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 needs. |
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| Previous Registration Information | |
|---|---|
| Are you currently registered with any 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 general practitioner / medical centre? If so which one? | |

| 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**<br>*Health and Medical Services* | | **Waiora Hinengaro** | |
| Manaaki Hauora<br>*Whānau Support* | | Hinengaro Hauora<br>*Mental health and addictions support and clinical service* | |
| Traditional Rongoā Māori<br>*Traditional Rongoā Māori services* | | He Puna Ora<br>*Pregnancy & parenting AoD support* | |
| **Tairanga Ora** | | Korowaitia Te Puna Waiora<br>*Kaupapa Māori mental health addictions* | |
| Mobile Health Clinics and MSD Connectors<br>Immunisations, screening, COVID vaccinations, financial assistance for COVID | | Te Hapainga<br>*6-week alcohol and other drug education programme* | |
| **Te Taihāhā** | | Te Whare Mahana<br>*Residential & alcohol and other drug respite, step up, step down* | |
| Home Care Services *U65*<br>*Personal Cares & Household Management* | | Whakahaumanu Mana Tane<br>*Aftercare and alcohol and other drug support* | |
| Home Based Supports Over 65<br>*Personal cares & household management* | | Rangatahi/Tamariki<br>*Supporting rangatahi with mental health* | |
| Supported Independent Living U65<br>*Home and community support* | | Day Activities<br>*Monday to Friday day activities* | |
| Residential Services U65<br>*Residential* | | **Toiora Whānau** | |
| Long Term Supports<br>*Long term supports and chronic health conditions* | | Whānau Ora<br>*Supporting whānau achieve their aspirations and self-manage their health and wellbeing – City, Whanganui Awa & Nga Rauru* | |
| Vocations Program<br>*Day program for participants with disabilities* | | Whānau Kaiārahi<br>*Supporting whānau achieve their dreams and aspirations* | |
| **Te Puawai Whānau** | | Youth Justice<br>*Youth Justice Coordinator* | |
| Well Child - Tamariki Ora<br>*Child health & dev. 0 – 5yrs* | | Koea Girls<br>*Girls health & wellbeing 10-14yrs* | |
| Family Start<br>*Parenting program for pepi 0-3yrs* | | Whakatupuranga<br>*Boys health & wellbeing 12-15yrs* | |
| Hearing & Vision<br>*Regular Checks in Kohanga* | | Kāinga Whānau Ora<br>*Supporting whānau to achieve their dreams and aspirations who reside in social housing* | |
| | | **Waiora Whānau** | |
| | | Healthy Families – Whanganui, Rangitikei, Ruapehu<br>*Suicide Prevention Strategy, Rangatahi Innovations, Collective impacts* | |

**Additional Information**

**Are there any situations relevant to the referral?** e.g. *young parent facing challenges, lack of positive support networks, low income, transiency, difficulty coordinating appointments, medication*

**Current Living Situation?** *Are you living with other people? Are whānau in a Kāinga Ora home? Are whānau in transitional housing?*

| | |
|---|---|
| **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:** _____