Catholic Social Services

Working together to live life well

Referral to services

Initial Contact

Name:	M/F	Date:
Email:		By phone ☐ email ☐ Mail ☐ Walk in ☐ Text ☐ Other ☐
Phone numbers Cell	Address:	
Best time to call	Would you like a text first?	
Permission to leave message: Yes ☐ No ☐	Permission to text: Yes ☐ No ☐	
PROGRAMME/SERVICE initially identified		

Central Otago Counselling		Individual	Couple		
Central Social Work					
Seasons for Growth		Adult	Child		
Supervision					

If this referral is from another professional please identify here	
Professional name	Contact (phone) Email
Organisation	
Where appropriate have you explained that we will make contact within 5 working days and that the staff member will discuss with them when they can expect to receive service? ☐	
Other:	
Name of Staff member taking referral	
Allocated to (Staff/programme name)	Date
	Time Taken

Second Contact and Clarification of service

Date of second contact	**Name of Staff Member**
Date of Birth	Gender M / F / T / or………………………..

Ethnicity	Iwi	Secondary Iwi

Country of Origin (if appropriate)	NHI (if appropriate)

Presenting Issue(s)

- □ Alcohol / Drugs / Other Addictions
- □ Disability – Intellectual / Physical
- □ Family Violence
- □ Financial issues
- □ Food/Housing issues
- □ Grief and Loss
- □ Mental Health (Anxiety / Depression / other
- □ Parenting
- □ Physical Health
- □ Relationship Conflict
- □ Social Support needs
- □ Statutory Requirement (MCOT/Court)
- □ Trauma

Referral made by client □ Other □ How did they come to us?

Other Interested Parties eg, Mental Health □ MCOT □ Education □ Legal □ Social Service □ Other □

Name	Contact (phone/email)	Organisation	Permission to Contact □

Other relevant services involved?

Income Waged □ Part Benefit □ Benefit □ No income □

Weekly Household Income <$300 □ $300-$600 □ $600-$900 □ $900 - $1200 □ >$1200 □

Family/Whanau Composition: (T=together, S= Separated, SH= Shared Care, SU= Supervised contact)

Name	Date of Birth	Relationship to Client	Contact (T/S/SH/SU)

Other relevant Information

Does the client understand the next step in the process? □

Have you explained our fee structure and the application of subsidies? □

Did you explain that the information we take is private and confidential? □

PLAN – confirm service assigned to and next steps.

To be uploaded to PAUA as Referral/Enquiry	Date:	Client Number:
	Time Taken (Contact):	Time Taken (Uploading):