Logo, company name

Description automatically generated**Whānau Support Services Intake Form**

Date: ………………………………………… Have you accessed any of our service before? Yes/No

Are you a current client of Cambridge Community House? Yes/No

**CLIENT DETAILS**

Title: …………... Name: …………………………………………………. Preferred name: ……………………………

Date of Birth: ……………………………. Age: ………. Gender:(please name) ……………………………….

Address: ………………………….………….…………………………………………………………………………………

Can we send mail to this address? Yes/No

Telephone: …………………................................. Mobile: ……………………………………….

Can we leave a message on this number? Yes/No Can we text you on this number? Yes/No

Email: …………………………………………………………………. (optional)

Please indicate by circling your residency status:

NZ Citizen NZ Resident Other (if other please explain) ………………………………….

Which Ethnic group or Nationality do you most closely identify with?

Tick as many as applicable:

Māori **q** Iwi: …………………………………….…………………………………………….

NZ Pakeha/European **q**

Pacific **** (Please specify) .................................................................

Asian **q** (Please specify) …………...………………………….…………………

European **q** (Please specify) ………...………………………….…………………

OtherEthnicity **q** (Please Specify) ……….………………………….………………….

Is there an alternative person we can contact on your behalf or in case of an emergency? Yes/No

Name: ……………………….…………. Relationship: …………………………… Phone no: …………………….

State name and title of the person completing this form if being done on someone else’s behalf…………………

If you are completing this form for someone else on their behalf, have they consented to this referral: Yes/No

**PARTNER (optional)**

Title: …………... Name: ……………………………………………. Preferred name: …………………………….

Date of Birth: …………………. or Age: ……………

How did you hear about our service? …………………………………………………………………………………..

(e.g. Doctor, Friend, Family, Self, other service/agency)

Do you have any specific support needs? E.g., hearing, visual, mobility, literacy, other? Yes/No

If yes, please explain.………… ……………………………………………………………………………………………….

Do you hold a current Community Services Card? Yes/No Card No….…………………………………

Are you currently enrolled with another agency or service? Yes/No: …………………………….…………………….……………………………………………………………………………….

(E.g., CADS, Mental Health, ICAMHs, Financial Mentor, Oranga Tamariki, Probation, Diversion, Employment support ie. Workwise

**Please indicate which best describes your reasons for contacting us – short description of current needs or situation.**

**Tick as many areas as applicable that indicate what areas you need support at present. We may be able to assist you directly or refer you to an appropriate service.**

Accommodation q Employment Support q

Advocacy ie. WINZ q General Support/Information q

Resources q Parenting Support q

Education q Other (Please state) q

Literacy (reading/writing) q Support q

Advocacy (with W&I, ACC etc) q Other q

**Do you have any children under the age of 18? If so, please give details below.**

|  |  |  |  |
| --- | --- | --- | --- |
| Dependant | Gender | Age | Extra Information.  (If services are required for any of the children, please complete a separate form) |
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**In completing this form, you are requesting assistance from our agency.**

**For our records we will add your details to our internal database for statistical purposes and to contact you for an appointment. (This is a fully funded service)**

We look forward to offering you an appointment as soon as possible. Should you need to cancel your appointment please give us as much notice as you can. If you miss repeated appointment’s, we may need to close your referral.

We reserve the right to turn away people who are abusive toward staff,

or others at our services or appear to be unduly under the influence of alcohol or drugs at the time of their appointment.