**WCM REFERRAL FORM – COMMUNITY SERVICES**

* *The information on this form helps our team provide you with the best possible service.*
* *The information is voluntary.*
* *This information will be kept confidential except if there is a safety concern.*
* *If you need help to fill out this form or have any questions or concerns, please do not hesitate to ask.*
* *NB AGENCIES: By signing this form on the persons behalf, the person has agreed to information being shared.*

|  |
| --- |
| Please tick relevant WCM community services programme: |
|  | **FINANCIAL MENTORING / SKINNY JUMP** ✳️NB:PAGE 2 - Survey Required yvonne@wgtncitymission.org.nz |  | **SOCIAL SUPERMARKET**selena@wgtncitymission.org.nzsarah.meynell@wgtncitymission.org.nz |

|  |  |  |
| --- | --- | --- |
| **REFERRERS DETAILS** | Date:  |  |
| Referring agency: |  |
| Referrer’s name: |  | Contact number: |  |
| Email: |  |
| Signed: |  | Person agreed to referral | Y | N |  |
| WCM Social Worker completing this referral: | Signed: |
| Exess A: | Y | N | Last 3 Date(s) SS Shop: |  | How many in last 8 weeks: |  |

 Any other Relevant Info:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | WCM NO: |
| **PERSONAL DETAILS** | Date:  |  | Signature: |  |
| Full name: |  |
| Preferred name: |  | Gender: |  |
| DOB: |  | Phone: |  |
|  ✳️Address: |  |
| ✳️ Email Address: |   | No of children cared for below |
| Living situation: | Alone/partner/spouse/family | Adults |  | Teens |  | Children |  |  Ages |
| Ethnicity: |  | Iwi / hapu: |  | Country of Birth: |
| Interpreter Required: | Y | N | Main Language(s): |  |
| List **ANY** other Agency involvement: |  | **SELF-REFERRAL**: | Y | N |
| **REASONS FOR FOOD INSECURITY** | Eg: financial/health/debtExtra: costs/bills/whanau |  |

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| --- |
| **HOUSING** |
|  | Kāinga Ora |  | Council  |  | No Fixed Abode |  | Emergency |  | Owner |  |  Private rental |  |  Other |
|  | Transitional | What Other: |

**INCOME**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | No income |  | Benefit  |  | Part time  |  | Casual |  | Full time |  |  Self-employed |  | ACC |
| Benefit type:  |  | WINZ/MSD No |  |
| ✳️ IEMI No: |  | ✳️ Skinny Jump Broadband No: |  |

**ADMIN**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | New client  |  | Existing client  |  | Re-Engaged |  | Parcel size required |
| SS Shop?  | Y | N | Date: |  | Time: |  |  | Regular |  | One Off |
| Booked calendar: |  Y |  N  | Dates: | How Many: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PERSONAL DETAILS** | Date: |  | Exess No WCM: |  |
| **Full** name: |  |

**Referral SURVEY - FINANCIAL MENTORING SERVICE**

Please tick ALL relevant boxes:

**What is your main reason for wanting to see a Financial Mentor?**

|  |  |  |
| --- | --- | --- |
|  | A. | WINZ requirement  |
|  | B. | High Debt |
|  | C. | Ongoing food need |
|  | D. | Improve my finances |
|  | E. | ✳️ Skinny Jump |
|  | F. | Other (please state): |

|  |
| --- |
| **What financial goals do you want to achieve?** |
|  | A. | Paying off debt |
|  | B. | Living within means |
|  | C. | Gaining confidence with managing my money |
|  | D. | Other (please state):  |

|  |
| --- |
| **Have you ever been on the Wellington City Mission’s Financial Mentoring service or any other budget service before - if yes, please name service?** |

**Before signing on to our Financial Mentoring service we would also like you to consider the following:**

* + If you are here for a budget worksheet that is required by WINZ only, please indicate this when filling out the referral form.
	+ The Financial Mentoring service is not able to assist you with applying for a house with Kāinga Ora or any other agent, however we do have Community Service Advocates that can point you in the right direction.
	+ Please note that you are not automatically guaranteed a social supermarket shop by signing onto the Financial Mentoring service.
	+ Regular social supermarket shops maybe provided for a negotiated period and are assessed on a case-by-case basis. If you require further information surrounding food support, please do not hesitate to ask.

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| **Client Signature:** |  |

**Thank you for providing us with the above information as it will assist in our assessment process.** 😊

**CASE NOTES:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PERSONAL DETAILS** | Date: |  | Exess No WCM: |  |
| **Full** name: |  |
| **DOB:** |  |

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Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_