

Kirikiriroa Family Services Trust (KFST) Referral Form

Kirikiriroa Family Services Trust (KFST) delivers free, home-based support services for all whānau in Waikato and Waipa.

Support/services delivered by KFST include:

Te Waka Tamariki (previously known as Hamilton Children's Team),
Whakatō Te Kākano (previous known as Poipoia Te Mokopuna),
Te Korowai Tauawhi (previously known as Family Start),
Kāinga Rua (transitional housing),
Engaging Priority Families (3-4 year olds),
and Integrated Community Response (ICR) Family Harm Prevention.

To refer to a particular service please complete this online form and indicate which service you are referring to.

By clicking the submit button at the end, the whānau being referred consent to Kirikiriroa Family Services Trust receiving this information and then contacting you to discuss what services/supports the whānau require. All information entered below will be kept confidential by Kirikiriroa Family Services Trust and used for the sole purpose of assessing the suitability of referrals.

Please enter your email address and you will be emailed a copy of your referral from Google Forms.

Thank you for your patience and effort in completing this referral.

* Required

1. Email *

2. Which service is required? *

Mark only one oval.

- Te Korowai Tauawhi (Family Start) - early Intervention for whānau with pre-school tamariki
- Kāinga Rua - rawakore (extreme poverty) or kāinga kore (homeless)
- Whakatō Te Kākano - early childhood focus with te Ao Māori perspectives
- Te Waka Tamariki - collaborative approach with whānau & tamariki up to 18 years
- Engaging Priority Families (3-4 year olds)

Tell us about you

You can refer yourself to KFST services, or a professional/practitioner can refer on your behalf.
You can include more than one child per referral. Please ensure to include all details for each Child.

3. Your Name / Referrer Name

4. Your Relationship to Child/Your Agency Name/Your Role *

5. Your Contact Phone

6. Your Contact Email

7. Type of Referral *

Check all that apply.

- Self Referral - you are referring yourself
- Professional / Practitioner
- Other, explain

.....

8. Is the whānau aware of this referral and have they given their consent for this referral? *

Mark only one oval.

Yes

No. If the whānau are not yet aware of this referral please ensure you gain their consent before submitting this referral.

Tamariki / Child Details

9. Please provide all four details for each child you are referring. a) Name of Tamaiti /Child *

10. b) Date Of Birth *

11. c) Gender *

12. d) Ethnicity *

13. Please provide the details for any additional tamariki/Children in the home and if they are also considered a referral: a) Name of Tamariki /Children b) Date of birth c) Gender d) Ethnicity

14. Whānau address *

15. Caregiver details - please provide the details below for the caregiver/parent: a) Full name *

16. b) Contact phone number and if available contact email *

17. c) Relationship to the child *

How
can
we
help?

Please tick all options that relate to the tamariki / child or to the parent / caregiver of the tamariki you are referring. The more details you provide us the better able we are to find you appropriate support.

18.

Check all that apply.

- Housing - homeless, emergency housing, overcrowding, transient, eviction pending, no fixed abode
- Parental Imprisonment
- Addictions, Drugs/Alcohol or other drugs, Gambling
- Safety/Risk of Harm
- Unemployment
- Relationship Issues / Breakdown
- Gang Affiliation
- Shared Parenting
- Parenting Support
- Young Parents (under 18 yrs)
- Alleged Neglect
- Family Harm
- Limited support networks
- Education/Early childhood Learning - not engaged
- Health/Disability
- Mental Health
- Self Harm
- Behavioural Issues
- Social Issues
- Identity Issues
- Bullying
- Trauma

Other: _____

Current Supports and Services involved

19. Please provide name and contact details for all services / supports involved with whānau. *

20. What further services/supports are needed? *

21. Current whānau situation / worries *

**Consent
/ Submit
Referral**

Please recheck your contact details are correct so someone from Kirikiroa Family Services Trust can contact you to discuss your referral.

By clicking Submit below you consent to Kirikiroa Family Services Trust receiving your information and contacting you. You will also be emailed a copy of your referral from Google Forms.

Ngā mihi nui. Thank you for your patience and effort in making a referral.

Google Forms