

Referring Agency: Date:

Referrer's Name: Signature:

Contact details:

Needs assessment report completed by:

Date of Assessment:

Current Needs Assessment Attached: yes no

Prospective clients to complete:

I am aware of and agree with referral

Client signature

A referral does not constitute acceptance into Pact services. You will be contacted with a response from Pact.

Please note: all referrals lapse after one year from date of referral and a new referral is needed for support to continue

Please mail or deliver this referral to:

Pact Southland
 Southland Centre Manager - Sunil Castilino
 PO Box 280 / 15 The Crescent
 INVERCARGILL

Phone 03 2112850 or 0272750333

Fax 03 218 1025