

Please contact jigsaw whanganui if you have any questions while completing this form – see contact details at bottom of page.

Request for Service



Date: Family or Whānau Name/s:

Address:

Telephone:..... Mobile:

Email:..... Ethnicity (Iwi/Hapu):

Parent/s/Caregiver/s Name/s	M/F	DOB	NHI (if known)	Work/Training/Benefit
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Children/Young Person/s Name/s	M/F	DOB	NHI (if known)	Early Childhood/School/Teacher
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.....				

This request for service is made by:

Name:

Relationship with family or whānau:

Address:

Telephone: Mobile:

Email:.....

Does the family or whānau agree to have a first meeting with *jigsaw whanganui* ? YES NO

Does the family or whānau agree to you providing information about them to *jigsaw whanganui* ? YES NO

FAMILY OR WHĀNAU'S OWN ASSESSMENT OF THEIR NEEDS

This page is to be completed by the family seeking our services

Our team at jigsaw whanganui assist whānau and families work through barriers that affect the ability for their children to thrive. To assist us decide how best jigsaw whanganui, or another service, can assist you and your family, please tick (✓) the appropriate box for each statement. All responses will be treated respectfully and in confidence. Feel free to write a comment in the space below each statement.

	NOT AT ALL	ONLY A LITTLE	QUITE A LOT	A GREAT DEAL
<p>Our family has undergone major changes over the past 12 months e.g. relationship breakdown, moving home, new children entering the family. Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Our home is not functioning well and we have difficulties getting adequate support and resources (money, housing, food and support networks) to manage. Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>People have raised concerns regarding our children's safety. Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Child, Youth and Family are/ have been involved with our family. Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Over the past few years member/s of our family have been in trouble with the Police. Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>People in our family are presently being subjected to abuse and/or violence; children are hearing and witnessing violence. Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>An adult in our family has experienced abuse and or violence in their childhood. Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>The child/ren have been diagnosed with serious developmental or learning needs e.g. FAS, ADD, ASD. Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Someone in our family has a chronic illness and/or disability. Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Our family/household is affected by the use of alcohol and/or drugs. Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>The children's behaviour is out of control. Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What are the concerns around which the family is seeking assistance of *jigsaw whanganui* ?

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How has the family (and others) already tried to deal with these concerns?

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What support is your service (and other services) providing to the family?

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What are the family's strengths and resources?

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What would the family like to be different by engaging with *jigsaw whanganui* ?

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Thank you for giving us this information. We will be in contact with you within 7 days.