



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

Request for Service

Date:

Children/Young Persons/ please tick the child or children that you have concerns about, if applicable

Names	M/F/GD (Male/Female/Gender Diverse)	DOB	ETHNICITY IWI	SCHOOL/ECE NAME
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Parents/Caregivers Names	M/F/GD (Male/Female/Gender Diverse)	DOB	ETHNICITY IWI	RELATIONSHIP TO CHILD/REN
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Address:

Phone:

Email:

This request for service is a self-referral? YES - If YES, how did you hear about jigsaw whanganui?

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NO - please complete referrer details below:

Name: Organisation.....

Relationship with family or whānau:

Ph 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

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

suite 10, 236 victoria avenue po box 4295, whanganui 4541, new zealand

p: +64 (0)6 345 1636 e: admin@jigsawwhanganui.org.nz www.jigsawwhanganui.org.nz

FAMILY OR WHĀNAU CONCERNS

To be completed at referral and in first meeting with them. Our team at jigsaw whanganui assist whānau and families to work through barriers, assisting their children to thrive. To assist us to 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.</p> <p>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.</p> <p>Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>People have raised concerns regarding our children's safety. Child, Youth and Family are/ have been involved with our family.</p> <p>Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Members of our family are facing police and or court proceedings -criminal, family, civil</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>We are very concerned about our child/ren's education and learning</p> <p>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.</p> <p>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 (including tobacco)</p> <p>Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>We are facing difficulties with work, un/employment or training</p> <p>Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>The children's behaviour is out of control.</p> <p>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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Is there anything else you would like to tell us?

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Documents attached:

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