

# PILLARS REFERRAL FORM

## Family Wraparound Service

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

Email referral to Pillars reception at [reception@pillars.org.nz](mailto:reception@pillars.org.nz)

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 or a close family member serving a custodial sentence.

<b>Date:</b>	
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**Referrer Details:**

Name:	
Agency:	
Position:	
Referrer's Contact Number:	
Email:	

**Caregiver information:**

Name:	
Home Address:	
Phone Number:	
E-Mail:	

**Details of Child/Children being referred:**

<b>Name:</b>	<b>Age/DoB:</b>	<b>School Attended:</b>

**Maximum is 4 children per household**

**Parent Details:**

Mother's Name:		Address		DOB	
Father's Name:		Address		DOB	

**Whanau member(s) in prison:**

Name:	
Relationship to Child/Children:	
Length of Sentence:	
Name:	
Relationship to Child/Children:	
Length of Sentence:	

**Other whanau members living at same address as child/children:**

Name:	Relationship to Child/Children:

**Any current legal orders relating to child/children:**

Order:	Details/Notes:

**Reason for the referral:**

	High Risk Behaviours
	Grief and Loss
	Family members re-integrating back into community
	Social Isolation
	Low family resilience
	Other

	Information on Courts and Prison System
	Accommodation
	Finance
	Children's Health Needs
	Children's education, training and vocation
	Parenting
	Community Engagement
	Pillars Mentoring Programme

**Overview of Family Situation:**

Please provide an overview of the family background, reasons for referral, current concerns and outstanding issues:

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**Family strengths:**


**Safety Concerns:**

Please provide details of any current safety concerns for the child/children:

**Other agencies involved with family:**

Name of Agency:	Contact Person:	Contact Number:

**Parent/Caregiver Consent:**

Has the Parent/Caregiver consented to this application?

Yes       No

