

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	
	Tikanga Ririki (Traditional Māori Parenting / Te Muka Whānau)	
	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 (Te Muka Whānau)	
	Youth Stop Violence Education Programme (Te Muka Whānau)	
	Home-Based Social Work (Te Muka Whānau)	
	Whānau Resilience	
	Huia Kaimanawa	
	Kairaranga-A-Whānau (For Oranga Tamariki Use Only)	
	Iwi FGC Coordinator (For Oranga Tamariki Use Only)	
	Iwi FGC Coordinator (For Oranga Tamariki Use Only)	

REASON FOR REFERRAL

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:		