

EARLY INTERVENTION (TAMARIKI/CHILDREN) SERVICE REFERRAL FORM



- Please answer all questions.
- If information is unavailable or a question is not applicable, please indicate so in writing.
- Incomplete referral forms cannot be processed and will be returned to the referrer.
- Post all referrals to: PO Box 8726, Symonds Street, Auckland, or fax to: 09 377 9229

CLIENT DETAILS:

Child's Name:		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Date of Birth:	Age:	Birthplace:	
Ethnicity:		Iwi / Hapu:	
Address:			
Caregivers:		Phones: /	

FAMILY DETAILS:

Mother's name:			
Address			
Phones /		Birthplace:	
Ethnicity		Iwi / Hapu:	
Father's name:			
Address			
Phone /		Birthplace:	
Ethnicity		Iwi / Hapu:	

GUARDIANSHIP:

Name of legal guardian:

REFERRER DETAILS:

Referred by:	Position:
Agency	Branch:
Address:	
Phones /	Email:

AGENCIES INVOLVED & CONTACT DETAILS:

Child, Youth & Family Services:	Phone:
Other	Phone:
Other:	Phone:

CURRENT LIVING SITUATION:

Where will the child be living for the duration of the assessment?

Parents/Caregivers name:	Phone:				
Address:	Mobile:				
Is the child living with other children? <input type="checkbox"/> No <input type="checkbox"/> Yes; (give details)					
Gender	Age	Relationship to child	Gender	Age	Relationship to child
1. M / F			3. M / F		
2. M / F			4. M / F		

FAMILY INFORMATION:

Who are the significant members of this family involved with this child?

Name	Relationship to child	Name	Relationship to child
1.		4.	
2.		5.	
3.		6.	

Briefly describe the child's family background (eg, birth order, culture, significant losses, separations, etc):

CONCERNING SEXUAL BEHAVIOUR

Please describe the behaviour(s) you are concerned about that have prompted this referral. Please include details about the concerning sexual behaviours, including, what, when, where and who else was involved.

What objective data has been gathered in relation to the behaviour:

- Evidential video / interview Police interview / summary of facts
 Observations by adults (documented) Other (describe):

OTHER CONCERNING BEHAVIOUR:

Please describe the child's other problem behaviours if any (eg. stealing, running away, cruelty to animals, fire setting, aggression etc): *

** Please include with the referral any documents or reports relating to these problems*

DEVELOPMENTAL, LEARNING, OR MENTAL HEALTH DIFFICULTIES:

Please summarise the child's history of developmental, learning, or mental health problems. *

** Please include with the referral any documents or reports relating to these problems*

EDUCATION:

Current School:

Phone:

Principal:

Role:

School Attendance history, including number of schools attended

PREVIOUS COUNSELLING:*Child's previous counselling (include copies of any previous reports):*

Counsellor	Purpose:
Date	
Counsellor	Purpose:
Date	

CYF INVOLVEMENT:

Describe any history of CYF involvement:

 FGC has been held
 FGC is being arranged
 Care and Protection

Please describe any Court orders or Family Group Conference outcomes that are in force;

Orders	Dated:	Expiry:
Orders	Dated:	Expiry:
Orders	Dated:	Expiry:

SUPPORT:

What steps have been taken to address the needs of other children affected by the referred child's behaviour?

 Counselling arranged - give name(s) of counsellor(s)

 Social-work arranged - give name(s) of social worker(s)

Other (describe)

ASSESSMENT DETAILS:

Who of the family / caregivers is available to attend the assessment meetings?

How will transportation be organised for the assessment? (The number of assessment sessions may vary. The most common framework will involve an initial face to face meeting with parents/caregivers. Assessment interview sessions usually last between 1 and 1 ½ hours):

REPORTS:

Please ensure the following reports are included with the referral, if available

<i>Report:</i>	<i>Written by</i>	<i>Date:</i>	<i>Tick if included:</i>
Victim Impact			<input type="checkbox"/>
Summary of evidential interview			<input type="checkbox"/>
Police summary of facts			<input type="checkbox"/>
Psychological report			<input type="checkbox"/>
Neuropsychological report			<input type="checkbox"/>
Educational / GSE reports			<input type="checkbox"/>
Psychiatric report			<input type="checkbox"/>
Medical reports			<input type="checkbox"/>
FGC outcome report			<input type="checkbox"/>
CYFS notes			<input type="checkbox"/>
Orders to family (eg trespass/protection)			<input type="checkbox"/>

OTHER COMMENTS / ADDITIONAL INFORMATION:

Use this space to provide additional information or comment further on any of the above:

ASSESSMENT COST & AUTHORISATION:

I am aware that SAFE will charge me / my agency for the assessment of this child (\$1,700 plus GST)

I authorise SAFE to invoice me / my agency for this cost.

Name:

Agency:

Signed:

Position:

Date:

COMPLETION CHECKLIST (please tick)

Before sending the referral, please check the following and complete authorisation below:

- All information has been filled out
- All reports and assessments have been included
- The family and / or caregivers have been informed about SAFE and this referral
- The referral has been signed and dated

Please Note: Incomplete and/or unsigned referrals will be returned to referrer for completion.