



Community Connector

South Otago Referral Form

Date: _____ Referred by: _____

Agency/Service: _____

Phone: _____ Email: _____

Client Details

Name: _____ DOB: _____

Address: _____

Phone/Mobile: _____ Email: _____

Ethnicity/Iwi Affiliation: _____ First Language: _____

Individual Consent to Referral (please tick)

What are the issues that you think the Community Connector service can address?

Reasons for Referral (please tick)

- Social/ Physical Isolation
- Lack of information/ support
- Work & Income
- Financial Concerns
- Housing
- Disconnected from Community
- Transport
- Mental Health
- Family Harm
- Other (please specify)



Any safety concerns

- Domestic Violence
- Criminal Offending
- Dogs on Property
- Significant Mental Health
- Other (please specify)

Other comments:

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

South Otago Team Leader
Anglican Family Care
13 High Street
Balclutha 9230

Please feel free to phone or email to discuss this referral with us further:

Phone: (03) 418 2530 or 0800 FAM CARE Fax: (03) 418 2531

Email: CommunityConnector@FamilyCare.org.nz