

# Te Hou Ora Whānau Services

## Intake/Referral Form



\*Date form is completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Referral received from: \_\_\_\_\_

**All asterisk \* must be completed** ✓ Tick the appropriate box

### Personal Details of main client

First / Last / Name: \_\_\_\_\_ \*Gender: Male ☐ Female ☐

\*Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \*Ethnicity: \_\_\_\_\_ \*Iwi/Hapu: \_\_\_\_\_

Address: \_\_\_\_\_ \*Other affiliations: \_\_\_\_\_

\_\_\_\_\_

\*Mobile: \_\_\_\_\_

E-Mail \_\_\_\_\_ Phone: \_\_\_\_\_

Self-Identified: Yes ☐ No ☐ \*Referral: Yes ☐ No ☐

\*CYFS Involved: Yes ☐ No ☐ \*CSC holder: Yes ☐ No ☐

\_\_\_\_\_  
\*Allocated Worker

\*Other Agencies / Services: \_\_\_\_\_  
\*Agency / ServiceName

\_\_\_\_\_  
\*Allocated Worker

**Next of kin** Please circle the appropriate box  
Mother Father Caregiver ☐ M ☐ F ☐ C

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please circle the appropriate box  
Mother Father Caregiver ☐ M ☐ F ☐ C

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **\*Emergency contact details:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mobile: \_\_\_\_\_ Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Referral information:**

Reason for referral: \_\_\_\_\_

\_\_\_\_\_

Needs: \_\_\_\_\_

\_\_\_\_\_

**Number of people in the home:** ☐

1.	Living at home		Date of birth		Immunisation/Tetanus	
2.						
3.						
4.						
5.						
6.						
7.						

**Whanau living circumstances:** e.g. shared custody, 3 children living at home, etc...

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**Medical history of the whānau.** Any health or medical problems to be aware of e.g. Asthma or allergies etc.

Name: \_\_\_\_\_ Doctor: \_\_\_\_\_ Medical Centre: \_\_\_\_\_

Allergies / illnesses: \_\_\_\_\_ Medication currently used: \_\_\_\_\_

Name: \_\_\_\_\_ Doctor: \_\_\_\_\_ Medical Centre: \_\_\_\_\_

Allergies / illnesses: \_\_\_\_\_ Medication currently used: \_\_\_\_\_

Is your home insulated      Yes ☐      No ☐

Method to heat home: Fire ☐      Heat pump ☐      Gas heater ☐      Electric heater ☐

**I understand that if I am part of the Hakuitaka Hakorotaka Parenting Program, I agree to six weeks follow up from the program facilitator. Please indicate how you would like that follow up to be:**

Home visit ☐      Cluster group at THO ☐      Phone evaluation ☐

If the need is there, childcare will be provided for **Hakuitaka Hakorotaka**. Do you consent to your child(ren) being cared for on-site by our police vetted child minder while on-site at all times?

YES ☐      NO ☐

Are there any legal orders in place that Te Hou Ora need to be aware of to ensure yours or your child's / children's safety while engaged in our services?      Yes ☐      No ☐

**Orders:** \_\_\_\_\_

\_\_\_\_\_

## **CHILD AND FAMILY SUPPORT SERVICE CONFIDENTIALITY STATEMENT**

- 1) All information regarding your situation is kept confidential with in our agency.
- 2) Any discussion with people outside our agency (e.g. Doctors, Lawyers, and School Teachers) will only take place with your consent and prior knowledge.
- 3) Exceptions to this will only be made in circumstances where the safety of a child, young person or adult becomes an issue.
- 4) I am aware that photos maybe taken while engaged in Te Hou Ora programs / services and agree to them being used for reporting for grants and/or promotion
- 5) As it is part of Te Hou Ora's job to keep Tamariki safe, I understand that if the Kaimahi (workers) have reason to believe that my child is being harmed, they will discuss this with me. If there are serious concerns about my child's safety, I will understand that the matter may be referred to Child Youth and Family. I will be informed of any such action.
- 6) I have read and understand this statement and have received a copy.
- 7) I have also received a copy of the procedure should I wish to make a complaint regarding any aspect of this service.

*Received THO panui on services requested* Y/N

*Received Complaints Procedure* Y/N

\*Whānau name: \_\_\_\_\_

\*Whānau Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Kaimahi: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

To enable Te Hou Ora Whānau Services to provide a service or programme that is valuable to you as a client. We would appreciate it if an evaluation form can be filled out on completion of the service or programme.

### **KAIMAHI & PROFESSIONALS USE ONLY**

Social/Whanau Tautoko	<input type="checkbox"/>	Hakuitaka Hakorotaka Parenting Program	<input type="checkbox"/>	Rangatahi Ora Youth Gropu	<input type="checkbox"/>
Supervision with Activity (Mandated)	<input type="checkbox"/>	Supported Bail (Mandated)	<input type="checkbox"/>	Youth Development Program (Mandated)	<input type="checkbox"/>
THO Girls	<input type="checkbox"/>	THO Boys	<input type="checkbox"/>	Amatanga Boys	<input type="checkbox"/>
Amatanga Girls	<input type="checkbox"/>	Poipoia Te Mokopuna	<input type="checkbox"/>	Mentoring (Mandated)	<input type="checkbox"/>
Te Ara Taiohi (Mandated)	<input type="checkbox"/>				