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**CLIENT REFERRAL FORM**

Here at Connected Eastern Southland we provide space for a number of community organisations working locally. We also have a range of social and community services managed onsite. Please use this form to refer a client to one or more of the services below. Complete the relevant sections of this form and email it to [referrals@cnt.org.nz](mailto:referrals@cnt.org.nz) . Please note; the client care team may discuss this referral to ensure the whanau/young person receive the best service for their current needs.

**“Right Service, Right Time”**

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| **Service** | **Description of Service** | **Service Required** |
| **Strengthening Families Coordinator** | For whanau needing support and coordination while working with multiple agencies |  |
| **Whanau Navigators** | Whanau support service, goal setting, pathway planning, advocacy, mentoring, linking with services |  |
| **Youth Workers** | * Supporting young people aged 5-24yrs and their whanau to achieve positive outcomes. * Education, training, goal setting and pathway support available 16-24 year olds |  |
| **Community Connector** | Assistance and Support for anyone including:   * Completing and understanding forms and documents * Booking and attending appointments * Connecting to the right services * Information and advice * Covid-19 assistance and support for those impacted by Covid-19 |  |

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| **SECTION 1 Referrer Details** |  |  |

**Date of referral: / /**

Referred by: Agency/service:

Phone: Email:

Signature/eSignature

|  |  |  |
| --- | --- | --- |
| **SECTION 2 Client Details** |  |  |

Name: Age:

Date of Birth: Gender:

Address:

Ethnicity: Iwi:

Phone Number: Email address:

Name of current school:

**If young person is 16 or under:**

Parent/Caregiver: Relationship to young person:

Address: Phone Number:

**THE WHANAU AND/OR YOUNG PERSON GIVE CONSENT FOR THIS REFERRAL TO BE MADE □**

**Additional family members:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Birthdate** | **Age** | **School** |
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| **SECTION 3 Reasons for referring** |  |  |

**What other agencies are working with this individual/whanau?**

**Current Situation**