biographical Data

Name: _____ Date of birth: _____ Gender: _____
Are you known by any other name? _____
Address: _____
Home number: _____ Mobile: _____
Email address: _____
Ethnicity: _____ Iwi: _____ Home language: _____
Preferred method of contact: Email Phone call Text Message Letter by Post Other

Client's Partner Details

Does the partner require services? Yes (Partner must give consent on page 2 and complete services required below)
 No
Partner's name: _____ Date of birth: _____ Gender: _____
Ethnicity: _____ Relationship status: _____
Does the client and partner live together? Yes No Phone number: _____
If no, what is the partner's address? _____
List services partner requires:
(Refer to page 2 for a list of services we offer)

Family/Whānau Details

Children's names (including surname)	M/F	Ethnicity	D.O.B.	Caregiver	Parents name(s):

Oranga Tamariki (OT)

Is the family currently involved with Oranga Tamariki? Yes No (If no, move to further information section)

If yes, what is the level of Oranga Tamariki's involvement? FGC Family/Whānau Agreement Court

What is the name of the Oranga Tamariki Social Worker involved with the family? _____
Site? _____

Does the client give Iosīs consent to contact Oranga Tamariki for more information on how best we can support them? Yes No

Does the client give Iosīs consent to share information with Oranga Tamariki on their engagement with Iosīs programmes or services? Yes No

Further Information

What is the main thing you (or your client or their whānau) want help with at this time?

Any other important history/information including court orders: (please include as much information as you can, particularly information relating to safety)

What are the family's goals and hopeful outcomes?

What other agencies are or have been involved?

Why were they involved?

Are they still involved? Yes No

If yes, please list the names of these agencies

Please highlight the services that may be helpful

- | | | |
|--|--|--|
| <input type="checkbox"/> Community Social Work | <input type="checkbox"/> Counselling | <input type="checkbox"/> Financial Mentoring |
| <input type="checkbox"/> Toolbox Parenting Programme 0-4 yrs | <input type="checkbox"/> Parent Support | <input type="checkbox"/> Men's Development Programme |
| <input type="checkbox"/> Getting a Grip on Communication | <input type="checkbox"/> Triple P (Positive Parenting Programme) | |
| <input type="checkbox"/> Toolbox Teenage Years | <input type="checkbox"/> Building Awesome Whānau Parenting Programme (0-12yrs) | |

Client signature to approve this referral

Sign: _____ Date: _____ Consent given over the phone

Partner's signature to approve this referral

Sign: _____ Date: _____ Consent given over the phone