

MISSION FOR FAMILIES

ASSESSMENT / REFERRAL FORM

Mission for Families
Senior Social Worker
PO Box 7477
Wellington South 6242
Telephone (04) 245 0900
Fax (04) 389 2109
www.wgtncitymission.org.nz

Date _____

Name of Referring Agency _____

Contact Person's Name _____

Telephone _____

Fax _____

Email _____

Postal Address _____

Referral Information:

Parent(s) Name _____

Contact Telephone _____

Address _____

Family Details:

Age &/or DOB of Mother ____ / _____ Father ____ / _____

Live in Partner / Husband yes [] no []

Number of Children _____

Ages &/or DOB of children Male Female

[] []

[] []

[] []

Ethnicity:

NZ [] Maori [] P/Island [] Asian [] Other []

Can speak / understand English yes [] limited [] no []

Has the client been notified of the referral? yes [] no []

In order for us to provide the appropriate support would you please complete the following summary of referring issues:

The current and previous involvement your agency has had with the client:

What ongoing assistance will your agency have with this client?

Parenting

Routines, Discipline, Safety, General Parenting Skills etc

Health and Hygiene

Parent / Child Health, Diet, Exercise, Home Environment, Disability etc

Personal

Self-Esteem, Loneliness, Relationships, Contraception etc

Social Economic Base

Housing, Budgeting, WINZ, Financial Hardship, Lack of Basics e.g. food, clothing, furniture etc

Support Structures

Family, Partner, Community, Church, Others etc

Are there mental health or physical disabilities

- 1.) Mental health (E.g. bi-polar, schizophrenia and personality disorder. PND, depression or anxiety)
- 2.) Permanent life-long disabilities (E.g. MS and cerebral palsy)

Please indicate if this is a referral issue:

Are there any other issues or concerns that have not been mentioned?
(E.g. Family Violence, Abuse & Neglect, Addictions: Drugs / Alcohol / Gambling)

Any further information you would like to add:

Thank you for providing us with the above information as it will assist in our assessment process. If you would like to discuss any other matters relating to this referral, please feel free to contact:

Isapella Duffy
Senior Social Worker
Mission for Families
DDI: (04) 245 0849
Email: isapella@wqtnccitymission.org.nz

KEY issues prompting this referral:

The Mission for Families programme is a home-based visiting service from qualified Social Workers who provide:

- *Encouragement, education and support to clients for managing their own future relationships and issues.*
- *Assistance to clients in setting three-monthly Family Support Plans and helping them towards achieving these goals.*
- *Promotion and encouragement of positive relationships within families, including advocating and supporting non-violent behaviours between all family members.*
- *Assistance and advocacy in accessing community resources and government agencies.*
- *Emergency assistance (food, clothing, linen, blankets, baby furniture and equipment, and household furniture).*
- *Client and family, social worker relationships that will be supportive and nurturing.*

We operate on the key principle that the welfare and interests of the child are of paramount consideration. All our services are free and our geographical area is Wellington City and suburbs, Tawa as our Northern boundary cut-off point, and Lower and Upper Hutt City.

We are unable to service the Wainuiomata and Eastbourne areas.