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| **Wāhitau īmēra:** referral@tearawawhanauora ora.org.nz | **Tau waea:** 0800 004 554 |
| **Wāhi mahi tahi:** Level 1, 1231 Haupapa Street, Rotorua | **Wāhi mahi rua:** Ground floor, 1281 Haupapa Street |
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| **Date:** | dd / mm / yyyy | **Has the whānau consented to this referral?** | ❒ YES | ❒ NO |
|  |
| **Whānau Details** |
| **Full name:** |  | **Preferred Name:** |  |
| **Address:** |  | **Suburb / Town:** |  |
| **D.O.B:** |  | **NHI:** |  | **Gender:** |  |
| **Phone 1:** |  | **Phone 2:** |  |
| **Ethnicity:** |  | **Iwi:** |  |
| **Hapū:** |  | **Medical Centre:** |  |
| **Is language or Literacy Support Needed?** | ❒ YES | ❒ NO | **Preferred Language:** |  |
| **Currently Employed or in Education?** | ❒ YES | ❒ NO | **Best Time to Call:** |  |
| **Alternative Contact** |
| **Name:** |  | **Relationship:** |  |
| **Phone:** |  | **Phone:** |  |
| **Whānau Expecting a Pēpī** *(if the referral is for hapūtanga support)* |
| **Due date:** |  | **Midwife:** |  |
| **Tamariki Details** *(if the referral is for a Tamariki)* |
| **Full name:** |  | **Gender:** |  |
| **DOB:** |  | **Ethnicity:** |  |
| **Number of Other Tamariki:** |  |
| **Safety Concerns** |
| ***Are there any safety risks for the kaimahi visiting the whare? e.g., dogs*** |
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| **Immediate Needs** |
| ***Please briefly describe what support is required:*** |
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***Please continue over the page***

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| **Please tick the service/s required below:*****If you do not know what service to refer to that is ok, we will connect the whānau to the most suitable service/s based on the information provided in the immediate needs section.*** |
| **Manu Tāpiki** | Logo  Description automatically generated |  | **Te Iwaiwa – Pua Wānanga** |  |
| **Health Coaching**Supporting whānau to gain the knowledge, skills, tools, and confidence to take an active part in their health journey to achieve their wellbeing goals. Health needs may include but are not limited to mental health, addictions, long-term conditions, nutrition, physical activity, pain management, health literacy, pregnancy, stopping smoking. | ❒ |  | **Te Iwaiwa - Pua** **Wānanga**Hapū Wānanga for māmā, pāpā and whānau expecting a pēpī during any stage of hapūtanga | ❒ |
| **Hāpai Huānga** |  |
| **Kaupapa Māori Primary Mental Health and Addiction Service** (Grounded on kaupapa Māori principles and practices, strong in Te Reo Māori, skilled in tikanga and steeped in Mātauranga Māori, this service offers): |  | **Hāpai Huānga**Support for offenders involved in family harm to empower them to make positive changes with a strong focus on cultural identity and Te Ao Māori. | ❒ |
| **One to one and whānau** **support** to improve the wellbeing of people experiencing distress or mental health or addiction challenges. | ❒ | **Te Arawa Whānau Ora** | **Text  Description automatically generated** |
| **Ngā Kaihautū** is a ten-week journey of healing, self-discovery, and growth for Tāne that aims to connect them back to their Māoritanga through a variety of activities. | ❒ |
| **Whānau Ora Paeārahi** Walk alongside whānau to move beyond crisis to realise their potential and support them to identify and achieve their aspirations. Paeārahi will support whānau to develop a whānau plan and provide navigation to services that can support this journey. | ❒ |
| **Mango Tū** is a twelve-week group programme forRangatahi that aims to enhance their strengths to prepare them for aspirational futures through a variety of engaging activities and experiences. | ❒ |
| **Te puna o Aewa** Rongoā services providea range of traditional and contemporary healing practices to enhance health and wellbeing. | ❒ | **Breast and Cervical Screening**Provide information about the breast and cervical screening programmes, and support services to book and attend appointments | ❒ |
| **Emergency Housing Navigation**Support for whānau in emergency housing to find sustainable housing options while addressing the challenges that impact on their wellbeing. | ❒ | **Tamariki Coordination Service**Coordination of a multi-agency approach to develop one shared plan that builds on whānau needs and aspirations with a focus on Tamariki wellbeing | ❒ |
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| **Referrer details** (if applicable)Please complete all fields. Your referral will be acknowledged via email. |
| **Full name:** |  | **Organisation:** |  |
| **Phone:** |  | **Email:** |  |
| Your request for support will be processed within 24 hours and we aim to make contact with you between 1 – 3 days. If your contact details change or you would like to speak with us earlier, please get in contact with us. |