



TAUTOKO WHANAU ORA REFERRAL FORM

Start Date: _____

Exit Date: _____

- 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 by Email: admin@tautokowhanauora.com

What Tautoko Whanau Ora service are you referring to:

Tu Taiohi Mentoring Safe Home Vocational Pathways Family Support

Reason for referral to TWO: _____

Young Persons Full Name: _____

DOB: _____

Gender: Male Female

Ethnicity: _____

Street Address: _____

School (if applicable): _____

Contact: _____

Are family members aware of this referral: Yes No

Referrers Details:

Name: _____

Organisation: _____

Address: _____

Contact: _____

Email: _____

Relationship to young person: _____

Presenting issues: _____

Other relevant information: _____

Referrer's expectations: _____

Other agencies involved: _____

Oranga Tamariki

Briefly summarise Oranga Tamariki service involvement with this young person and their family:

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Please specify the services you are requiring from T.W.O Ltd:

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Family Group Conference (FGC) has been held

FGC is being arranged

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

Order:	Date:	Expiry:

Report	Written by	Date	If Included
FGC Plan			

Has the young person been made aware of this referral: Yes No

Can we leave messages on the young person's phone: Yes No

Would you like to be informed of the outcome of this referral: Yes No

Referrers Signature:	Date: / /
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Completion Checklist and Referrer Signature

<input type="checkbox"/>	All sections and information have been completed
<input type="checkbox"/>	All reports and documents have been included
<input type="checkbox"/>	The Oranga Tamariki Manager has signed below to accept possible costs incurred (Oranga Tamariki referrals only)
<input type="checkbox"/>	The client and their legal guardian acknowledge and agree with the referral being made.

Oranga Tamariki Site Manager for Costs (For Oranga Tamariki referrals only)

After the referral, an invoice for all costs will be sent to Oranga Tamariki upon arrangement .
In order to acknowledge this referral, the manager of the Oranga Tamariki site or of the Youth Justice site must sign below and assume responsibility for payment of these costs if necessary.

Site Manager Name:	Phone:
Email:	Mobile:
Site Manager Signature:	Date:

TWO Office Use Only

Referral via TWO Staff Member: Yes No Staff member name: _____

Please fill out form and send back to our Administration via email admin@tautokowhanauora.com