About the service

Caroline Reid Whānau Support Service works alongside:

* Tamariki and whānau who have an adult in their household who has a mental distress diagnosis, which may be complex or chronic.
* Tamariki in the household who are affected by the distress **AND** whānau who seek to better understand that distress through improved communication and community support.
* Tamariki aged 10-18 years.
* Whānau are based within Christchurch urban area.

Caroline Reid Whānau Support Service

Referral Form

**Please complete and email to:** crfssreferrals@stepstone.org.nz

About you (referrer):

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| --- | --- | --- | --- |
| Name: |  | Referral Date: |  |
| Agency: |  | Phone: |  |
| Address |  |
| Email: |  |

About the whānau

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| Referral Criteria: Tamariki living with… | **Tell us more…** |
| ü At least one adult with a diagnosed mental illness |  |
| ü Tamariki adversely affected by an adult with mental distress |  |
| ü Significant whānau stressors |  |
| Tell us a little about the whānau situation and why they would be a good candidate for our service. |  |
| In your opinion, what is the priority need to address? |  |

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| Referral for… |
| Tamariki Name: |  | NHI: |  |
| Ethnicity / Iwi: |  | Gender: | M / F / Non-binary |
| School Year: |  | School: |  |
| D.O.B: |  | Teacher: |  |
| Address: |  |
| Phone numbers: |  |

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| Legal Guardian details |
| Name: |  | NHI: |  |
| Ethnicity / Iwi: |  | D.O.B: |  |
| Address: |  |
| Phone numbers: |  |
| Name: |  | NHI: |  |
| Ethnicity / Iwi: |  | D.O.B: |  |
| Address: |  |
| Phone numbers: |  |
| Other siblings / children: |
| Name: | D.O.B/Age | Gender: | Ethnicity / Iwi: | Resides with: |
|  |  | M / F / O OOO1OOOther |  |  |
|  |  | M / F / O |  |  |
|  |  | M / F / O |  |  |
|  |  | M / F / O |  |  |

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| Issues the Tamariki faces: |  |
| Physical health constraints for tamariki |  |
| Safety issues (e.g. justice involvement, dog on property) etc.: |  |

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| **Agencies involved with the tamariki…** |
| GP: |  | Phone: |  |
| Contact Person: |  | Mobile: |  |
| Email: |  | Fax: |  |

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| --- | --- | --- | --- |
| Agency: |  | Phone: |  |
| Contact Person: |  | Mobile: |  |
| Email: |  | Fax: |  |

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| --- | --- | --- | --- |
| Agency: |  | Phone: |  |
| Contact Person: |  | Mobile: |  |
| Email: |  | Fax: |  |

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| Agencies involved with adults… |
| Case Manager: |  | Phone: |  |
| Location: |  | Mobile: |  |
| Email: |  | Fax: |  |
| Psychiatrist: |  |

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| --- | --- | --- | --- |
| GP: |  | Phone: |  |
| Practice Name: |  | Mobile: |  |
| Practice Nurse: |  | Fax: |  |

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| --- | --- | --- | --- |
| Agency: |  | Phone: |  |
| Contact Person: |  | Mobile: |  |
| Email: |  | Fax: |  |

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| --- | --- | --- | --- |
| Agency: |  | Phone: |  |
| Contact Person: |  | Mobile: |  |
| Email: |  | Fax: |  |