



KOKIRI MARAE SOCIAL SERVICES REFERRAL

Referred by:

___/___/___

Agency:

Phone No:

Date of Referral:

Name of Client:

Address:

Phone No:

Date of Birth:

Gender: F / M

Ethnicity:

Iwi or Island Affiliations:

Reason for Referral (please be specific about how we can assist you):

1. Are there any safety issues to consider? (ie dogs, domestic violence etc)

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2. How soon is intervention required?

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3. Does the client know about this referral? Yes No

If no, what is the reason:

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4. What other agencies are involved?

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Office Use Only

Contract: CCN:
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Caseworker Assigned:

DATE OF FIRST CLIENT INTERVIEW:

What assistance do you require from us?

TO BE COMPLETED BY CASEWORKER:

Whanau and Significant Others (e.g. parents, siblings, agencies, counsellors etc)

NAME	RELATIONSHIP TO CLIENT	PHONE NO.

Client Goals:

Case Plan:

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Code of Rights

Client Consent to Records

Family/Whānau Wellbeing Assessment Completed

