Date in:	Date referred:	To:	Client no:

Franklin Family Support Services
www.familysupport.org.nz

205 King Street
PUKEKOHE
Phone: (09) 238 6233
admin@familysupport.org.nz

PERSONAL DETAILS	
NAME:	DOB:
ADDRESS:	
HOME PHONE:	MOBILE:
ETHNICITY:	GENDER:
IWI:	
COUNTRY OF BIRTH:	
EMAIL ADDRESS:	
ALTERNATIVE CONTACT NAME:	PHONE:

Urgent/Immediate Services	
Are you having thoughts about dying or feel at risk of self-harm or suicide?	
Are you or a family member feeling threatened or at risk of harm?	
Do you have an urgent or overwhelming issue that you need support with right now? Please describe:_____	

Social services	
Family violence / abuse	
Alcohol / Drug / Gambling related issues	
Concerns / Issues for Children	

Counselling *If a child is being referred please tick to indicate that **BOTH** parents give consent*	
I would like to resolve issues and reach decisions. Work through loss, resolve and put to rest concerns, past trauma, anxiety, depression and anger. Add meaning to life.	
My child/ren has/have witnessed violence (5-18yrs)	

Financial Mentoring	
Preferred appointment day: Mon / Tues / Wed / Thur / Fri / Any day *Preferred appointment time:* Morning / Afternoon / Any time	
Please circle if applicable: Eviction Disconnection Re-possession Rent Arrears	

Strengthening families	
Are you needing or getting support from more than one agency/service? *eg: schools, support agencies, government or health services etc*	
Would you like a meeting to bring these agencies/services together to see how they can support you?	

Parenting Programmes	
Incredible Years for parents/caregivers with children **3-8 years**	
Hoki Ki Te Rito / Mellow Parenting for **mums** with tamariki/children **0-5 years**	

Return to Work	
For those who are long-term unemployed & want a plan to return to work	

Transport	
Transport to and from medical appointments (this is a volunteer service and 24 hrs notice is required)	

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Please name any other agencies you are currently working with (e.g. CYFS, Probation, HNZ, Support people)

Child	DOB	Gender

Notes – Please include any alerts, urgent deadlines or other needs:

Referrer details	
Have you (referrer) obtained consent from the client to make this referral	Yes / No
Referrer name	
Referrer organisation	
Phone	
Email	

Where did you hear about our services?
Word of mouth / Internet / Brochures / Yellow Pages / Franklin County News / Friend or Family / Work & Income / Community Newsletter / Have used our service before / Internet / Other …

Informed Consent:
I understand this referral will go to the Franklin Family Support Services team so they can work together to provide the best solution available. Confidentiality is maintained within the Franklin Family Support Services Team.

PRINT NAME: .....

SIGNED: .....