Please complete the below referral form by filling in the blue brackets.

|  |  |  |
| --- | --- | --- |
| Date of Referral [Date] | Service Required: [] | Urgent: []  |
| Main reason for Referral[] |
| **YOUNG PERSONS INFORMATION** |
| Last name[Last Name] | First name/s[First Name] | Preferred name[Preferred Name] |
| Ethnicity [Ethnicity] | Iwi/Hapū[] | Date of birth[] | Age[] | Gender[] |
| [Cultural information you would like us to know] |
| Home phone[Phone] | Mobile phone[Phone] | Email[Email] |
| Address[Address] |
| School/training provider/work[] | Study/work details[] |
| Significant health/safety Concern [] | General Practitioner [Name] [Phone] |
| Young person’s understanding of referral to Challenge 2000 [What does the young person know about Challenge2000? Does the young person want to engage with the service?] |
| **WHĀNAU AND SOCIAL NETWORK** |
| Name of key person [Example;Parent/Caregiver/Spouse/Partner/Close Friend] | Relationship to Young Person [Relationship] |
| Home phone[Phone] | Mobile phone[Phone] | Email[Email] |
| Address [Address] |
| Name of key person [Example;Parent/Caregiver/Spouse/Partner/Close Friend] | Relationship to Young Person [Relationship] |
| Home phone[Phone] | Mobile phone[Phone] | Home phone[Phone] |
| Address [Address] |
| Name of key person [Example;Parent/Caregiver/Spouse/Partner/Close Friend] | Relationship to Young Person [Relationship] |
| Home phone[Phone] | Mobile phone[Phone] | Home phone[Phone] |
| Address [Address] |
| **SIBLINGS/CHILDREN LIVING WITH YOUNG PERSON** |
| Name | Age | Relevant Information  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Legal Guardian (if applicable) [] |
| **AGENCIES AND COMMUNITY SUPPORTS** |
| Name of agency (Example; CYFS, Legal agencies, advocates ) | Key Person | Phone Number | Email Address |
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| **CURRENT HEALTH AND WELL-BEING** |
| **Taha Tinana (physical well-being)**The physical health of the young person. For example; their ability to care for their body (drug use, diet, grooming etc.). Physical strengths or limitations.[Comment] | **Taha Wairua (spiritual well-being)**Does this young person appear to have found purpose and meaning in their lives or do they need more support in this journey?[Comment] |
| **Taha Whānau (Social well-being)**Does this young person have a sense of belonging? Do they belong to community groups or have close friendships? Do they need support to build healthy relationships and community?[Comment]  | **Taha Hinengaro: (Mental and emotional well-being)**Is this young person able to understand and explore their emotions/feelings? How do they manage anger, sadness, excitement etc.? Are there any mental health concerns? [Comment] |
| What would you like the outcome of Challenge 2000 support to be?[] |
| **REFERRERS DETAILS** |
| Name [Name] | Agency (if applicable)[] | Contact Details [Phone][Email] |
|  **ADMINISTRATION USE ONLY Date referral received** [Date] |
| Dates | Follow-up |
|  |  |
|  |  |
|  |  |
| Outcome [Select] | Contract [Select]  |