



Whanganui Life To The Max Trust

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P O Box 443

Whanganui 4540

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"to provide better life outcomes for children/young people and their whanau/families"

REFERRAL FORM

(Office use) Date referral received _____

Life To The Max is a programme in partnership with government agencies and the community that seeks to offer a process that will provide family tailored programmes for children/young people and their whanau/families. These programmes will enable them to achieve better life and educational outcomes in order to reduce the likelihood of possible future or repeat offending in the Whanganui Community. LTTM identifies and assesses the needs of the children and young people who present high risk factors, which will help produce positive life skills, choices and outcomes for the whanau/family.

REFERRAL CRITERIA

THE CHILD OR YOUNG PERSON REFERRED SHOULD IDEALLY BE:

- aged between 5 - 13 years
- known to Police Youth Aid **OR** have the potential to be known to Youth Aid
- high risk whanau/family

Referral Date _____	Agency (if one) _____
Referrer Name _____	Phone (direct) _____
Referrer Address _____	(cell) _____

<u>Referred Client Details</u>	
Name _____	Age _____
Address _____	Date of birth _____
Phone _____	Ethnicity _____
Male / Female _____	Iwi _____
Is referred client enrolled at school yes / no _____	Doctor _____
school _____	Teacher _____
Currently living with _____	
(if not parents) (Full name/s) _____	
Relationship to referred client _____	Date of birth _____
Other people living in home _____	

<u>Family Information</u>		
Mothers name _____	Date of birth _____	
Address _____	Phone (home) _____	
Occupation _____	(cell) _____	
Fathers name _____	(work) _____	
Address _____	Date of birth _____	
Occupation _____	Phone (home) _____	
Siblings name _____	Date of birth _____	Age _____
name _____	Date of birth _____	Age _____
name _____	Date of birth _____	Age _____
name _____	Date of birth _____	Age _____

I, (parent/caregiver) _____ give consent for this referral to be made to Life To The Max Trust. I acknowledge that this information is true and correct and that I understand the terms in which this referral has been made.

REASONS FOR REFERRAL

Please tick what best describes the reason for referral and a brief explanation under each section. If you have other concerns in these areas that are not included, please specify. Please attach any relevant documentation (school reports etc) or information to this referral.

School Attendance

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

- Frequently late for school
- Attends only 2-3 days on average
- Chronic truant
- Parents keep child at home to mind other children
- Parents have difficulty getting child/young person to attend school
- Currently suspended or excluded
- Other _____

Please explain briefly _____

Education

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

- Low achievement academically
- Poor attitude to school work
- Finds it hard to pay attention/concentrate
- At school but often coming to attention
- Mixes with anti-social peers
- Is impulsive
- Is aggressive
- Is a bully
- Has few friends
- Other _____

Social presentation

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

- Anti-social behaviour/attitudes (eg offending, running away, violent)
- Difficulties with communication
- Puts other children or adults at risk from their behaviour (eg sexualised behaviour, fire lighting)
- Can't manage feelings (eg tantrums, aggressive and angry)
- Finds it difficult to make or keep friends
- Negative peer/friend influences (eg offending, truanting or gang peers)
- Has come to Police attention (eg offending, running away)
- Other _____

Please explain briefly _____

Identity

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

- Doesn't appear to feel good about self or isolates themselves from others
- Lived in a number of homes with different caregivers
- Doesn't know about cultural background - Whakapapa
- Other _____

Please explain briefly _____

Health

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

- Signs of substance abuse (eg alcohol, glue, cannabis)
- Signs of poor health or developmental problems
- Signs of self harm/suicidal ideation or depression
- Other _____

Please explain briefly _____

Home

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

- Limited parental supervision around activities and friends
- Family struggle to provide basic needs (eg adequate food, clothing, housing)
- Family involved in negative influences (eg offending, substance abuse, family violence)
- Parents find it difficult to manage the child/young person's behaviour
- No clear boundaries
- Lack of attachment to parents/caregivers
- Parents find it difficult to communicate with child/young person
- Siblings often physically fighting and arguing
- Involved in negative recreational activities (eg tagging)
- Much time is spent passively (eg watching tv or playing video games)
- Other _____

Please explain briefly _____

REASONS FOR REFERRAL (continued)

Neighbourhood

- Lives in a neighbourhood with high unemployment/poverty
- Lives in a neighbourhood that drugs/alcohol are freely available
- Lives in a neighbourhood with high crime
- Other _____

Please explain briefly _____

What other agencies are or have been involved with the family?

Child, Youth and Family	
Police Youth Aid	
Truancy Service	
Iwi Social Services	
Child Adolescent & Family Service	
Work & Income NZ	
Group Special Education	
Resource Teachers Learning & Behaviour	
Family Works	
Living Without Violence	
Alcohol & Other Drug Service	

Other (please state) _____

Please give brief description of services / agencies or resources that have been implemented or tried _____

What are your expectations of Life To The Max and what do you hope to achieve by referring this child/young person to our service:

- ◆ All referrals are to be made in writing on this referral form and returned to P O Box 443, Whanganui 4540
- ◆ All referrals MUST be signed by the parent or caregiver of the child/young person
- ◆ An initial assessment will be completed prior to a client being accepted onto the programme
- ◆ The LTTM staff team have the final decision on programme placements
- ◆ Referrals may be accepted or declined and will be prioritised according to initial assessments
- ◆ The referrer/agency or family may terminate the referral at any time
- ◆ The Life To The Max office is situated at the Gonville Police Station, 2 Harper St, Wanganui.
- ◆ Contact phone 06 3448555, fax 06 3442388, email office@lifetothemaxtrust.org.nz

For more information about Life To The Max see our website www.lifetothemaxtrust.org.nz

All information on this referral is strictly CONFIDENTIAL