



CLIENT REFERRAL FORM

Here at Connected Eastern Southland we provide space for a number of community organisations working locally. We also have a range of social and community services managed onsite. Please use this form to refer a client to one or more of the services below. Complete the relevant sections of this form and email it to <u>referrals@cnt.org.nz</u>. Please note; the client care team may discuss this referral to ensure the whanau/young person receive the best service for their current needs. **"Right Service, Right Time"**

Service	Description of Service	Service Required
Strengthening Families Coordinator	For whanau needing support and coordination while working with multiple agencies	
Whanau Navigators	Whanau support service, goal setting, pathway planning, advocacy, mentoring, linking with services	
Youth Workers	 Supporting young people aged 5-24yrs and their whanau to achieve positive outcomes. Education, training, goal setting and pathway support available 16-24 year olds 	
Ready for Living Coordinator	Information, advice and referrals for over 55yrs	
Community Connector	 Assistance and Support for anyone including: Completing and understanding forms and documents Booking and attending appointments Connecting to the right services Information and advice Covid-19 assistance and support for those impacted by Covid-19 	

SECTION 1 Referrer Details

Date of referral:	1	1

Referred by:

Phone:

Agency/service:

Email:

Signature/eSignature

Community Networking Trust 1 Charlton Lane Gore 9710 03 2088480 referrals@cnt.org.nz

SECTION 2 Client Details

Name:	Age:	
Date of Birth:	Gender:	
Address:		
Ethnicity:	lwi:	
Phone Number:	Email address:	
Name of current school:		
If young person is 16 or under:		
Parent/Caregiver:	Relationship to young person:	
Address:	Phone Number:	
HAVE THE WHANAU AND/OR YOUNG PERSON GIVEN CONSENT FOR THIS REFERRAL TO BE MADE? YES / NO		

SECTION 3 Reasons for referring

What other agencies are working with this individual/whanau?

Current Situation





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