

Caroline Reid Family Support Service Referral Form

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Christchurch
Ph 338 6390

Referrals to: Aland Fish
ph. 027 471 4425
crfsreferrals@stepstone.org.nz

Caroline Reid Family Support Service supports children who live in families in which parental mental illness is adversely affecting the child(ren). Intake is for children aged 7-16 years. Intake for the long term service is for children aged 7-11 years.

Referred by: _____ Referral Date: _____
 Agency: _____
 Phone: _____ Email: _____
 Address: _____

REFERRAL CRITERIA (*mandatory)	TICK	COMMENTS:
* One parent with diagnosed mental illness		
Two parents with diagnosed mental illness		
* Parental mental illness chronic and/or complex		
Sibling with mental illness		
* Child adversely affected by parental mental illness		
* Child does not have a mental illness		
Poor parenting performance		
Disturbed parent/child bond		
Family lacks supports		
Financial difficulties in family		
Significant family stress		
Child has behaviour problems		
Child has anxiety symptoms		
Child is bullied at school		
Child has learning difficulties		
Child struggles to socialise with peers		
CYFS involvement		
Alcohol and other drug issues in family		

Referral for:

Child Client Name: _____ NHI: _____
 Ethnicity/Iwi: _____ Gender: _____
 Address: _____ School Year: _____
 _____ DOB: _____
 School: _____ Teacher: _____
 Phone Numbers: _____

Legal Guardians: _____

Mother: _____ NHI: _____
 Address: _____ Ethnicity/Iwi: _____
 _____ DOB: _____
 Phone Numbers: _____

Father: _____ **NHI:** _____
Address: _____ **Ethnicity/Iwi:** _____
 _____ **DOB:** _____
Phone Numbers: _____

Other Siblings/Children:

<u>Children:</u>	<u>DOB:</u>	<u>M/F:</u>	<u>Ethnicity/Iwi:</u>	<u>Reside with:</u>

Details re parental diagnoses:

Presenting Issues for Child:

Medical Issues/Allergies for Child:

Presenting Issues for Parents/family:

Safety issues (e.g. criminal justice involvement; history of illegal/unsafe activities; inappropriate sexual behaviour; aggression; dog on property):

What type of Service do you feel is needed?	Tick one only
3month intensive intervention with child/ren and family which includes the Children Understanding Mental Illness (CUMI) programme, Parent Group, family care plan facilitation, liaison with other services, and established referrals to other services.	
Long term intervention with child/ren and family which includes the above, but also with a particular focus on development of mentoring relationships with the child and parents/family members, and provision of regular recreation activities in which the child/ren meets and gets to know other children from similar situations.	

Agencies Involved with Child:

GP: _____
 Contact Person: _____
 Email: _____

Phone No: _____
 Cell: _____
 Fax: _____

Agency: _____
 Contact Person: _____
 Email: _____

Phone No: _____
 Cell: _____
 Fax: _____

Agency: _____
 Contact Person: _____
 Email: _____

Phone No: _____
 Cell: _____
 Fax: _____

Agencies Involved with Parents/Family:

Case Manager: _____
 Location: _____
 Email: _____
 Psychiatrist: _____

Phone No: _____
 Cell: _____
 Fax: _____

GP: _____
 Practice Name: _____
 Practice Nurse: _____

Phone No: _____
 Cell: _____
 Fax: _____

CSW: _____
 Location: _____
 Email: _____
 Needs Assessor: _____

Phone No: _____
 Cell: _____
 Fax: _____
 Location: _____

Agency: _____
 Location: _____
 Email: _____

Phone No: _____
 Cell: _____
 Fax: _____

Agency: _____
 Contact Person: _____
 Email: _____

Phone No: _____
 Cell: _____
 Fax: _____