



REFERRAL TO CAPS HAURAKI

Please email referral to reception@capshauraki.co.nz

Name & Organisation of Referrer:

Contact Number of Referrer:

Referral taken by:

How did you hear about our service:

Date of Referral:

CLIENT DETAILS:

Name:

Address:

Phone Numbers:

Gender:

Ethnicity:

Emergency Contact:

Date of Birth:

Iwi:

Phone:

How would you like us to contact you? (please tick)

Phone Text Email (Email address:

Can we leave a voicemail: Yes No

Do you have children in your care: Yes No

Do you have a protection order: Yes No

Send letters: Yes No

Have you experienced family harm: Yes No

Has the client consented to referral: Yes No

If the client is a child, please complete the names of their Parent, Guardians or Caregivers:

Name of Parents, Guardian or Caregiver:	Address:	Contact Phone No:
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Reason for Referral:

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What type of support are you looking for:

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Referring Agency will continue to be involved? Yes No

Please list other agencies involved:

Any current Family Court Proceedings: