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Email admin@cyctrust.org.nz

Youth & Families Referral - **CONFIDENTIAL**

TO BE COMPLETED BY REFERRER

Young Persons Details

First Name(s):

Last Name:

Gender:

A.K.A:

D.O.B: / /

Referral Date: / /

Ethnicity:

School & year:

Siblings Name:

Gender:

D.O.B: / /

Parents/Caregivers Details

Given Name:

Last Name:

Address:

Phone:

Mobile:

Email:

Relationship to young person:

Parents/Caregivers Details

Given Name:

Last Name:

Address:

Phone:

Mobile:

Email:

Relationship to young person:

INITIATING AGENCY / WORKER

Name:

Phone:

Mobile:

Agency:

Email:

Other agencies involved (e.g. CYFS, OT, WDHB, School, Police, Strengthening Families)

Reason for referral:

Needs alerted to: Behaviour • Respite or emergency accomodation • Parenting support • Counselling • Social Connection • Mentoring • Relational Coaching

Other relevant info:

Intervention/Action to date:

Families desired outcomes:

Families strengths and supports

Consent: *This referral is also intended for the family worker. The person has been informed that the CYC family worker is receiving this information.*