



TE ORANGANUI TRUST
 133 WICKSTEED STREET,
 TERRACE HOUSE
 WHANGANUI


PHONE: 06 349 0007


Referrals@teoranganui.co.nz

KARANGA TUATAHI – REFERRAL FORM

Whānau being referred					
Name				Address	
				Phone	
DOB	/ /	Age		Ethnicity	
Gender		NHI No		Religion	
Whānau Support/ Primary Caregiver					
Name 1				Phone No	
Address				Relationship to Referral	
Name 2				Phone No	
Address				Relationship to Referral	
Referral Source					
Name				Service	
Phone No				Role	
Reason for referral: Please provide a brief description of whānau presenting reason's					
Previous Registration Information					
Are you currently registered with Te Oranganui service/s? (See over page for list of services)					
If yes, who is the Kaimahi you are working with?					
Are you registered with a GP/ Medical Centre?					
Other Services/ Agencies engaged with Whānau					
Name/Service				Phone/ Email	
Name/Service				Phone/ Email	
Name/Service				Phone/ Email	
Name/Service				Phone/ Email	

Please indicate which service you are referring to – this will enable the right service to receive this referral quickly. Please note – all our services are voluntary and require whānau consent.			
Te Waipuna Medical Centre <i>Health and Medical Services</i>		Waiora Hinengaro	
Manaaki Hauora <i>Whānau Support</i>		Hinengaro Hauora <i>Mental Health & Addictions</i>	
Traditional Rongoa Māori <i>Traditional Rongoa Māori services</i>		He Puna Ora <i>Pregnancy & Parenting</i>	
Tairanga Ora		Korowaitia Te Puna Waiora <i>Kaupapa Māori Mental Health Addictions</i>	
Mobile Health Clinics and MSD Connectors <i>Immunisations, Screening, COVID Vaccinations, MSD Financial Assistance for COVID</i>		Te Hapainga <i>6 week AOD program</i>	
Te Taihāhā		Te Whare Mahana <i>Residential & AOD Social/ Respite</i>	
Home Care Services U65 – <i>Personal Cares & Household Management</i>		Whakahaumanu Mana <i>DTP, Aftercare & AOD Support</i>	
Home Based Supports <i>Over 65 - - Personal Cares & Household Management</i>		Rangatahi/Tamariki <i>Supporting rangatahi with mental health</i>	
Supported Independent Living <i>U65 – Home and community supports</i>		Te Toronga Whānau <i>Whānau Supports – Whānau affected by AOD</i>	
Residential Services <i>U65 Home & Community Supports</i>		Toiora Whānau	
Long Term Supports <i>Long Term Supports- Chronic Health Conditions</i>		Whānau Ora <i>Supporting whānau achieve their aspirations and self-manage their health and wellbeing – City, Whanganui Awa & Nga Rauru</i>	
Vocations Program <i>Day program for participants with disabilities</i>		Whānau Kaiārahi <i>Supporting whānau achieve their dreams and aspirations</i>	
Te Puawai Whānau		Iwi Youth Justice <i>Youth Justice Coordinator</i>	
Well Child - Tamariki Ora <i>Child health & dev. 0 – 5yrs</i>		Koea Girls Program <i>Girls Health & Wellbeing 10-14yrs</i>	
Family Start <i>Parenting Program - Pepi 0-3yrs</i>		Whakatapuranga Program <i>Boys Health & Wellbeing 12-15yrs</i>	
Hearing & Vision <i>Regular Checks in Kohanga</i>		Kāinga Whānau Ora <i>Supporting whānau to achieve their dreams and aspirations who reside in social housing</i>	
Public Health Nurse <i>Regular Health checks in Kohanga Reo</i>		Waiora Whānau	
		Heathy Families – Whanganui, Rangitikei, Ruapehu <i>Suicide Prevention Strategy, Rangatahi Innovations, Collective impacts</i>	
Additional Information			
Are there any challenges? e.g. <i>young parent facing challenges, lack of positive support networks, low income, transiency, SUDI factors, difficulty attending appointments...</i>			
Current Living Situation? e.g. <i>Are whānau in a Kāinga Ora home? Are others living in the home? Are whānau in transitional housing?</i>			
Present Medications – Please list any medications?			
Have you gained whānau consent?			Yes / No

 **I/ We consent** to have a Te Oranganui Trust representative to make contact and answer questions about Te Oranganui Services.

 I understand that my information and details are strictly confidential and that I am not obliged to enrol with the organisation.

Whānau signature: _____ **Date:** _____