



CFSS Client Number #	
Date CFSS Received Ref	
Date Database Entry	

Telephone/Fax: (07) 856-3760

SUPERVISED CONTACT REFERRAL FORM

Method of Payment (please tick)

Service Units

Fee for Service

Has the family consented to being referred for supervised contact?

Yes

No

REFERRAL DETAILS

Name:		Surname	
Role		Signature	
Agency:		Oranga Tamariki Site (Please circle one if applicable)	Hamilton North Hamilton South Waikato Rural South Waikato Rural North Waikato East Waikato West
Phone No:			
Email Address:			
Date:			
Supervisors Name:		Contact Details	
Supervisors Signature			

PARENT(S) NAME

	Parent 1	Parent 2
Full Name:		
Address:		
Ethnicity:		
Iwi:		
Date of Birth:		
Home Phone:		
Mobile Phone:		
Marital Status: (Circle one)	Single: De Facto: Married: Other	Single: De Facto: Married: Other
Mental Health/ Drug and Alcohol Issues:		

CHILD/REN NAMES

Name(s)	Ethnicity	Date of Birth	Age	Gender

CAREGIVER/S DETAILS CONFIDENTIAL

Name and Surname:			
Phone:		Mobile:	
Address:			

APPROVED PERSONS (Contact Sessions)

NAME	RELATIONSHIP TO CHILD/REN	IDENTIFICATION

LEGAL HISTORY

How long has Oranga Tamariki involved with the Whanau/Family (Years, Months, days):	
Name of Counsel for Child:	Contact number for C4C:
What criminal charges are pending (if any):	
Court Orders (please attach any orders):	
Does plan for child include return to parent's care:	

NUMBER OF CONTACT SESSIONS

How many visits requested:	
Number of hours per visit (every hour of contact is worth two service units):	
Frequency of contact:	
Assessment time with visiting parent(s), caregiver and children (3-4 hours):	
Admin time @15 minutes per session:	
Total service units requested (including assessment/ admin):	

PERMISSIONS GRANTS (Please Circle Yes or No)

Food	Yes	No
Photos to be taken during contact	Yes	No
Video to be taken during contact	Yes	No
Gifts during contact	Yes	No
Comments:		

PARENT/S CAPACITY AND CAPABILITY (Parent's ability to manage the children, and what is level of attachment)

CHILD/REN BACKGROUND INFORMATION (Including why the child/ren in care, and what are the concerns)

Child/ren Developmental / Behavioral Issues (Please outline below)

Special Needs of Children (Including allergies, health problems etc.)

LEVEL OF RISK (please circle)

High

Medium

Low

Identify the potential risks

Please identify risks to staff (if any) during contact:

Risks to child (including but not limited to: violence, verbal, emotional, sexual, kidnapping, etc.)

EXPECTED OUTCOMES (please also include any Cultural Practices to be observed during contact)

1.	
2.	
3.	
4.	
5.	

Review date:

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