

Early Intervention Services Referral Form

5–12 years



- Please answer all questions
- If information is unavailable or a question is not applicable, please indicate this.
- Incomplete referral forms cannot be processed and will be returned to the referrer.
- Referrals can be sent to: PO Box 8726, Symonds Street, Auckland 1150 | Faxed to 09 377 9229

DETAILS OF PERSON BEING REFERRED:

Child's name:		
Date of birth: / /	Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender-diverse
Ethnicity:	Iwi / Hapu	
Caregivers name:	Relationship to child:	
Address:		Postcode:
Home phone:	Work phone:	Mobile:
Email:		

REFERRER DETAILS

Referred by: <input type="checkbox"/> Self <input type="checkbox"/> Agency <input type="checkbox"/> Relative/friend <input type="checkbox"/> Other – please describe:		
Referrers name:	Position:	
Agency:	Branch:	
Address:		Postcode:
Home phone:	Work phone:	Mobile:
Email:		
Youth Justice involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Care and Protection involved? <input type="checkbox"/> Yes <input type="checkbox"/> No

FAMILY DETAILS

Father's name:		Ethnicity:	
Address:			Postcode:
Home phone:	Work phone:		Mobile:
Email:			
Mother's name:		Ethnicity:	
Address:			Postcode:
Home phone:	Work phone:		Mobile:
Email:			

GUARDIANSHIP

Who is the child's legal guardian?	<input type="checkbox"/> Parents	<input type="checkbox"/> CYF	<input type="checkbox"/> Other – give details
Please supply a copy of Guardianship orders where applicable.			

CURRENT LIVING SITUATION

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

Caregiver's name:

Relationship to child:

Address:

Postcode:

Home phone:

Work phone:

Mobile:

Email:

Is the child living with other children?

☐ No

☐ Yes

Gender

Age

Relationship to young person

AGENCIES INVOLVED AND CONTACT DETAILS

Care and Protection Social Worker:

Phone:

Email

Current School:

Phone:

Email:

Youth Justice Social Worker:

Phone:

Email:

Other:

Phone:

Email:

Other:

Phone:

Email:

PREVIOUS PLACEMENTS

Number of placement this child has had over the past two years:

Has the child ever engaged in concerning sexual behaviour towards another child or young person they are in care with? ☐ No ☐ Yes – give details:

CONCERNING SEXUAL BEHAVIOUR

Please describe the behaviour(s) that have prompted this referral, including details of what, when, where and who else was involved:

(Please include any documents or reports relating to these problems with the referral).

Has this child admitted to any concerning sexual behaviour?

☐ Yes

☐ No

Please indicate what objective data has been gathered in relation to the behaviour:

☐ Evidential video or interview

☐ Police interview or summary of facts

☐ Observations by adults (documented)

☐ Other, please describe:

OTHER CONCERNING BEHAVIOUR

Describe the child's other problem behaviours if any i.e. stealing, running away, cruelty to animals, fire setting, aggression etc.

DEVELOPMENTAL, LEARNING OR MENTAL HEALTH DIFFICULTIES

Please summarise the child's history of developmental, learning or mental health problems:
(Please include any relevant documents with the referral).

EDUCATION

Describe the child's school attendance history, including number of schools attended:

PREVIOUS COUNSELLING / INTERVENTION

Has this child had previous counselling/intervention for any needs?

Counsellor / Provider:

Dates:

Purpose:

Counsellor / Provider:

Dates:

Purpose:

SUPPORT

Please indicate what steps have been taken to address the needs of the children affected by the child's concerning sexual behaviour:

☐ Counselling arranged, please give the names of the counsellor(s):

☐ Social Work arranged, please give the name of the social worker(s):

☐ Other – please describe:

FAMILY INFORMATION

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

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

Briefly describe the child's family background i.e. birth order, culture, significant losses, separations etc.

CHILD YOUTH AND FAMILY INVOLVEMENT (CYF)

Briefly summarise CYF service involvement with this child and their family: ☐ Care and protection ☐ Youth Justice

☐ FGC has been held – please provide plan ☐ FGC has been arranged

Please indicate any Court orders or FGC outcomes that are in force:

Order:

Dated:

Expiry:

ASSESSMENT DETAILS

Who of the family or caregivers are able to attend the assessment meetings?

The number of assessments may vary. The most common framework involves an initial face to face meeting with parents/caregivers and one or two child/adult interviews over consecutive weeks. Assessment interviews usually last one and half hours. How will transport be organised for the assessment?

REPORTS

Please ensure the following reports, where available are included with the referral:

Report	Written by	Date:	<input checked="" type="checkbox"/> if included
Summary of evidential review			<input type="checkbox"/>
Police summary of facts			<input type="checkbox"/>
Psychological Report			<input type="checkbox"/>
Neuropsychological Report			<input type="checkbox"/>
Educational/GSE Report			<input type="checkbox"/>
Psychiatric Report			<input type="checkbox"/>
Medical Reports			<input type="checkbox"/>
CYF Tuituia Assessment			<input type="checkbox"/>
FGC Plan			<input type="checkbox"/>
Orders to family i.e. trespass/protection			<input type="checkbox"/>
Gateway Assessment			<input type="checkbox"/>
Other:			<input type="checkbox"/>

OTHER COMMENTS OR ADDITIONAL INFORMATION

Please provide additional information or further comments that could be helpful:

Has the person being referred ever been the victim of sexual abuse? ☐ Yes ☐ No

Has the person being referred ever lodged an Integrated Sensitive Claims (ISCC) with ACC? ☐ Yes ☐ No

COMPLETION CHECKLIST AND REFERRER SIGNATURE

☒ Before sending the referral, please check the following and sign below:

☐ All sections and information have been completed

☐ All reports and documents have been included

☐ The referrer has signed and dated the referral below. **Unsigned referrals will not be accepted**

☐ The CYF Site Manager has signed below to accept possible costs incurred (*for CYF referrals only*)

☐ **The legal guardian of the person being referred acknowledges and agrees with the referral being made**

Referrer's signature:

Date: / /

CYF SITE MANAGER SIGNATURE FOR COSTS (*for CYF referrals only*)

Most CYF referrals will have the assessment cost covered by CFY National Office bulk funding contract.

In the event there is no CYF National Office bulk funding available we will always advise the site or Youth Justice Manager of this prior to starting the assessment process. If you choose to proceed with the assessment, an invoice for all costs will be forwarded post assessment, including for abandoned or incomplete assessments.

The Site Manager must sign below as acknowledgement of this referral and to accept responsibility for payment of these costs if necessary. **Unsigned referrals will not be accepted**

Site Manager name:

Phone:

Email:

Mobile:

Site Manager signature:

Date: / /

ADDITIONAL NOTES:

