



## Tūtaki Youth Incorporated Young Persons Referral Form *(Use this form for 0-25 years)*

(Office use) Date Received \_\_\_\_\_

Date of referral	_____	Phone	_____
Referral agency	_____		_____
Referrers Name and Position	_____		
Referrers Email	_____		
Referrer's Expectations	_____		
_____			

<u>Client details</u>			
Name	_____		
Age	_____	DOB	_____
		M/F	_____
Ethnicity	_____	Iwi	_____
Address	_____		
_____			
Phone	_____	Mobile phone	_____
Are they enrolled in education? (Please circle) Yes / No (If yes which one?)			
Education	_____		

<u>Parent/Caregiver details</u>			
Name	_____		
Address	_____		
_____			
Phone	_____	Mobile phone	_____
Relationship to client	_____		

<u>Parent/Caregiver details</u>			
Name	_____		
Address	_____		
_____			
Phone	_____	Mobile phone	_____
Relationship to client	_____		

<u>Sibling details</u>			
Name	_____	Age	_____
		Relationship to client	_____
Name	_____	Age	_____
		Relationship to client	_____
Name	_____	Age	_____
		Relationship to client	_____
Name	_____	Age	_____
		Relationship to client	_____

Other support people/ Next of Kin

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Mobile phone \_\_\_\_\_

Relationship to client \_\_\_\_\_

Reason for referral

Other considerations

Referral is being bullied: Y / N or Referral is displaying bullying behaviours: Y / N

Family Group Conference Plan attached (required)

Agency involvement

Agency \_\_\_\_\_ Professional \_\_\_\_\_ Involvement \_\_\_\_\_

Agency \_\_\_\_\_ Professional \_\_\_\_\_ Involvement \_\_\_\_\_

Agency \_\_\_\_\_ Professional \_\_\_\_\_ Involvement \_\_\_\_\_

Agency \_\_\_\_\_ Professional \_\_\_\_\_ Involvement \_\_\_\_\_

- Referrals can be received via PO BOX 26, STRATFORD or office@tutaki.org.nz
- An initial assessment will be completed prior to a client being accepted onto the programme
- Referrals may be deferred, accepted or declined according to priority
- Tūtaki has the final decision on programme placements
- Please attach any supporting documentation to this referral

**If under the age of 16, parental consent will be required. Parent(s)/Caregiver(s) must consent to the release of information for this referral**

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**ALL INFORMATION ON THIS REFERRAL IS STRICTLY CONFIDENTIAL**