



TE ORANGANUI TRUST
 133 WICKSTEED STREET,
 TERRACE HOUSE
 WHANGANUI

PHONE: 06 349 0007

Referrals@teoranganui.co.nz

KARANGA TUATAHI – REFERRAL FORM

Whānau being referred					
Name				Address	
				Phone	
DOB	/ /	Age		Ethnicity	
Gender		NHI No		Religion	
Whānau support/ primary caregiver					
Name 1				Phone no	
Address				Relationship to referral	
Name 2				Phone no	
Address				Relationship to referral	
Referral source					
Name				Service	
Phone No				Role	
Reason for referral: Please provide a brief description of whānau needs.					
Previous Registration Information					
Are you currently registered with any Te Oranganui service/s? (See over page for list of services)					
If yes, who is the kaimahi you are working with?					
Are you registered with a general practitioner / medical centre? If so which one?					
Other services/ agencies engaged with whānau					
Name/Service				Phone/ Email	
Name/Service				Phone/ Email	
Name/Service				Phone/ Email	
Name/Service				Phone/ Email	

<p>Please indicate which service you are referring to – this will enable the right service to receive this referral quickly. Please note – all our services are voluntary and require whānau consent.</p>		
<p>Te Waipuna Medical Centre <i>Health and Medical Services</i></p>		<p>Waiora Hinengaro</p>
<p>Manaaki Hauora <i>Whānau Support</i></p>		<p>Hinengaro Hauora <i>Mental health and addictions support and clinical service</i></p>
<p>Traditional Rongoā Māori <i>Traditional Rongoā Māori services</i></p>		<p>He Puna Ora <i>Pregnancy & parenting AoD support</i></p>
<p>Tairanga Ora</p>		<p>Korowaitia Te Puna Waiora <i>Kaupapa Māori mental health addictions</i></p>
<p>Mobile Health Clinics and MSD Connectors <i>Immunisations, screening, COVID vaccinations, financial assistance for COVID</i></p>		<p>Te Hapainga <i>6-week alcohol and other drug education programme</i></p>
<p>Te Taihāhā</p>		<p>Te Whare Mahana <i>Residential & alcohol and other drug respite, step up, step down</i></p>
<p>Home Care Services U65 <i>Personal Cares & Household Management</i></p>		<p>Whakahaumanu Mana Tane <i>Aftercare and alcohol and other drug support</i></p>
<p>Home Based Supports Over 65 <i>Personal cares & household management</i></p>		<p>Rangatahi/Tamariki <i>Supporting rangatahi with mental health</i></p>
<p>Supported Independent Living U65 <i>Home and community support</i></p>		<p>Day Activities <i>Monday to Friday day activities</i></p>
<p>Residential Services U65 <i>Residential</i></p>		<p>Toiora Whānau</p>
<p>Long Term Supports <i>Long term supports and chronic health conditions</i></p>		<p>Whānau Ora <i>Supporting whānau achieve their aspirations and self-manage their health and wellbeing – City, Whanganui Awa & Nga Rauru</i></p>
<p>Vocations Program <i>Day program for participants with disabilities</i></p>		<p>Whānau Kaiārahi <i>Supporting whānau achieve their dreams and aspirations</i></p>
<p>Te Puawai Whānau</p>		<p>Youth Justice <i>Youth Justice Coordinator</i></p>
<p>Well Child - Tamariki Ora <i>Child health & dev. 0 – 5yrs</i></p>		<p>Koea Girls <i>Girls health & wellbeing 10-14yrs</i></p>
<p>Family Start <i>Parenting program for pepi 0-3yrs</i></p>		<p>Whakatapuranga <i>Boys health & wellbeing 12-15yrs</i></p>
<p>Hearing & Vision <i>Regular Checks in Kohanga</i></p>		<p>Kāinga Whānau Ora <i>Supporting whānau to achieve their dreams and aspirations who reside in social housing</i></p>
		<p>Waiora Whānau</p>
		<p>Healthy Families – Whanganui, Rangitikei, Ruapehu <i>Suicide Prevention Strategy, Rangatahi Innovations, Collective impacts</i></p>
<p>Additional Information</p>		
<p>Are there any situations relevant to the referral? e.g. young parent facing challenges, lack of positive support networks, low income, transiency, difficulty coordinating appointments, medication</p>		
<p>Current Living Situation? Are you living with other people? Are whānau in a Kāinga Ora home? Are whānau in transitional housing?</p>		
<p>Have you gained whānau consent?</p>		<p>Yes / No</p>

- I/ We consent to have a Te Oranganui Trust representative to make contact and answer questions about Te Oranganui Services.
- I understand that my information and details are strictly confidential and that I am not obliged to enrol with the organisation.

Whānau signature: _____ **Date:** _____