**REFERRER DETAILS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: |  |  | |  | | |
|  |  | Oranga Tamariki Site (circle) | | | | Hamilton North  Hamilton South  Waikato Rural South  Waikato Rural North |
| Phone No: |  | | | | | |
| Email Address: |  | | | | | |
| Date: |  | | | | | |
| Supervisors Name: |  | | Contact Number: | |  | |
| Supervisors Signature: |  | | | | | |

**CLIENT/ CAREGIVERS DETAILS**

|  |  |
| --- | --- |
| Full Name: |  |
| Address: |  |
| Ethnicity: |  |
| Iwi: |  |
| Date of Birth: |  |
| Home Phone: |  |
| Mobile Phone: |  |

**CHILD/REN NAMES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name(s) | **Ethnicity** | **Date of Birth** | **Age** | **Gender** |
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**IF REFERRAL FOR SUPERVISED CONTACT – DETAILS OF THOSE TO HAVE CONTACT**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **CONTACT DETAILS** |  |  |
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**REFERRERS CONCERNS/ REASON FOR REFERRAL**

**WHANAU/FAMILY BACKGROUND INFORMATION**

**(Please also list any other agencies, if involved, and their contact details)**

**SAFETY PLANS (**If there is safety plan please provide brief outline or attach).

**IS FAMILY/ WHANAU AWARE AND/ OR CONSENTED TO REFERRAL YES/ NO**

**NUMBER OF HOURS:**

Please allow for travel and administration time.

|  |  |
| --- | --- |
| **Review date** (if relevant)**:** |  |

**OFFICE USE ONLY**

|  |  |
| --- | --- |
| CFSS Client Number # |  |
| Date CFSS Received Ref |  |
| Date Database Entry |  |