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Youth & Families Referral - **CONFIDENTIAL**

**TO BE COMPLETED BY REFERRER**

### Parents/Caregivers Details

Given Name:

Last Name:

Address:

Phone:

Mobile:

Email:

Relationship to young person:

### Young Persons Details

First Name(s):

Last Name:

Gender:

A.K.A:

D.O.B:     /     /

Referral Date:     /     /

### Parents/Caregivers Details

Given Name:

Last Name:

Address:

Phone:

Mobile:

Email:

Relationship to young person:

Ethnicity:

School & year:

Siblings Name:

Gender:

D.O.B:     /     /

### 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.*