**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](mailto:yvonne@wgtncitymission.org.nz) |  | **SOCIAL SUPERMARKET**  [selena@wgtncitymission.org.nz](mailto:sarah.meynell@wgtncitymission.org.nz)  [sarah.meynell@wgtncitymission.org.nz](mailto:sarah.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/debt  Extra: costs/bills/whanau | | | | | |  | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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.

|  |  |
| --- | --- |
| **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:** |  | | | |

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

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

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