RISE: Respect, Inspire, Support, Empower

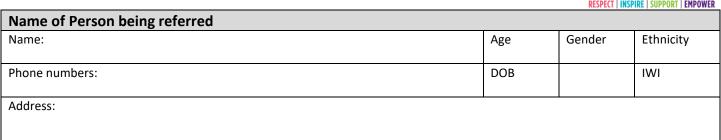
Please Send Referrals to: Email- <u>admin@rise.net.nz</u>

Phone – 03 548 3850

3850 Post – PO Box 896 Nelson

External REFERRAL FORM - All Clients

Please fill in every section in order to have your referral processed.



Referrers Contact details				
Referrer's name:	Date of referral:			
Agency/Organisation:	Address:			
Email:	Fax:			
Phone:	Signature:			

Referral is a result of:			
FGC (plan must be attached)	Social work report	Other	
			1



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Parental Situation/Family History

Current situation: Tick each relevant section					
Victim of Violence	Oranga Tamariki involvement - Current	Housing			
Perpetrator of violence	Oranga Tamariki involvement - Historical	Disability			
Bullying	Parenting/child management	Literacy/learning difficulties			
Weapons	Anxiety/Depression/PTSD	Financial			
Sexual abuse	Alcohol, Drug, Substance Abuse	Health issues			
Childhood abuse/neglect	Gaming/ Gambling	Head injury			
Offending- Youth/Adult	Self-harm/Suicidal	Difficulties at school			
Pending charges	Relationships btw/with parents				
Social isolation	Relationships btw siblings				

Has the client attended RISE before? Please tell us what support they received?

What assistance do you want them to receive from our service?

What does the client hope for in seeking the referral?

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Are you still involved with the person/family? Please circle	YES	NO		
Is there a Protection Order?	YES	NO		
What other services are currently involved?				
Adult clients - Have you discussed this referral with the client?	YES	NO		
Addit chemes - have you discussed this referral with the cheme.	125			
Client Consent I consent to the sharing of personal information between RISE LIVING SAFE and (Refe				
Agency)				
Signed Client: Sign	ned: Referral Agency:			
Weight Cleanter Have not allowed at the set of and with the allowed	VEC			

Youth Clients - Have you discussed this referral with the client YES NO Have you discussed this referral with the client's parents/caregivers YES NO