

Whānau Contact Details (this is the person requiring services)

Please note: If all details are not provided then this referral may not be accepted.

First Name.....

Last Name.....

Address.....

..... Phone.....

Date of Birth Age Ethnicity..... Iwi

Current Medical Centre

NHI# School (if applicable): Gender M / F

Primary Caregiver/s Name.....

Phone Numbers: (home) (mobile) (work).....

Next of Kin Contact number.....

Children's Names.....

Dates of Birth.....

NHI# School (if applicable): Gender M / F

(Where needed, please attach another sheet with above details of other children)

Referral Date/...../..... Referrer Name

Organisation Phone Number.....

Referrer Email

All RWO Services (tick each relevant box)		
HAUORA	Māori Mobile Nursing	
	Cervical Screening	
	Mother & Pēpi / Child Car Seat Rental Scheme / Pēpi Pod	
	Whānau Tamariki Ora / Immunisations	
	Alcohol and Other Drug Support	
	Adult Mental Health Community Support	
	Cancer Coordinator Support Service	
	Te Ohu Auahi Mutunga – Quit Smoking	
	Child Adolescent & Family Support	
	Disability Support	
	Day Activities Programme	
	Kaiwhakapuaki Waiora	

All RWO Services (tick each relevant box)

HE HIKINGA MĀNAWA –TOIORA WHĀNAU	Family Start	
	Puna Kōhungahunga (0-5yrs playgroup)	
	Poipoia Te Mokopuna	
	Social Workers in Schools (S.W.I.S.)	
	People For A Brighter Tomorrow (non-violence male)	
	Rongo A Whare (non-violence female)	
	RWO Navigators (Kaiwhakaaraara)	
	Community Connector	
	Counselling	
	Youth Stop Violence Education Programme	
	Home-Based Social Work	
	Whānau Resilience	
	Huia Kaimanawa	
	Kairaranga-A-Whānau (For Oranga Tamariki Use Only)	
	Iwi FGC Coordinator (For Oranga Tamariki Use Only)	

REASON FOR REFERRAL

Is the Whānau (client) aware of this referral? Yes / No

Is the Whānau (client) currently enrolled with Raukawa Whānau Ora Services? Yes / No

If Yes, which services

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Scan and email this completed referral to: admin@rwo.nz OR drop it into RWO premises at 152 Bath Street, Levin.

Office Use Only

Who received this referral?		Date:
Has the manager received this?		Date:
Is the referral Accepted or Declined?		Waitlist? Yes / No
Designated kaimahi is:		