



New Zealand African Welfare Service Trust

He aha te mea nui o te ao? He tangata! He tangata! He tangata!

FAMILY SUPPORT SERVICE REFERRAL FORM

P.O Box 78308, Grey Lynn, Auckland
Address: 38 Bruce McLaren Rd, Henderson, Waitakere City
Phone: 09 838 1530, Email: info@africanwelfare.org.nz

REFERRAL AGENCY DETAILS

Referral Agency: _____

Referral Name: _____

Contact Details: _____

Phone: _____ Signature: _____

CLIENT DETAILS

Name: _____

Address: _____

Phone No: _____ Mobile No: _____

D.O.B: _____ Gender: M / F (Circle one)

Ethnicity: _____

NEXT OF KIN DETAILS

Name: _____

Address: _____

Phone No: _____ Mobile No: _____

Relationship to client: _____

Does client have any special needs or requirements? (Language, disability, vision/hearing impairment, culture)

Does client or family have any special beliefs or values?

Referral Indicators

Please indicate how much support is required in the following area	1 = Needs Support	2	3	4	5 = needs no support	comments (including any initial strengths identified)
Employment	1	2	3	4	5	
Frequent change of resources	1	2	3	4	5	
Lack of essential resources	1	2	3	4	5	
Advocacy	1	2	3	4	5	
Low income status	1	2	3	4	5	
Housing	1	2	3	4	5	
Cultural Support	1	2	3	4	5	
Relationship problem	1	2	3	4	5	
Money Management	1	2	3	4	5	
Substance abuse	1	2	3	4	5	
Family Relationships	1	2	3	4	5	
Self Care	1	2	3	4	5	
General Support	1	2	3	4	5	
Health problems	1	2	3	4	5	

Further comments: (Please add extra information that may be useful for the family Support Service to know prior to making contact with client and family)

Family Support Worker Preferences Male / Female (Circle one)

Ethnicity: _____

Doc ID: NZAWT FAMILY SUPPORT	Version: 1	Approval: Centre Manager	Issue Date:	NZAWST- FS-REF- Fm
Form Title: Referral				

SERVICE MANAGER TO COMPLETE THIS SECTION

Accepted / Declined if declined, action taken and reason why:

Record of contact:

Date:	action	Signed
__/__/__	_____	_____
__/__/__	_____	_____

Referral Agency informed of acceptance/declined

__/__/__ _____

Family Support/Social Worker Assigned: _____