



# Whanganui Life To The Max Trust

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P O Box 443

Whanganui 4540

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"to provide better life outcomes for children 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 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 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 _____	Referrer contact email _____
Referrer Name _____	Phone _____
Referrer Address _____	Agency (if one) _____

<b><u>REFERRED CLIENT DETAILS</u></b>	Contact email address _____
Name _____	Age _____
Address _____	Date of birth _____
Phone _____	Ethnicity _____
Male / Female _____	Iwi _____
Is referred client enrolled at school yes / no _____	Doctor _____
School _____	Teacher _____
Currently living with _____ (if not parents) (Full name/s) _____	
Relationship to referred client _____	Date of birth _____
Other people living in home _____	

<b><u>Family Information</u></b>		
Mothers name _____	Date of birth _____	
Address _____	Phone (home) _____	
	(work) _____	
Occupation _____	Email _____	
Fathers name _____	Date of birth _____	
Address _____	Phone (home) _____	
	(work) _____	
Occupation _____	Email _____	
Siblings name _____	Date of birth _____	Age _____
name _____	Date of birth _____	Age _____
name _____	Date of birth _____	Age _____
name _____	Date of birth _____	Age _____

I, (parent/caregiver) \_\_\_\_\_ give consent for this referral to be made to 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

<input type="checkbox"/>

- 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 briefly \_\_\_\_\_

## Education

<input type="checkbox"/>

- 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

<input type="checkbox"/>

- 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 briefly \_\_\_\_\_

## Identity

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

- 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 explain briefly \_\_\_\_\_

## Health

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

- Signs of substance abuse (eg alcohol, glue, cannabis)
- Signs of poor health or developmental problems
- Signs of self harm/suicidal ideation or depression
- Other \_\_\_\_\_

Please explain briefly \_\_\_\_\_

## Home

<input type="checkbox"/>

- 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
- Parents find it difficult to communicate with child/young person
- 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 briefly \_\_\_\_\_

# REASONS FOR REFERRAL (continued)

## Neighbourhood


- Lives in a neighbourhood with high unemployment/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
- MICAMHAS
- Work & Income NZ
- Ministry of Education
- Resource Teachers Learning & Behaviour
- Counselling Services
- 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 to the service:


- ◆ All referrals are to use this referral form only and return it to: P O Box 443, Whanganui 4540 or be scanned and returned by email to: [office@lifetothemaxtrust.org.nz](mailto:office@lifetothemaxtrust.org.nz)
- ◆ 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](mailto:office@lifetothemaxtrust.org.nz)

For more information about Life To The Max see our website [www.lifetothemaxtrust.org.nz](http://www.lifetothemaxtrust.org.nz)

**All information on this referral is strictly CONFIDENTIAL**