

Agency Referral to Youth Service West

Thank you for referring a young person to YSW.
 (Please tick the service that would best fit your referral)

- NEET SERVICE** – FREE assistance for at-risk West Auckland young people 16-17yrs supporting them into training, education & employment.
- YP/YPP:** FREE support for young people 16 – 17 and young parents 16 – 19yrs who qualify for government financial assistance.
- Whanau Ora:** FREE support for Pasifika young people 10-18yrs and their families; working towards better outcomes in Education, Health, Economic/ financial independence, and Leadership/culture/community.
- Ka Awatea:** FREE programme designed to assist young people 15 – 20yrs who are leaving CYFs care and transitioning to independence.

Young Person /Parent/ Guardian / Significant Other

Young Person's Name _____ D.O.B _____

Phone(hm) _____ Wk/other _____

Current Activity (circle) School Training Alt Ed Employment Other _____

Name _____

Relationship to Young Person _____

Phone(hm) _____ Wk/other _____

Are family members aware of this referral? **Y / N**

Referrer Details

Name: _____ Organisation: _____

Address: _____ Phone: _____

_____ Fax/Mobile: _____

Relationship to Young Person: _____

Email: _____

Reason for Referral: *(including Court ordered, FGC recommendation, Personal Motivation. Please outline briefly what your expectation is of how we support your referral).*

<input type="checkbox"/> Poor Attendance/Truancy <input type="checkbox"/> Seeing School Counselor <input type="checkbox"/> Family/Home Situation <input type="checkbox"/> Youth Justice <input type="checkbox"/> Mental Health <input type="checkbox"/> Health Concerns <input type="checkbox"/> Social Issues/ Isolation	<input type="checkbox"/> Young Parent / Partner <input type="checkbox"/> Drugs & Alcohol <input type="checkbox"/> Literacy / Numeracy <input type="checkbox"/> Safety/Risk Issues <input type="checkbox"/> Housing <input type="checkbox"/> Employment <input type="checkbox"/> Financial Support (YP)	CYF's Involvement: Other agencies involved: _____ _____ _____
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Any other information:

Does the Young Person consent to this referral: **Y / N**

(Completed by) Signed: _____ Date: _____

Please email referral to: youthservice@youthorizons.org.nz or Fax to: (09) 835 1179
Ph: 09 8351176 or 0800WESTUP(0800 937887) www.youthorizons.org.nz