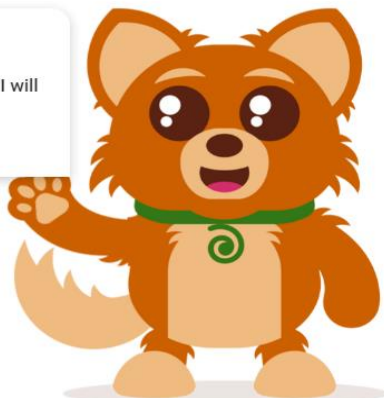


# Kirikiroa Family Services Trust (KFST) Referral Form



**Nau mai haere mai,**

Kia ora, ko wherea toku igoa and I will be here to awahi you through your referral.



Tell us about **yourself**

Name\*

Role\*

Email for confirmation\*

Mobile\*

Tell us about the **hapū māmā, tamariki** or **rangatahi**

Name of caregiver\*

Email\*

Mobile\*

Address for visit\*

Name of tamariki / rangatahi\*

Date of Birth of tamariki / rangatahi \*

## Additional Tamariki/Child

Name of tamariki / rangatahi

Date of Birth of tamariki / rangatahi

Name of tamariki / rangatahi

Date of Birth of tamariki / rangatahi

Name of tamariki / rangatahi

Date of Birth of tamariki / rangatahi

How can we [help](#)?

- ☐ **Hauora**  
(Mental health, Addictions, Disability, Self-Harm, Behavioural, Trauma)
- ☐ **Social**  
(Housing, Family Harm, Identity - Rainbow, limited supports)
- ☐ **Cultural**  
(Connection to Identity, whānau, whakapapa, whenua, te Ao Maori)
- ☐ **Care and Protection**  
(Neglect, Abuse – Physical, Mental, Emotional, Sexual; Harm; Safety)
- ☐ **Education**  
(Early Childhood support, alternative, school engagement)
- ☐ **Justice**  
(youth justice, Police involvement)
- ☐ **Referral support for the whānau**
- ☐ **Parenting Support**  
(Gang Affiliation, Support, Young Parents, Shared, Relationship Breakdown, Unemployment, Financial)

Tell Us More

**Nga mihi,**

By completing this form, you give us the consent to make contact with you. We know how valuable your information and appreciate the time you have taken to complete it.

All the information you've provided will be held in strict confidence by KFST, and it will be utilized solely for the purpose of providing you with the appropriate support.