

# 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 enquiries@pillars.org.nz

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 significant whanau member currently serving a custodial sentence
- Those who have a whanau member referred on the MHFWS
- Those who are caring for a child 0-18 effected by the imprisonment of a whanau member

|              |  |
|--------------|--|
| <b>Date:</b> |  |
|--------------|--|

**Referrer details:**

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

**Caregiver information:**

|               |  |            |  |
|---------------|--|------------|--|
| Name:         |  |            |  |
| Home Address: |  |            |  |
| Phone Number: |  | Ethnicity: |  |
| Email:        |  |            |  |

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

| Name: | DOB: | Sex | Ethnicity/Iwi | School Attended |
|-------|------|-----|---------------|-----------------|
|       |      |     |               |                 |
|       |      |     |               |                 |
|       |      |     |               |                 |
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|       |      |     |               |                 |

**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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