ARATAKI MINISTRIES LTD
A Work of Whangarei Central Baptist Church

Ph 09 430 3044
admin@aratakimin.co.nz

Referral to Arataki Ministries for Community Support

*__Date__ ..... *__Name__ .....

*__Date of Birth__ ..... __NHI__ ..... __Gender__ ☐ Male ☐ Female

*__Ethnicity__ ..... __Iwi__ ..... *__Phone__ .....

*__Current Address__ .....

__Current Living Situation__

☐ Living with others ☐ Boarding house ☐ Homeless

☐ Living alone ☐ Living with family / whānau ☐ Own home

Currently smoking (within the last 30 days)

☐ Yes ☐ No

__Current Employment status__ Working ☐ Yes ☐ No If __Yes__ ☐ Full time ☐ Part time ☐ Studying

__Please provide name and contact details for the following:__

Next of kin .....

Keyworker Northland DHB nurse .....

Psychiatrist .....

GP .....

__Please tick the type of support you are applying for *(more than one may be applicable)*__

☐ Finding accommodation
☐ Job Finding / Work / Employment
☐ Budgeting
☐ Education / Training
☐ Support with my wellness
☐ Quitting/Reducing smoking
☐ Alcohol and / or Drug use
☐ Problem Gambling
☐ Involvement with legal system

☐ Support with Daily Living
☐ Age related needs
☐ Keeping me safe
☐ Medication
☐ Personal Health conditions
☐ ACC eligible conditions (e.g. head injury)

Community Health Support
☐ *Clinical* or ☐ *Non Clinical*

☐ My Culture
☐ My Spirituality
☐ Family / whānau and support people
☐ Parenting
☐ Leisure Activities
☐ Being social with others (Groups / Activities)
☐ Interacting with other people & environments

☐ Other areas
Please state
.....
.....
.....

Do you need an interpreter?
☐ Yes ☐ No

Language Preference
.....

*I (name client) ..... consent to this referral. ☐ Yes ☐ No

*Signature .....

*I consent to the access of information to support this referral ☐ Yes ☐ No

*Name of referrer ..... *Signature of referrer .....

SUBMIT FORM