

Referral to Arataki Ministries for Community Support

*Date *Name

*Date of Birth NHI Gender Male Female

*Ethnicity Iwi *Phone

*Current Address

Current Living Situation

Currently smoking (within the last 30 days)

- Living with others Boarding house Homeless Yes No
- Living alone Living with family / whānau Own home

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*)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Finding accommodation | <input type="checkbox"/> Support with Daily Living | <input type="checkbox"/> My Culture | <input type="checkbox"/> Other areas |
| <input type="checkbox"/> Job Finding / Work / Employment | <input type="checkbox"/> Age related needs | <input type="checkbox"/> My Spirituality | Please state |
| <input type="checkbox"/> Budgeting | <input type="checkbox"/> Keeping me safe | <input type="checkbox"/> Family / whānau and support people | |
| <input type="checkbox"/> Education / Training | <input type="checkbox"/> Medication | <input type="checkbox"/> Parenting | |
| <input type="checkbox"/> Support with my wellness | <input type="checkbox"/> Personal Health conditions | <input type="checkbox"/> Leisure Activities | Do you need an interpreter? |
| <input type="checkbox"/> Quitting/Reducing smoking | <input type="checkbox"/> ACC eligible conditions (e.g. head injury) | <input type="checkbox"/> Being social with others (Groups / Activities) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Alcohol and / or Drug use | Community Health Support | <input type="checkbox"/> Interacting with other people & environments | Language Preference |
| <input type="checkbox"/> Problem Gambling | <input type="checkbox"/> Clinical or <input type="checkbox"/> Non Clinical | | |
| <input type="checkbox"/> Involvement with legal system | | | |

*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