

PILLARS REFERRAL FORM

Family Wraparound Service

Referrals are accepted for children and their parent / caregivers living in South Auckland and Christchurch

Please fill out as much of the form as you can then:

Email referral to Pillars reception at reception@pillars.org.nz or

Post referral to Pillars, PO Box 7631, Sydenham, Christchurch, 8240

Note: all referrals are to initially be directed to Christchurch.

Referrals for Family Wraparound Service which includes Family / Whanau Support Service and Mentoring Programme for children of prisoners must meet the following criteria:

- Children who have a parent who is currently serving a custodial sentence
- Caregivers who have children or young people in their care who have a parent serving a custodial sentence

Date:

Name of referrer:

Type of referral:

- Self-referral
- Serco
- Corrections
- Ministry of Social Development including CYF
- Children's Action Team
- Professional referral
- Other

If from an organisation:

Agency Name:

Position:

Referrer's contact number:

Email:

Reason for the referral:

- High risk behaviours
- Grief and loss
- Family members re-integrating back into the community

- Social isolation
- Low family resiliency

- Information on Courts and Prison Systems
- Accommodation.
- Finance.
- Children's health needs
- Children's education, training and vocation.
- Parenting.
- Community Engagement
- Pillars Mentoring Programme
- Pillars Support Group

Please provide a brief overview of the family situation:

Family strengths:

Parent/Caregiver information:

Name: _____ Known as: _____

Home address:

Male Female Phone (home): _____ (mobile): _____

Email:

Ethnicity:

- Maori Iwi:
- European/Pakeha
- Pacific Island
- Other:

Caregiver's relationship to children:

Prisoner information (if known):

Name of prisoner: _____ Prison: _____

Date of arrest: _____ First time in prison: _____ (Yes/No)

Length of sentence: _____ Release date: _____

Prisoner's relationship to child: _____ Prisoners relationship to caregiver: _____

Children being referred

Name	Male/ Female	Ethnicity / Iwi	DOB	Living with *P/C Yes/No	School

*P/C – Parent / Caregiver

Are there any concerns for the children's safety, if so what are they:

Other known agencies involved with family:

Name of Agency	Contact Person	Contact Number

Has the Parent/caregiver consented to this referral?

Yes No