

Homebuilders West Coast Trust

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Office: 52 Mill Street
P O Box 388
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REFERRAL

FAMILY Parent/Guardian name/s: _____
Address: _____
Telephone/s: _____
Ethnicity/Iwi: _____

Children in the family - name and date of birth

_____	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"/> Child Advocate | <input type="checkbox"/> Counselling | <input type="checkbox"/> Family Violence Co-ordinator |
| <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 |

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