

**Form for Oranga Tamariki Referrals**

Please open this document as a read only and fill in all the grey boxes using the “Tab” key or your mouse. Save the document with a name of your choosing before forwarding on to us.

**Date:**     /     /

**Parenting work required, please select from the following;**

|  |  |  |
| --- | --- | --- |
| **Toolbox Parenting Course** | 0-5 |  |
|  | 6-12 |  |
|  | Teen |  |
| **Being There Group-** | Parenting course for those with limited contact with their kids |  |
| **Game On** | Parenting course just for dad’s |  |
| **ABC Club** | Mums and toddler’s group |  |
| **Birth Support Group** | Ante Natal group for women |  |
| **Counselling:** | Individual |  |
|  | Couple |  |
|  | Number of Sessions |  |
| **Cool Parents :Practical Solutions** | Individual parenting work |  |
|  | Number of Sessions |  |

**OT SWorker:**       **Approved by:**

**Phone**       **Email**

|  |  |  |
| --- | --- | --- |
| **Client Name** |  |  |
| Address |  | Suburb |
| D.O.B | /     / | Phone |
| Gender: |  | Cell |
| Ethnicity (select) |  | Iwi / Other |

**Composition of Family**

|  |  |
| --- | --- |
| Adults in house | |
| Childrens names | Date of Birth. |
|  | /     / |
|  | /     / |
|  | /     / |
|  | /     / |

**Current OT status** (please select)

**Please list if other Agencies are already involved with this family**

|  |  |  |
| --- | --- | --- |
| Agency Name | Contact name | Phone Number |
|  |  |  |
|  |  |  |
|  |  |  |

**What specific issues do you hope to address?**

1

2

3

4

**Outcome sought**

Is the parent/caregiver aware of above issues/ outcome expected (select)

**Has the Parent/Caregivers given consent** **for this referral** (select)

**Report Back**

A brief report from CSS can be provided on completion, covering the number of sessions attended, any areas of concern, progress on identified issues and the outcome sought. All information will be given with the clients permission and is for Oranga Tamariki purposes only.

Do you want a report at the end of CSS engagement  (select)

**Please forward to:** Catholic Social Services. PO Box 2047, South Dunedin, Phone 455 3838. Email office@cathsocialservices.org.nz

For office use only

Date received      /     /      Date assigned      /     /

Assigned to       Approved by

Paua Record Number       Reviewed by

Costs approved       Date completed      /     /

Date account sent      /     /      Account received      /     /