



Home-based Family Support

Central Otago/Queenstown Lakes Referral Form

Date: _____ Referred by: _____

Agency/Service: _____

Phone: _____ Email: _____

Service/s Requested

Parenting Support

Family consent to referral

Worker Safety

Dog Other (Please specify) _____ Unknown

Parent/Caregiver Details

Name: _____ DOB: _____

Address: _____

Phone/Mobile: _____ Email: _____

Ethnicity/Iwi Affiliation: _____ First Language: _____

Household Composition

Adult/s (Name/s): _____ Ethnicity/Iwi: _____ M/F

_____ Ethnicity/Iwi: _____ M/F

Child (Name): _____ DOB: _____ Ethnicity/Iwi: _____ M/F

Child (Name): _____ DOB: _____ Ethnicity/Iwi: _____ M/F

Child (Name): _____ DOB: _____ Ethnicity/Iwi: _____ M/F

Child (Name): _____ DOB: _____ Ethnicity/Iwi: _____ M/F

Child (Name): _____ DOB: _____ Ethnicity/Iwi: _____ M/F



Reasons for referral:

Further comments:

Other agencies involved:

Please forward either by email to Central@FamilyCare.org.nz, or by mail to:

Vicki McDermott
Anglican Family Care
14-20 Centennial Ave
Alexandra 9320

Please feel free to phone or email to discuss this referral with us further:
Phone: 03 448 8228 (Alexandra), 03 443 6623 (Wanaka) or 0800 FAM CARE
Email: Central@FamilyCare.org.nz