

Please contact Jigsaw Whanganui if you have any questions while completing this form – see contact details at end of form.

Request for Service



Date _____

Children/Young Person/s Under 18 Names

Please tick the child or children that you have concerns about if applicable.

M/F/GD

Dob

Ethnicity

School/ECE

Male/Female/Gender Diverse

IWI

NAME

Parent/Caregiver/Adult Names

M/F/GD

Dob

Ethnicity

Relationship To Children *If Applicable*

Male/Female/Gender Diverse

Iwi

Address _____

Phone _____

Email _____

Is this a self-referral? YES - If YES, how did you hear about Jigsaw Whanganui?

NO please complete referrer details below if you are making a referral on behalf of someone:

Name _____

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

IDENTIFYING CONCERNS



To be completed at referral or if self-referring in first meeting with Jigsaw.

Our team at Jigsaw Whanganui assist people, whānau and families to work through barriers and achieve their goals.

To assist us to decide how best Jigsaw Whanganui, or another service, can assist you and/or 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. Oranga Tamariki 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 – if yes, please state type of charges.</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>I/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/household has a chronic illness and/or disability.</p> <p>Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>My/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 you/your family or whānau is seeking assistance of Jigsaw Whanganui?

How have you/your family or whānau (and others) already tried to deal with these concerns?

What support are other services providing? (name the services)

What are you/your family's/whānau strengths and resources?

What would you/your family or whānau like to be different by engaging with Jigsaw Whanganui?

Is there anything else you would like to tell us?

If you have attached any documents to provide further information, please list here:

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

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