

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 and improving wellbeing.
- YP/YPP:** FREE support for young people 16–17yrs and young parents 16 –19yrs eligible for financial assistance and offering support into training, education and improving wellbeing.
- Ka Awatea:** FREE programme designed to assist young people 15 – 25yrs who are leaving Oranga Tamariki care and transitioning to adulthood.

Young Person /Parent/ Guardian / Significant Other

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

Phone(hm) _____ Mobile _____

Current Activity (circle) School Training Employment No Activity Other _____

Support Person Name _____

Relationship to Young Person _____

Phone(hm) _____ Wk/other _____

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

Referrer Details

Name: _____ Organisation: _____

Address: _____ Phone: _____

_____ 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)	Oranga Tamariki Involvement: Y / N Details: _____ 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
 Ph: 09 8351176 or 0800 WESTUP (0800 937887) www.youthorizons.org.nz