

PILLARS REFERRAL FORM

Whanau Wraparound Service

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

Email referral to: elle.mcewan@pillars.org.nz

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

- Children aged 0-18 years who have a whanau member who is currently serving a custodial sentence.
- Caregivers who have children or young people in their care who have a parent or a close whanau member serving a custodial sentence.

Please complete as much information as you can:

Date:	
--------------	--

Referrer Details:

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

Caregiver information:

Name:	
Home Address:	
Phone Number:	
Email:	

Details of Child/Children being referred:

Name:	DoB:	Gender	Ethnicity/Iwi	School Attending

Parent/s Details: (if different from caregiver)

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

Whanau member/s in prison:

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

Other whanau members living at the same address as child/ren:

Name:	Relationship to child

Any current legal orders relating to child/ren:

Order:	Details/Notes:

Reason for the referral:

Children's Health Needs
Children's education, training, and vocation
Grief and loss
High Risk behaviors
Community engagement
Pillars Mentoring Programme
Accommodation

Information on Courts and Prison system
Parenting
Social Isolation
Low family resilience
Whanau members re-integrating back into community
Budgeting
Other

Overview of Whanau Situation:

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

.

Family strengths:

Safety Concerns:

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

Any safety concerns;

Any other relevant information:

Other agencies involved with whanau:

Name of Agency:	Contact Person:	Contact Number:
N/A		

Parent/Caregiver Consent:

Has the Parent/Caregiver consented to this application?

Yes No