

Whanganui Life To The Max Trust

email: office@lifetothemaxtrust.org.nz web: www.lifetothemaxtrust.org.nz

> P O Box 443 Whanganui 4540 ph: 06 3448555

"to provide better life outcomes for children/young people and their whanau/families"

REFERRAL FORM

(Office use) Date referral received

Life To The Max is a social work service in partnership with government agencies and the community that seeks to offer a process that will provide family tailored solutions for children/young people and their whanau/families. These interventions will enable them to achieve better life and educational outcomes in order to reduce the likelihood of possible future or repeat offending in the Whanganui Community. LTTM identifies and assesses the needs of the children and young people who present high risk factors, which will help produce positive life skills, choices and outcomes for the whanau/family.

REFERRAL CRITERIA

THE CHILD OR YOUNG PERSON REFERRED SHOULD IDEALLY BE:

- aged between 5 13 years
- known to Police Youth Aid OR have the potential to be known to Youth Aid
- high risk whanau/family

Referral Date	Agency (if one)		
Referrer Name		Phone (direct)	
Referrer Address		(cell)	
Referred Client Details			
Name		Age	
Address	_	Date of birth	
		Ethnicity	
Phone	Male / Female	lwi	
Is referred client enrolled at school yes / no		Doctor	
school		Teacher	
Currently living with			
(if not parents) (Full name/s)			
Deletion abia to referred allest		Date of birth	
Relationship to referred client			
Other people living in home			
Other people living in home			
Other people living in home Family Information		Data of hinth	
Other people living in home Family Information Mothers name			
Other people living in home Family Information Mothers name		Phone (home)	
Other people living in home Family Information Mothers name Address		Phone (home)(cell)	
Other people living in home Family Information Mothers name		Phone (home) (cell) (work)	
Other people living in home Family Information Mothers name Address		Phone (home) (cell) (work) Date of birth	
Other people living in home Family Information Mothers name Address Occupation		Phone (home) (cell) (work) Date of birth	
Other people living in home Family Information Mothers name Address Occupation Fathers name		Phone (home) (cell) (work) Date of birth Phone (home) (cell)	
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Other people living in home Family Information Mothers name Address Occupation Fathers name Address Occupation		Phone (home) (cell) (work) Date of birth Phone (home) (cell) (work)	
Other people living in home Family Information Mothers name Address Occupation Fathers name Address Occupation Siblings name	Date of birth	Phone (home) (cell) (work) Date of birth Phone (home) (cell) (work)	Age

Life To The Max Trust. I acknowledge that this information is true and correct and that I understand the terms in which this referral has been made.

REASONS FOR REFERRAL

Please tick what best describes the reason for referral and a brief explanation under each section. If you have other concerns in these areas that are not included, please specify. Please attach any relevant documentation (school reports etc) or information to this referral.

	School Attendance
	Frequently late for school
	Attends only 2-3 days on average
	Chronic truant
	Parents keep child at home to mind other children
	Parents have difficulty getting child/young person to attend school
	Currently suspended or excluded
	Other
Please explain	n briefly
	Education
	Low achievement academically
	Poor attitude to school work
	Finds it hard to pay attention/concentrate
	At school but often coming to attention
	-
	Mixes with anti-social peers
	Is impulsive
	Is aggressive
	Is a bully
	Has few friends
	Other
	Social presentation
	Anti-social behaviour/attitudes (eg offending, running away, violent)
	Difficulties with communication
	Puts other children or adults at risk from their behaviour (eg sexualised behaviour, fire lighting)
	Can't manage feelings (eg tantrums, aggressive and angry)
	Finds it difficult to make or keep friends
	Negative peer/friend influences (eg offending, truanting or gang peers)
	Has come to Police attention (eg offending, running away)
	Other
Please explain	n briefly
	Identity
	Doesn't appear to feel good about self or isolates themselves from others
	Lived in a number of homes with different caregivers
	Doesn't know about cultural background - Whakapapa
	Other
Please explair	n briefly
	<u>Health</u>
	Signs of substance abuse (eg alcohol, glue, cannabis)
	Signs of poor health or developmental problems
	Signs of self harm/suicidal ideation or depression
	Other
Diagon overlain	
Please explair	Toneny
	<u>Home</u>
	Limited parental supervision around activities and friends
	Family struggle to provide basic needs (eg adequate food, clothing, housing)
	Family involved in negative influences (eg offending, substance abuse, family violence)
	Parents find it difficult to manage the child/young person's behaviour
	No clear boundaries
	Lack of attachment to parents/caregivers
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\vdash	Parents find it difficult to communicate with child/young person
\vdash	Siblings often physically fighting and arguing
	Involved in negative recreational activities (eg tagging)
	Much time is spent passively (eg watching tv or playing video games)
	Other
Please explain	n hriefly

REASONS FOR REFERRAL (continued)

Lives in a neighbourhood with high unemploymen/poverty Lives in a neighbourhood that drugs/alcohol are freely available Lives in a neighbourhood with high crime Other
Please explain briefly
What other agencies are or have been involved with the family?
Oranga Tamariki (OT) Police Youth Aid Attendance Services Iwi Social Services Child Adolescent & Family Service Work & Income NZ Group Special Education Resourse Teachers Learning & Behaviour Family Works Jigsaw Alcohol & Other Drug Service Other (please state)
Please give brief description of services / agencies or resources that have been implemented or tried
What are your expectations of Life To The Max and what do you hope to achieve by referring this child/young person to our service:

- ♦ All referrals are to be made in writing on this referral form and returned to P O Box 443, Whanganui 4540
- ◆ All referrals MUST be signed by the parent or caregiver of the child/young person
- An initial assessment will be completed prior to a client being accepted into the service
- The LTTM staff team have the final decision on accepted referrals
- Referrals may be accepted or declined and will be prioritised according to initial assessments
- The referrer/agency or family may terminate the referral at any time
- ◆ The Life To The Max office is situated at the Gonville Police Station, 2 Harper St, Whanganui.
- ◆ Contact phone 06 3448555, email office@lifetothemaxtrust.org.nz

For more information about Life To The Max see our website www.lifetothemaxtrust.org.nz

All information on this referral is strictly CONFIDENTIAL