Waiuku Family Support Network

Aromatawai/Intake/Triage Form

Date: _____

Urgent / Immediate Support

Are you having thoughts about dying or feeling at risk of self-harm or suicide?	Y / N
Are you or a family member feeling threatened or at risk of harm?	Y / N
Do you have an urgent or overwhelming issue that you need support with right now?	Y / N
Protection Order?	Y / N

Comments:

_____

Other Supports/Services Required – Please circle which applies

☐ **Current Health Issues** ☐ **Financial Navigation** ☐ **AOD Issues** ☐ **MH Issues**

☐ **Social Work** (offers support with various issues including (but not limited to) family violence, Family/whanau support, advocacy)

☐ **Counselling:** Child or Adult ☐ **Other Resources ie Food, Accommodation** ☐ **Smoking Cessation**

Comments_____

_____

Personal Details

***Name:** _____ **NHI: (if known)** _____

* **Date of Birth:** _____ ***Gender:** _____

***Address:** _____ ***E-mail:** _____

***Home Phone:** _____ ***Mobile Phone:** _____

***Ethnicity:** Pakeha / Maori / Indian / Niuean / Samoan / Tongan / Chinese / Other:

Hapu: _____ **Iwi:** _____

Partner or Significant other Contact details _____

Name:

DOB: _____ **Phone No:** _____

Address: _____

Comments_____

Dependents / Children

56 Queen Street, Waiuku, 2123 | 09 235 9099 | admin@waiukufamilysupport.co.nz | www.waiukufamilysupport.co.nz

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Name: _____ **Date of Birth:** _____ **Gender:** _____

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Name: _____ **Date of Birth:** _____ **Gender:** _____

Name: _____ **Date of Birth:** _____ **Gender:** _____

Name: _____ **Date of Birth:** _____ **Gender:** _____

Personal Details of Caregiver (if the client is under 18 years old)

***Name:** _____ * **Date of Birth:** _____

***Address:** _____

***E-mail:** _____

***Home Phone:** _____ ***Mobile Phone:** _____

***Gender:**

***Ethnicity:** Pakeha / Maori / Indian / Niuean / Samoan / Tongan / Chinese / Other:

Iwi: _____ **Hapu:** _____

Income

Benefit / Employed / Other / Pension / Self Employed / Unemployed / Unemployed – Seeking Work

_____

Accommodation Status: _____ **Community Services Card:** Y/N

WINZ form given (adult counselling only): Y/N

Referral: _____

Referrer Name: _____ **Referrer Agency:** _____

Phone: _____ **Email:** _____

CLIENT CONSENT:

I/We give permission for Waiuku Family Support Network Trust to collect any other relevant information that will assist in supporting me. Confidentiality is maintained within the WFSN team. This information may be viewed by the Ministry of Social Development (MSD), Ministry for Children/Oranga Tamariki (MCOT)or Health Through The Marae (HTTM) for auditing and funding purposes. Practitioners are obliged to report any concerns of a serious nature regarding children to MCOT.

Client Signature: _____

Staff Signature: _____

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Aromatawai/Intake/Triage Form

Notes:_____

Office Use Only:

Loaded into Case management system ☐

Internal referral completed ☐

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