Catholic Social Services
Working together to live life well

Referral/Enquiry to services

Initial Contact	**Date:**	
Full Name Primary Client:	Name known by:	M/F/T/
Full Name Secondary Client:	Name known by:	M/F/T/
Email:	By phone □ email □ Mail □ Walk in □ Text □ Other □	
Phone 1 Phone 2	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

A.B.C.					
Birth Support Group					
Best Start					
Central Otago Counselling		Individual	Couple		
Central Social Work					
Counselling		Individual	Couple		
Community Support		Food	Lunch	Power fund	
Game On					
Kainga Ora					
Social Work		Parenting	Other		
Seasons for Growth		Adult	Child	Training	
Supervised Contact					
Supervision					
Toolbox		Babies and toddlers (0-4)	Primary (5-9)	Teenager (14up)	Grandparents Raising Grandchildren

How did they come to us? Referral made by client □ Internal □ Other □
(if made by another professional please enter below)

Professional name	Phone Email
Organisation	

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	Date
Allocated to (Staff/programme name)	Time Taken

Second Contact and Clarification of service

Date of second contact	**Name of Staff Member**
Date of Birth (Primary) Ethnicity Iwi Country of Origin (if appropriate)	Date of Birth (Secondary) Ethnicity Iwi Country of Origin (if appropriate)
NHI (if appropriate)	
Presenting Issue(s) □ Antenatal □ 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

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/age	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):