

TE WHARE ORANGA NGAKAU REFERRAL FORM

KAUPAPA MAORI RESIDENTIAL SERVICE



This is a controlled document. The electronic version of this document is the most up to date and in the case of conflict the electronic version prevails over any printed version.

<p><i>Please forward the completed form to:</i></p> <ul style="list-style-type: none"> • Email: TWONReferral@manaakiora.org.nz • Mail: PO Box 1802, Rotorua, 3040 	<p>Referral Type (Please check relevant box)</p>	
	<input type="checkbox"/>	I am making this referral myself
	<input type="checkbox"/>	I am referring someone

Personal Details

First Name:	Last Name:
Ethnicity:	Date of Birth:
Gender Identity:	
Phone Number:	NHI:
Iwi (if known):	Hapu (if known):
Last Private Address: <i>If you are currently in a Corrections facility, please enter your last private address)</i>	If in a Corrections Facility, <i>Name of Facility:</i> <i>Remand or Sentenced:</i>

Reason for referral: (Why do you want to attend)

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Accommodation Details

Please check one only:

Living in own or rented accommodation	
Living with whānau/friends	
Residential Care	
Homeless	

Are you currently working?

Please check one only:

Paid work 30 hours of more (per week)	
Paid work less than 30 hours (per week)	
Unemployed	
Prison	

Referrer details (if referred by lawyer/other)

Name:	Agency:
Telephone:	
Mobile:	Email:
Referrer address:	

Detailed referral information to help us with our assessment

Details of current alcohol, drug, or gambling use:			
Have you used?	Yes	No	Amount and date last used
Alcohol			
Cannabis			
Methamphetamine			
GHB			
Other – Please explain			
Gambling			
Tobacco			Do you want to quit? Y / N

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Tell us about your health					
Have you had any contact with Mental Health Services?					
Do you have any current medical or physical health concerns? (If yes, please list)					
Are you currently prescribed any medications? (If yes, please list)					
Are you pregnant?	Yes	No	Are you a parent/carer with dependent children?	Yes	No
Are you enrolled with a GP? (If yes, please provide GP contact details)	Yes	No	GP Name:		
Contact Details:					

Family and other support people

Next of Kin (We will not contact your next of kin or emergency contact without your consent, unless we believe there is a risk of harm to yourself or others)					
Name:			Relationship:		
Phone:			Email:		
Next of kin address:					
Is this person also your emergency contact?	Yes	No	May we contact this person if we cannot reach you?	Yes	No
Is there anyone in your family or whanau who might like to receive information about our services or other support we can provide for family and whanau?			(Please provide their contact details here)		

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Legal Information

Please provide details of active or pending charges below		
Charge:		
Court:	Next Court Date:	
Please note: <i>We request a copy of conviction history for every individual referred. If you have active charges, we will also require a copy of these. You may request this information from your lawyer, corrections officer, probation officer, or the Ministry of Justice</i>		
Can we request information from your lawyer and/or case manager on your behalf?	Yes	No
Lawyer's Name:	Case Manager Name:	
Phone/Mobile:	Phone/Mobile:	
Email:	Email:	

Early Discharge Plan

Should you need to leave programme early for any reason where do you plan to go and who should be contacted	
Address to be discharged to:	
Contact person at this address:	Contact number:
Relationship to you:	
Other supports to be contacted:	Contact numbers:

Consent to this referral

Referrer

If this is not a self-referral, please confirm the referrer has spoken to the person seeking Manaaki Ora services about this referral	Yes	No
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Person being referred

I consent to this referral	Yes	No
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