**LYNKZ** Referral Form

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency/ Person Making Referral** |  | **Date** |  |
| **Relationship to Client** |  |
| **Postal Address** |  |
| **Contact Phone Number** |  | **Email:** |  |
| **Details of Person Being Referred** |
| **First Name** |  | **Surname** |  |
| **Date of Birth** |  | **Gender** | **Male** | **Female** | **Other** |
| **Preferred Contact Name***(person LYNKZ contacts if not the client)* |  | **Phone** |  |
| **Email** |  |
| **SWN Number:**  | *Work and Income Number (9 digits)* |
| **Postal Address** |  | **Phone** |  |
| **Mobile** |  |
| **Contact Details if person has power of attorney over them** |
| **First Name** |  | **Surname** |  |
| **Date of Birth** |  | **Relationship to Client** |  |
| **Postal Address** *if different from Client* |  | **Phone** |  |
| **Mobile** |  |
| **Please answer the following questions? Is the participant:** |
| Currently living in New Zealand? | Yes 🞎 | No 🞎 |
| A NZ citizen or permanent resident, or hold an appropriate open work permit, or a person recognised as a refugee or protected person? | Yes 🞎 | No 🞎 |
| Aged 16 to 64 inclusive or over 65 and not qualified to receive a NZ Superannuation? | Yes 🞎 | No 🞎 |
| Has a disability, impairments or health condition that is/are likely to continue for a minimum of six months, and present a barrier to participation and inclusion | Yes 🞎 | No 🞎 |
| What is the primary diagnosis of the participant? |
| Is there a secondary diagnosis? |
| Do they Require support to address this barrier, or require assistance in addition to that provided by the Ministry’s mainstream services. This support or assistance may be ongoing.  | Yes 🞎 | No 🞎 |
| Are their support hours allocated for vocational attendance**?** | Yes 🞎 | No 🞎 |
| If Yes, please provide details |  |
| Have they been convicted of any crimes? | Yes 🞎 | No 🞎 |
| If Yes, please provide details |  |
| Is there any other behavioural issues to note? | Yes 🞎 | No 🞎 |
| If Yes, please provide details |  |
| Does the client have any: |
| Strong Likes | Strong Dislikes |
|  |  |
|  |  |
|  |  |

Signed:

Date:

***Please note: LYNKZ reserves the right to determine whether a client is independent or requires a support worker in order to access LYNKZ services. If LYNKZ facilitators come to the conclusion that a client who has joined as independent in fact is in need of a support worker, we will notify the client and their guardian.***