

# Homebuilders West Coast Trust

Office: 33 Guinness Street  
 P O Box 132  
 Greymouth  
 Ph 03 768 6665  
 E-mail:  
 suzanne@homebuildersgrey.co.nz



Office: 52 Mill Street  
 P O Box 388  
 Westport  
 Ph 03 788 8065  
 Fax 03 788 8066  
 E-mail: office@homebuilderswpt.co.nz

*Te Whanau Kaha O Te Tai Poutini*

## **REFERRAL - \* (Mandatory fields **MUST** be completed)**

FAMILY \* Parent/Guardian name/s: \_\_\_\_\_ \* D.O.B. \_\_\_\_\_  
 \* Address: \_\_\_\_\_  
 \* Telephone/s: \_\_\_\_\_  
 \* Ethnicity/Iwi: \_\_\_\_\_

\* Children in the family - name and date of birth \* **Tick identified Child/Student referral is for**  
 \_\_\_\_\_ Gender \_\_\_\_\_ D.O.B. \_\_\_\_\_ Ethnicity/Iwi \_\_\_\_\_  
 \_\_\_\_\_ Gender \_\_\_\_\_ D.O.B. \_\_\_\_\_ Ethnicity/Iwi \_\_\_\_\_  
 \_\_\_\_\_ Gender \_\_\_\_\_ D.O.B. \_\_\_\_\_ Ethnicity/Iwi \_\_\_\_\_  
 \_\_\_\_\_ Gender \_\_\_\_\_ D.O.B. \_\_\_\_\_ Ethnicity/Iwi \_\_\_\_\_

\* **Referral must be with the family's consent. Please confirm this is correct:**  Yes

\* Service Required:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Counselling       | <input type="checkbox"/> Family Violence Programme | <input type="checkbox"/> BBBS Youth Mentoring       |
| <input type="checkbox"/> Respite Care      | <input type="checkbox"/> Social Work Support       | <input type="checkbox"/> Strengthening Families     |
| <input type="checkbox"/> Supervised Access | <input type="checkbox"/> Social Workers in Schools | <input type="checkbox"/> Incredible Years Parenting |
| <input type="checkbox"/> Schools Programme | <input type="checkbox"/> Child Advocate            |   |

\* **Reason for referral:**

\_\_\_\_\_  
 \_\_\_\_\_

\* Any risks identified to workers?  Yes  No

(eg., historical or current mental health, drug and alcohol, violence issues or gang affiliations etc)

If yes, please specify \_\_\_\_\_

\* Person completing this referral:

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Role with family: \_\_\_\_\_

\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only Referrer informed (date): _____ File Number: _____ Signed: _____ for Chief Executive Homebuilders West Coast Trust
--