

PILLARS Family Support & Children's Mentoring Programme



Pillars
Ka Pou Whakahou

Professionals Referral Form

Please fax to: 03 377 3991 or post to: P.O. Box 21-209, Christchurch 8143

(Note: We only accept referrals from Christchurch and South Auckland)

SECTION 1

Referral Date: _____ Referral Source:.....
(Name of school / organisation)
 Referred by (Name): _____
 Contact No's - Work:..... Mobile:..... Email:.....

For your client to be eligible to use PILLARS Services, they must... *(Please tick)*

Yes	No	Eligibility Criteria
<input type="checkbox"/>	<input type="checkbox"/>	Have a family or whanau member who is currently serving a custodial sentence or on home detention
<input type="checkbox"/>	<input type="checkbox"/>	Be caring for a child or young person

**Complete only if known*

*Name of Prisoner: _____ Date of Arrest: _____ *Name of Prison: _____
 *First time in prison: Yes No *Length of Sentence: Yrs Mths *Release Date: _____
 Don't know: _____ Relationship to Prisoner: _____

Parent / Caregiver caring for the child:

Name: _____ Known As: _____
 Home Address:.....
 Date of Birth: _____ Male Female Phone:..... Mobile:.....
 Ethnicity: Maori Iwi: European/Pakeha Pacific Island Other:.....
 Are there extended whanau support: Name..... Address.....Ph.....

Children Details

Please complete Form 1b (attached) for every child referred.

Name	Gender	Ethnicity / Iwi	DOB/ Age	Living with P/C	School

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Other Members of Household Details - Please complete over page if required

Name	Relationship to Parent / Caregiver

Other Agencies Involvement:

Is Child Youth & Family Involved: Yes No How long:..... CYFS Worker:.....

Other Agencies / Contacts with family including Doctor, School Counsellor etc:

SECTION 2

Client's Situation (Assessment):

(To be completed with Parent / Caregiver)

Score:

Information and Advice Needing support, information and advice on Courts, Prisons, Justice system, CYFS, WINZ

If yes, describe:

Score:

Housing factors Safety, security (of tenure), condition, affordability, enough living space, enough bedrooms, other?

Score out of 5 (client estimate) 1=terrible, 3=OK and 5=fantastic

If yes, describe:

Score:

Finance factors Does income meet outgoings? Additional support received/ needed? Gambling? Car costs/ transport? Source of income? Working/seeking work? Other?

Score out of 5 (client estimate) 1=terrible, 3=OK and 5=fantastic

If yes, describe:

Score:

Needs Food, clothing, transport, phone, power

Score out of 5 (client estimate) 1=terrible, 3=OK and 5=fantastic
If yes, describe:

Score:
The children Parenting support, Education needs, safety issues, truancy/suspended/expelled, behavioural issues, offending, has come to police attention
Score out of 5 (client estimate) 1=terrible, 3=OK and 5=fantastic
If yes, describe:

Score:
1. Health and wellbeing factors
Physical health of all family members, emotional health, access to health professionals, untreated problems, stress, domestic violence
Score out of 5 (client estimate) 1=terrible, 3=OK and 5=fantastic
If yes, describe:

Score:
Community support Additional support received/ needed? Cultural connections, Do you have support from family / whanau, friends, neighbours, church etc.
Do you have involvement in sports, leisure, clubs or groups.
Score out of 5 (client estimate) 1=terrible, 3=OK and 5=fantastic
If yes, describe:

Any other comments

If yes, describe:

I (Parent / Caregiver)..... am willing to be contacted by a PILLARS Worker to discuss this referral. Date:.....
Signed Parent / Caregiver:..... Signed Referrer:.....

OUTCOME (PILLARS to complete and forward to referrer after contact with applicant)

Name of Referrer:

Name of Parent/Caregiver.....

Date Parent / Caregiver contacted:..... Fits Criteria: Yes No

Comments:

Date Referrer Contacted:..... Name of PILLARS Social Worker.....

SECTION 3

(To be completed by Pillars Social Worker prior to first home visit taking place)

Home Visit and Staff Security Risk Assessment for First Home Visit

1. Is there an animal on the property that may need restrained? Eg. Dog Yes / No
2. Are there occupants or visitors that are likely to come and go during the first visit? Yes / No
If yes who

3. Is there good access to the property?
4. Due to the health and safety of our workers being important to us, are you willing not to smoke in their presence?
5. Cell phone coverage Yes / No / Don't know

Unacceptable risk? Yes No

Service to be proceed: Yes No

Signed:..... Date:.....

(To be completed by Pillars Social Worker after the first home visit)

Any health and safety issues? Yes No

If accident, incident or violence has occurred please complete Form HS 60 Accident, Incident and Violence Reporting Form. W: Forms / Operations / Health and Safety.

Service to proceed: Yes No

If no referred to:.....

Client status:

Client: Green Orange A Orange B Orange C Red

Signed:.....