

EXTERNAL REFERRAL FORM – COMMUNITY SERVICES

Please send completed form to Referrals@WCM.org.nz

- 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.

Date _____

Name of Referring Agency and Referring Person _____

Telephone _____

Email _____

Client or Agency signature (to agree for referral) _____

WCM Team member completing this referral _____

Has the client been notified/aware of the referral? yes no

Client Name _____ Gender: _____ D.O.B.....

Contact Telephone _____

Address (if they have one) _____

MSD Number: _____

Country of Birth: _____ Ethnicity: _____

IWI: _____

Housing situation:

Other _____

What are the support needs ?

Housing AoD ID Money Management/Financial Mentoring Physical Health
Needs General Supports

Social Supermarket (Please also answer question below)

How many people living in your household?

How many adults? _____ How many children? _____ How many teens? _____

Can person speak / understand English yes limited no

Other languages spoken: _____

Relationship/Family:

Partner name: _____

Child within household - name: _____ DOB

So that we can best assign the best supports please complete the following summary with as much info:

What are the support needs ? tick as many as needed.

Are you engaged with other services- health, mental health, support providers (and if this is an agency referral, what ongoing assistance will your agency have with this client?)

Are there any other issues or concerns that have not been mentioned?
(E.g. Family Violence; Relationship; Parenting; Mental Health; Isolation; Abuse & Neglect; Trauma; Addictions eg. Drugs & Alcohol or Gambling; Financial; Housing issues)

The Mission covers the region of Wellington City, Hutt and Upper Hutt City boundaries

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