



**THE NEW ZEALAND FOUNDATION FOR
CHILD AND FAMILY HEALTH AND DEVELOPMENT**

Referral & Initial Information Forms

Please return completed forms to:

**Te Puna Whaiora Children's Health Camps
REFERRAL & INITIAL INFORMATION FORMS
Guidance for Referral Agents**

To comply with the Privacy Act 1993, the Health Information Privacy Code 1994, and the Health and Disability Commissioner Act 1994, the agent collecting the attached information, must take such steps as are, in the circumstances, reasonable to ensure that Parents/Caregivers/Clients are aware of:

1. The purposes for collection of information are:
 - a. To assist with the selection of a child to access Te Puna Whaiora services.
 - b. To plan, provide for and monitor a child's care and treatment.
 - c. For statistical purposes which do not reveal any child's identity.
2. The information is for the use of, and will be held by the New Zealand Foundation for Child and Family Health and Development at the Regional site where the referral is received.
3. Should you, as the agent, intend retaining a copy of this information, or any subsequent information received, then the Parents/Caregivers/Clients must be so advised.
4. The supply of information is completely voluntary. However, the consequence of non-supply could result in delayed access or non-entry of the child to Te Puna Whaiora services.
5. Parents/Caregivers/Clients are entitled access to, and correction of, any personal information held by Te Puna Whaiora Services.
6. Parents/Caregivers/Clients understand their rights and responsibilities.
7. Parents/Caregivers/Clients are aware of the complaints process if dissatisfied with any aspect of Te Puna Whaiora Services.
8. Parents/Caregivers/Clients are aware that completing a referral does not guarantee access to Te Puna Whaiora services. Unfortunately, we can only provide services to a limited number of children and priority for access is guided by government priorities.

NOTE: Parents/Caregivers/Clients must be given copies of the Information Sheet on the Release of Information, the Codes of Rights & Responsibilities and a copy of the Te Puna Whaiora Compliment and Complaint Process. These are attached for your convenience.

**CHECKLIST: Thank you for taking the time to provide us with this information.
Before you send the referral to us would you please ensure that:**

- | | | |
|--|-----|----|
| 1. All pages have been completed and are attached (There are 20 altogether) | YES | NO |
| 2. The intake, access criteria and family information is correct | YES | NO |
| 3. The expectations form is completed | YES | NO |
| 4. The consents form required is signed | YES | NO |
| 5. The consent form required for obtaining and releasing information is signed | YES | NO |
| 6. The Visiting/Legal information is complete | YES | NO |
| 7. Copy of any court order is attached. | YES | NO |
| 8. The commitments form is signed | YES | NO |
| 9. The medical information is complete | YES | NO |
| 10. The Community Service Card & N.H.I. number is entered | YES | NO |
| 11. The education information is complete and signed | YES | NO |
| 12. Copy of any existing IEP and any other relevant reports are attached | YES | NO |
| 13. Copy of any existing Child and Family Plan is attached | YES | NO |

**Te Puna Whaiora Children's Health Camps
REFERRAL & INITIAL INFORMATION FORMS
Initial Information**

<p>Ingoa o te tamaiti/kotiro: Male > Female > Name of child: /</p> <p style="text-align: center;">(Family Name) (First Names)</p>	<p>Whanautia/Date of birth: / /</p>																
<p>Te kainga noho / Address: </p> <p>Waia / Telephone:(home)(work) Fax number:.....</p> <p>Email:..... Please Provide an Alternate Contact: Name:..... Telephone:.....</p>	<p>Ethnicity:</p> <table style="width: 100%; border: none;"> <tr> <td>NZ Maori</td> <td>NZ European</td> </tr> <tr> <td>Indian</td> <td>Cook Is.</td> </tr> <tr> <td>Tongan</td> <td>Niuean</td> </tr> <tr> <td>Fijian</td> <td>Tokelauan</td> </tr> <tr> <td>Samoan</td> <td>Other Pacif Is</td> </tr> <tr> <td>Other Eur'pn</td> <td>Other</td> </tr> <tr> <td>Sth East Asian</td> <td>Not known</td> </tr> <tr> <td>Other Asian</td> <td>Other:</td> </tr> </table>	NZ Maori	NZ European	Indian	Cook Is.	Tongan	Niuean	Fijian	Tokelauan	Samoan	Other Pacif Is	Other Eur'pn	Other	Sth East Asian	Not known	Other Asian	Other:
NZ Maori	NZ European																
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Samoan	Other Pacif Is																
Other Eur'pn	Other																
Sth East Asian	Not known																
Other Asian	Other:																
<p>Ingoa o nga maatua tuatahi / Present caregiver(s): </p> <p>Language spoken at home:</p> <p>Interpreter or communication aide required: YES NO Not known</p>	<p>Te Hapu / Iwi: </p>																
<p>Other agencies currently involved:</p> <table style="width: 100%; border: none;"> <tr> <td>CYF</td> <td>CAF</td> </tr> <tr> <td>Family court</td> <td>RTL B</td> </tr> <tr> <td>RT(Lit)</td> <td>Truancy service</td> </tr> <tr> <td>SBI</td> <td>Public Health Nurse</td> </tr> <tr> <td>SWIS</td> <td>Other</td> </tr> <tr> <td>GP</td> <td>.....</td> </tr> </table>	CYF	CAF	Family court	RTL B	RT(Lit)	Truancy service	SBI	Public Health Nurse	SWIS	Other	GP	<p>School: </p> <p>School Phone:.....</p> <p>Ingoa o tumoaki / Teacher's name: </p>				
CYF	CAF																
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<p>Interagency/Family Collaboration:</p> <table style="width: 100%; border: none;"> <tr> <td>Strengthening Families Initiative Planned</td> <td>YES > NO ></td> </tr> <tr> <td>Strengthening Families Initiative Underway</td> <td>YES > NO ></td> </tr> <tr> <td>Strengthening Families Initiative difficulties</td> <td>YES > NO ></td> </tr> <tr> <td>Strengthening Families child/family plan completed</td> <td>YES > NO ></td> </tr> <tr> <td>Strengthening Families child/family plan attached</td> <td>YES > NO ></td> </tr> <tr> <td>Camp referral discussed with family</td> <td>YES > NO ></td> </tr> <tr> <td>Family consent given for Health Camp referral</td> <td>YES > NO ></td> </tr> </table>	Strengthening Families Initiative Planned	YES > NO >	Strengthening Families Initiative Underway	YES > NO >	Strengthening Families Initiative difficulties	YES > NO >	Strengthening Families child/family plan completed	YES > NO >	Strengthening Families child/family plan attached	YES > NO >	Camp referral discussed with family	YES > NO >	Family consent given for Health Camp referral	YES > NO >	<p>Reason for referral:</p> <p>Education Needs</p> <p>Health Needs</p> <p>Social Needs</p>		
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<p>Panui / Referred by:</p> <p>Name.....</p> <p>Agency:</p> <p>Postal Address:</p> <p>Phone: Mobile:</p> <p>Signature of referrer:</p>	<p>Te wa e horo te mahi Urgency:</p> <p>Urgent</p> <p>Semi-Urgent</p> <p>Non-urgent</p>																
<p>(Office Only) Reasons for declining referral:</p> <p>Non-consent > Safety > Does not meet access criteria > Referred to another agency > Referral Agent Informed Yes > No > Date:</p> <p>Agency referred to:</p> <p>Date of referral: Initial:</p> <p>Move to Core Assessment Yes > No ></p> <p>Name of Fieldworker Assigned:</p>	<p>(Office Only) Date Referral Received: Initial</p> <p>Referral information entered on FREEDOM</p> <p>Date: Initial</p> <p>Individual File Number:</p>																

**Te Puna Whaiora Children's Health Camps
REFERRAL & INITIAL INFORMATION FORMS
Access Criteria Information**

To be completed by Referral Agent in conjunction with Parent/Caregiver.

Name of child:

"Children between ages 5-12 years will be considered for Te Puna Whaiora Services if they and their family need support to achieve positive life outcomes."

Needing support to achieve positive life outcomes is assessed against the following criteria:

- The child and family have inadequate or insufficient protective factors to manage identified family environment difficulties, and/or child and family vulnerabilities (see below)
- The child has previously undertaken other interventions in Health, Education or Social Service sectors, and is continuing to exhibit significant impairment in either their health, social and/or behavioural functioning, and continues to require frequent, intensive support and co-ordination, AND/OR
- The child has complex needs requiring an intersectoral approach, AND/OR
- The child is geographically isolated and may not have the opportunity to access or undertake any other interventions

Please Note:

Children who have been physically cruel to people, deliberately engaged in fire setting, forced someone into sexual activity, been cruel to animals, or who have an ongoing history of running away from home or school will be assessed on a case by case basis taking into account, risk to self, others and available resources and may be accepted following recommendation by a relevant specialist.

Children who require secure care are excluded from Te Puna Whaiora Services

Please tick the boxes to show all the current difficulties this family is experiencing.

Please circle the "M" inside the other box to show the main difficulties this family is experiencing.

Family Environment Difficulties									
Unsupported sole parent		Parents / caregiver without formal qualifications		Low income status - unemployment/ low wage or benefit		Lack of essential resources - no transport, phone,		Unstable and/or unsuitable housing	
Tick <input type="checkbox"/>	M	Tick <input type="checkbox"/>	M	Tick <input type="checkbox"/>	M	Tick <input type="checkbox"/>	M	Tick <input type="checkbox"/>	M

Te Puna Whaiora Children's Health Camps
REFERRAL & INITIAL INFORMATION FORMS
Access Criteria

To be completed by Referral Agent in conjunction with Parent/Caregiver.

Please tick the boxes to show all the current vulnerabilities this child and family is experiencing.

Please circle the "M" inside the other box to show the main vulnerabilities this child and family is experiencing.

Child and Family Vulnerabilities							
Family Domain		School Domain		Community Domain		Individual Domain	
Parent/caregiver experiencing difficulties monitoring child		Child failing at school/making insufficient progress		Child and family struggling with socio-economic disadvantage		Child exhibiting alienation and rebelliousness	
Tick <input type="checkbox"/>	M	Tick <input type="checkbox"/>	M	Tick <input type="checkbox"/>	M	Tick <input type="checkbox"/>	M
Parents/caregivers experiencing difficulties with discipline		Child not attached to school - dislikes school, poor attendance		Lack of support services for child and/or family		Child displaying anti social behaviour and hyperactivity	
Tick <input type="checkbox"/>	M	Tick <input type="checkbox"/>	M	Tick <input type="checkbox"/>	M	Tick <input type="checkbox"/>	M
Parents/caregivers finding difficulty with displaying consistent warmth and affection		Child experiencing peer rejection and/or bullying at school		Child and/or family experiencing social/cultural discrimination		Child has difficulty with self management	
Tick <input type="checkbox"/>	M	Tick <input type="checkbox"/>	M	Tick <input type="checkbox"/>	M	Tick <input type="checkbox"/>	M
Parents /caregivers have relationship problems or family history of abuse		School having difficulties managing child's behaviour		Family live in poor housing conditions, have to move frequently		Child has low activities involvement	
Tick <input type="checkbox"/>	M	Tick <input type="checkbox"/>	M	Tick <input type="checkbox"/>	M	Tick <input type="checkbox"/>	M
Parents/caregivers experiencing difficulties with alcohol/drug use		Child under the influence of/or part of deviant peer group		Child and family exposed to neighbourhood crime and violence		Child associates with peers engaged in at risk behaviour	
Tick <input type="checkbox"/>	M	Tick <input type="checkbox"/>	M	Tick <input type="checkbox"/>	M	Tick <input type="checkbox"/>	M
Family has experienced recent traumatic event(s) e.g.- death of family member, divorce, involvement with crime and/or imprisonment		Child has experienced 2 or more changes of school in last twelve months		Child and family live in neighbourhood where there is lack of attachment by residents to neighbourhood and other community members		Child has chronic health & disability problems	
Tick <input type="checkbox"/>	M	Tick <input type="checkbox"/>	M	Tick <input type="checkbox"/>	M	Tick <input type="checkbox"/>	M

**Te Puna Whaiora Children's Health Camps
REFERRAL & INITIAL INFORMATION FORMS
Access Criteria**

To be completed by Referral Agent in conjunction with Parent/Caregiver.

Please circle which (if any) of the 4 protective factors exist for this child and family

Please tick whether you consider the protective factor to be strong or not so strong

Child and Family Protective Factors			
(1) Caring and Support	(2) High expectations	(3) Opportunities for participation	(4) Temperament and Behaviour
Strong > Not so strong >	Strong > Not so strong >	Strong > Not so strong >	Strong > Not so strong >
This refers to family bonding and social factors such as strong relationships with other family members, teachers and other significant people who can demonstrate to children positive attitudes and behaviours	This refers to family beliefs and standards that help the child make the connections between behaviours and consequences	This refers to whether the child has strong interests outside the family or strong attachment with confiding adult outside their immediate family	This refers to the child's individual characteristics such as cognitive skills, strong coping skills, high self esteem, and temperament

Reason for Referral: Please provide a brief statement as to the reason for this referral to Te Puna Whaiora Services:

Te Puna Whaiora Children's Health Camps
REFERRAL & INITIAL INFORMATION FORMS
Access Criteria Information

To be completed by Referral Agent in conjunction with Parent/Caregiver

Name of Child _____

Is your child having problems at home? Yes No
 How long have these problems existed?

Do you want assistance in resolving home problems? Yes No

Is your child having problems at school? Yes No
 How long have these problems existed?

Do you want assistance in resolving school problems? Yes No

Does your child's school agree with this referral? Yes No

The following behaviours are sometimes seen in children who have problems at home or at school.
 Please tick in the box provided those that apply to your child.

Behaviour Checklist:

Does your child often:	No	Yes	No per week	Has your child:	No	Yes	No of times
Lose his/her temper?				Run away from home?			
Argue with adults?				Run away from school?			
Defy or refuse adult requests or rules?				Broken into someone's house or car?			
Deliberately do things to annoy people?				Deliberately destroyed other's property?			
Blame others for own mistakes?				Deliberately destroyed their own property?			
Get touchy or easily annoyed by others?				Been physically cruel to animals?			
Seem angry and resentful?				Been physically cruel to people?			
Act spitefully or vindictively?				Used a weapon in more than one fight?			
Swear or use obscene language?				Deliberately set fires?			
Lie?				Stolen?			
Skip school?				Displayed Inappropriate Sexualised Behaviour?			
Initiate physical fights?							

Office use only: Risk Assessment: High Medium High Medium Medium Low Low

**Te Puna Whaiora Children's Health Camps
REFERRAL & INITIAL INFORMATION FORMS
Family Information**

To be completed by Referral Agent in conjunction with Parent/Caregiver

Family Information:

Parents/caregivers names:

Mother _____ Age: _____ Ethnicity: _____

Father _____ Age: _____ Ethnicity: _____

Address (Mother)/Caregiver 1: _____ Address (Father)/Caregiver 2: _____

Phone (Mother)(Hm): _____ Phone (Father)(Hm): _____

(Wk): _____ (Wk): _____

Other significant family members at home (Partner, residential grandparents, other relatives) **or people who have a significant relationship with your child** (biological father/mother living outside home, grandparents, aunt, siblings).

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Other children living in the home and relationship:

Name:	Relationship	Age	Sex (M,F)
-------	--------------	-----	-----------

Income to support child:

Community Services Card Number: _____

Main source of income: Wage/Salary Benefit Other

If employed please state occupation:

(Mother) _____ (Father) _____

Approximate Annual Family Income:

Up to \$20,000 \$20,000-\$25,000 \$25,000-\$30,000 \$30,000-\$35,000 Higher

**Te Puna Whaiora Children's Health Camps
REFERRAL & INITIAL INFORMATION FORMS
Family Information**

To be completed by Referral Agent in conjunction with Parent/Caregiver

Are any of your other children having problems? Yes No

If yes, please specify:

Has your child been referred to us before? Yes No When? _____ Where? _____

Has any other child in the family been referred to us before? Yes No

When? _____ Where? _____

Name of Child(ren) previously referred _____

Please provide a list and brief outline of interventions already tried with your child and family:

Please identify all agencies / organisations currently involved in supporting your child and family:

Agency	Contact Person	Telephone Number

Please identify all agencies / organizations who have been involved in supporting your child and family in the past two years:

Agency	Contact Person	Telephone Number

If CYF involved please note child's status under CYPF Act: _____

Strengthening Families referral: Yes > No >

(If a Strengthening Families child and family plan exists please attach a copy to the referral document)

Please identify the person and/or agency who identified your child's need for a referral to Te Puna Whaiora Children's Health Camps:

Name of person:

Agency:

**Te Puna Whaiora Children's Health Camps
REFERRAL & INITIAL INFORMATION FORMS
Expectations Information**

To be completed by Referral Agent in conjunction with Parent/Caregiver

Expectations of Te Puna Whaiora Children's Health Camp referral:

Please provide the following statements on what it is hoped will be the outcomes of the referral. Please ensure these expectations are individualised, realistic and measurable and that **all sections are completed**.

Parents/Caregiver(s) Expectations:

What do you (the caregiver(s) hope the child will achieve?

1. _____
2. _____
3. _____

Parents/Caregiver(s) Expectations:

What do you (the caregivers) hope will be achieved for yourself?

1. _____
2. _____
3. _____

Child Expectations:

What do you (the child) hope to achieve?

1. _____
2. _____
3. _____

Referral Agent/Agency Expectations:

What does the referral agent hope the child and family will achieve?

1. _____
2. _____
3. _____

Te Puna Whaiora Children's Health Camps
REFERRAL & INITIAL INFORMATION FORMS
Consents Needed

To be completed by Parent/Caregiver/Legal Guardian

Name of Child _____

- I/we agree to our child's referral to Te Puna Whaiora Children's Health Camp Service.
- I/we understand that this referral, if accepted, will lead to an assessment of our child and family's strengths and needs and a care plan that may or may not include an out of home stay for our child at a health camp.
- I/we understand that Te Puna Whaiora Children's Health Camp Staff will take all reasonable steps to safeguard our child's personal property when engaged in activities with them. However, Te Puna Whaiora will not be held responsible for any accidental loss or damage to our child's personal property.

I/we give my consent for Te Puna Whaiora Children's Health Camp to:

- Arrange necessary medical assessment and/or treatment for our child while our child is in their care.
- Give medications necessary for general health care of our child while our child is in their care.
- Authorise emergency medical or surgical treatment for our child should the need arise.

I/we give permission:

- For Te Puna Whaiora staff to document information and observations for the purpose of assessment, service planning, review and closure including progress reports as appropriate.
- For our child to participate in appropriate programmes and activities offered by the service.
- For our child to be given access to the Internet and e-mail for educational purposes (acknowledging that all care will be taken to protect your child from offensive, illegal or dangerous material).
- For our child to have a haircut if s/he would like one.

Special Interventions and Activities:

I/we give permission for our child to participate in the following:

- | | | |
|---------------------------------------|-------|------|
| • Out of Home Stay at a Health Camp | YES > | NO > |
| • Te Puna Whaiora Mentoring Service | YES > | NO > |
| • Boating | YES > | NO > |
| • Canoeing | YES > | NO > |
| • Van trips | YES > | NO > |
| • Marae visits | YES > | NO > |
| • Camping overnight (away from camp). | YES > | NO > |

Research and evaluation studies and photos (delete as appropriate):

- I/we give my consent to our child participating in follow up evaluation for the purpose of improving service delivery.
- I/we give my consent for our child and family information being used (without identifying our child or our family) for the purpose of reviewing and evaluating Te Puna Whaiora Services and for contribution to research that supports best practice.
- I/we give our consent for our child's photograph and name being used for positive publicity purposes.

Parent Contribution to the cost of an Out of Home Stay at a Health Camp:

- I/we agree to contribute towards the cost of our child's Out of Home Stay at a Health Camp, and agree to pay the current rate of \$2.50 per day set by Te Puna Whaiora Children's Health Camps. (Alternative arrangements can be made if the family finds this financial commitment too difficult)

Signature(s) of Parent(s) / Caregiver(s):

Date: _____

Date: _____

**Te Puna Whaiora Children's Health Camps
REFERRAL & INITIAL INFORMATION FORMS
Contact & Legal Information Needed**

To be completed by the Referral Agent in conjunction with Parent/Caregiver

Name of Child _____

Contact & Legal Information

Name of Legal Guardian(s) / parent/caregiver(s) _____

Are there any Court Orders in force for custody / access? **YES > NO >**
(If yes, a copy of court orders must accompany this referral)

If YES to above who do they apply to? _____

Name: _____

Name: _____

What are the conditions of the order? _____

Is there any person(s) you do not wish your child to have contact with or anyone you do not wish to have information regarding your child?

Name: _____

Name: _____

Please advise us immediately of any changes to the above Contact or Legal Information

Te Puna Whaiora Children's Health Camps
REFERRAL & INITIAL INFORMATION FORMS
Parents/Caregivers, Referral Agent, Other Agency Commitments

To be signed by the Parents/caregiver(s):

I /we have discussed and considered this referral to Te Puna Whaiora Children's Health Camp Service with the referral agent, my family and our child. I / we undertake to be involved in the process and contribute to the assessment, planning, review and evaluation of the intervention.

Signature: _____ Date: _____

Signature: _____ Date: _____

To be signed by the referral agent:

I have discussed and considered this referral to Te Puna Whaiora Children's Health Camp Service with the child's family, the child concerned and the child's home school. I undertake to be involved in an interagency collaboration with regard to assessment, planning, reviewing and evaluating the intervention. I also undertake to participate in/arrange appropriate actions and follow-up to support the child's continued development and well-being.

Signature: _____ Date: _____

To be signed by other agencies involved:

I have discussed and considered this referral to Te Puna Whaiora Children's Health Camp Service with the referral agent. I undertake to be involved in an interagency collaboration with regard to assessment, planning, and reviewing the intervention. I also undertake to participate in/arrange actions and follow-up to support the child's continued development and well-being.

Name: _____ Agency: _____
 Address: _____ Telephone: _____
 Signature: _____ Date: _____

Name: _____ Agency: _____
 Address: _____ Telephone: _____
 Signature: _____ Date: _____

Name: _____ Agency: _____
 Address: _____ Telephone: _____
 Signature: _____ Date: _____

Te Puna Whaiora Children's Health Camps
REFERRAL & INITIAL INFORMATION FORMS
Medical Information

To be completed and signed by a Medical Practitioner, GP, or Public Health Nurse in consultation with Parent/Caregiver.

Name of Child _____ Date of Birth _____

Any recent or current ill health _____

Any special health needs we should be aware of _____

Does the child suffer from any of the following diagnosed conditions?

<u>Physical:</u>		<u>Diagnosed by Whom</u>	<u>Diagnosed When</u>
Enuresis	<input type="checkbox"/>		
Encopresis	<input type="checkbox"/>		
Asthma	<input type="checkbox"/>		
Epilepsy	<input type="checkbox"/>		
Hearing problems	<input type="checkbox"/>		
Vision problems	<input type="checkbox"/>		
Skin problems	<input type="checkbox"/>		
Diabetes	<input type="checkbox"/>		
Obesity	<input type="checkbox"/>		
Under weight	<input type="checkbox"/>		
Child cancer	<input type="checkbox"/>		
Other _____	<input type="checkbox"/>		
<u>Mental</u>			
ADD / ADHD	<input type="checkbox"/>		
ODD	<input type="checkbox"/>		
Conduct disorder	<input type="checkbox"/>		
Anxiety disorder	<input type="checkbox"/>		
Eating disorder	<input type="checkbox"/>		
Mood disorder	<input type="checkbox"/>		
Phobic disorder	<input type="checkbox"/>		
Other _____	<input type="checkbox"/>		
<u>Developmental</u>			
Learning disability	<input type="checkbox"/>		
Intellectual disability	<input type="checkbox"/>		
Sensory disability	<input type="checkbox"/>		
Aspergers	<input type="checkbox"/>		
Autism	<input type="checkbox"/>		
Other _____	<input type="checkbox"/>		

Does the child suffer from any allergies e.g. food, bites, stings or medications?

Cause _____

Effect _____

Is the child currently taking any medication? YES > NO >

Medication	How Often	Dosage
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has the child had contact recently (within the last three months) with any infectious diseases e.g. Mumps, Measles, Chicken Pox? YES > NO >

If YES please specify what disease: _____ when _____

Immunisations:

Please indicate which of the following immunisations the child has received.

DTaP HibHepB HepB OPV MMR DTap/Hib Td

Other _____

Community Services Card Details:

This is required should the child need medical care/prescriptions while in our service.

Community Services Card YES > NO > Is your child covered YES > NO >

Card Number (16 Digit Number) 0 0 0 0 0 / _ _ _ _ / _ _ _ _ / _ _ _

Group Number (Please Circle one) 1 - 2 - 3 Expiry Date _____

Child's N.H.I. number (National Health Number) _____

Mothers Full Name _____ Maiden Name _____

Signature of Medical Practitioner, GP, or Public Health Nurse ONLY.

Name _____ Signature _____ Date _____

Postal Address: _____

Phone: _____ Fax: _____

Usual Doctor: (if not named above)

Name: _____ Phone: _____

Postal Address: _____

Medical Information Compiled by: _____ Designation: _____

Please note that this information may need to be updated if the child's care plan to meet their assessed needs includes an out of home stay at a health camp.

**Te Puna Whaiora Children's Health Camps
REFERRAL & INITIAL INFORMATION FORMS
Child Education Referral Information**

To be completed by child's school.

DEAR TEACHER

THANK YOU FOR FILLING OUT THIS SECTION OF THE REFERRAL. ALL INFORMATION WILL BE TREATED CONFIDENTIALLY. THE CHILD EDUCATION REFERRAL INFORMATION IS PAGES 17 TO 20 OF A 24 PAGE REFERRAL AND NEEDS TO BE RETURNED ASAP TO THE REFERRAL AGENT/AGENCY WITH COPIES OF ANY IEP'S AND/OR SES REPORTS ATTACHED.

THIS REFERRAL, IF ACCEPTED, WILL LEAD TO A HOLISTIC ASSESSMENT OF THE CHILD AND FAMILY'S STRENGTHS AND NEEDS AND A CARE PLAN THAT MAY OR MAY NOT INCLUDE AN OUT OF HOME STAY FOR THE CHILD AT A HEALTH CAMP.

IF THE CHILD'S CARE PLAN TO MEET THEIR ASSESSED NEEDS INCLUDES AN OUT OF HOME STAY AT A HEALTH CAMP, THEN THIS INFORMATION WILL ASSIST THE HEALTH CAMP SCHOOL TEACHERS TO PLAN THE CHILD'S EDUCATION PROGRAMME. IN THE EVENT OF A CHILD ATTENDING AN OUT OF HOME STAY AT HEALTH CAMP, PLEASE ENCOURAGE OTHER CHILDREN IN THE CLASS TO WRITE OR EMAIL DURING THE CHILD'S STAY AND PLEASE REMEMBER THAT PERSONNEL FROM YOUR SCHOOL WILL BE MADE WELCOME AT ANY TIME DURING SCHOOL HOURS OR OUTSIDE OF SCHOOL HOURS IF AN APPOINTMENT IS MADE.

Child's Name: _____ School Year (1-8): _____ Date of Birth: _____

Class Teacher: _____ Principal: _____

School: _____

School Address: _____ Decile Rating: _____

Phone: _____

Fax: _____

Email: _____

Number of Schools attended: _____ Time since entering your school: _____

School Attendance: Regular Of Concern Comment:

Recent assessment to determine reading age:

Date test administered:	Reading Age:	Reading Age Test Used:

Is the child receiving any remedial programmes in literacy? Yes No

Is the child receiving any remedial programmes in numeracy? Yes No

Curriculum areas: please indicate as a guide the level the child is working from

ENGLISH - Written	1	2	3	4
ENGLISH - Oral	1	2	3	4
ENGLISH - Visual & Presentation	1	2	3	4
HEALTH & PHYSICAL EDUCATION	1	2	3	4
MATHEMATICS	1	2	3	4

**Te Puna Whaiora Children's Health Camps
REFERRAL & INITIAL INFORMATION FORMS
Child Education Referral Information**

To be completed by child's school for the Health Camp School.

Behaviour checklist: Please indicate any behaviours you have observed in school setting

Does this child often:	No	Yes	No per week	Has this child:	No	Yes	No of times
Lose his/her temper?				Run away from class?			
Argue with adults?				Run away from school?			
Defy or refuse adult requests or rules?				Broken into someone's house or car?			
Deliberately do things to annoy people?				Deliberately destroyed other's property?			
Blame others for own mistakes?				Deliberately destroyed their own property?			
Get touchy or easily annoyed by others?				Been physically cruel to animals?			
Seem angry and resentful?				Been physically cruel to people?			
Act spitefully or vindictively?				Used a weapon in more than one fight?			
Swear or use obscene language?				Deliberately set fires?			
Lie?				Stolen?			
Skip school?				Displayed Inappropriate Sexualised Behaviour?			
Initiate physical fights?				Been stood down from School?			
Comment:							

Health Camp School use only: Risk Assessment: High Medium High Medium Medium Low Low

Please indicate what support the child currently receives at your school:

RTL	RT(Lit)	SBI	SEG	ORS	SWIS
Truancy Service	RHS	Other:			

Please indicate to the best of your knowledge what support the child has received in the previous two years:

RTL	RT(Lit)	SBI	SEG	ORS	BEST
SWIS	RTR	SES	Truancy Service	RHS	
Other:					

**Te Puna Whaiora Children's Health Camps
REFERRAL & INITIAL INFORMATION FORMS
Child Education Referral Information**

To be completed by child's school for the Health Camp School.

Health:

Vision Test	Date:	Pass	Retest	Refer
Hearing Test	Date:	Pass	Retest	Refer

DOES THIS CHILD HAVE ANY TRANSFERABLE HOURS ALLOCATED [From GSE/MoE] OR EXTRA ASSISTANCE TO BE TRANSFERRED FROM YOUR SCHOOL TO THE HEALTH CAMP SCHOOL?							
Teacher	Yes	No	Hours per week:	Teacher Aide	Yes	No	Hours per week:

To be signed by the teacher and principal:

We have discussed and considered this referral to Te Puna Whaiora Children's Health Camp Service with the child's family and the child concerned. We undertake to be involved in an interagency collaboration with regard to assessment, planning, reviewing and evaluating the intervention. We also undertake to participate in and arrange appropriate actions and follow-up to support the child's continued development and well being.

Signature: _____ Date: _____

Signature: _____ Date: _____

Thank you for completing this form

**TE PUNA WHAIORA CHILDREN'S HEALTH CAMPS
INFORMATION SHEET FOR PARENTS/CAREGIVERS
ON THE RELEASE OF INFORMATION**

Referral Agent to provide this form to Parents/Caregivers/Clients at the time of completing the referral

INTRODUCTION

Te Puna Whaiora Children's Health Camps usually release information to people or agencies under the Privacy Act (1993), using the Health Information Privacy Code (1994) as the guideline for such release, and the Health Act (1956). These Acts set out the conditions for the release of information as well as the circumstances in which information cannot be released.

Certain Acts (e.g. Children, Young Persons and Their Families Act) override the above Acts and we are required to release information to that agency without prior approval of the person concerned or their representative. This does not happen often but if it does we will advise you.

In brief, the Privacy Act allows:

- 1) us to collect information which is relevant to the assessment and treatment of children and their families
- 2) us to collect information from other sources provided that we have first obtained consent from the person concerned or their representative
- 3) us to store and keep the information secure
- 4) you to request correction of the information that we hold
- 5) for the release of information provided certain requirements are met.

RELEASE OF INFORMATION

The Privacy Act allows us to release or disclose information to the person whom it is about or to that individual's representative where the individual is unable to give his or her authority. We can also release or disclose information to others with the individual's or representative's permission.

However, the Act does not give anyone else a specific right to access information about any other individual and, in particular, it does not give parents a right to access information about their children. In most cases, after considering a request from parents in terms of various provisions of the Act, we are able to release information to parents/guardians.

Requests for the release of information can be verbal or in writing and, under certain circumstances, we may seek the approval of a child for the release of information to another person.

If you have any questions please contact your Fieldworker or the Regional Manager and we will provide an answer for you.

TE PUNA WHAIORA CHILDREN'S HEALTH CAMPS CODE OF RIGHTS FOR CLIENTS

Referral Agent to provide this form to Parents/Caregivers/Clients at the time of completing the referral

As A Client, Be You Child Or Adult, It Is Your Right:

Respect

- To be treated with respect
- To have your privacy respected
- To be provided with services that are sensitive to your needs, values and beliefs of different cultural, religious, social or ethnic group to which you belong

Freedom

- To be free from discrimination, coercion, harassment and exploitation

Services

- To have services provided in a manner that respects your dignity and independence
- To be treated with care and skill by appropriately qualified Professionals in a manner consistent with your needs and within the resources available

Communication

- To effective communication in a form, language or manner that enables your clear understanding of any information provided.
- To a competent interpreter where necessary and reasonably practicable.
- To an environment that allows for open, honest and effective communication.

Information

- To be informed (in writing if requested) of:
 - Your child and family's assessed needs and care plan.
 - The services available.
 - Expected waiting times.
 - The names, qualifications or experience of Te Puna Whaiora Staff.
 - Any personal costs that may be involved.
- To ask for the opinion of other Independent Service Providers.

Choice/Consent

- To make an informed choice and give informed consent prior to participating in any services, including teaching or research programmes.
- To refuse services and to withdraw consent to services.

Support

- To have one or more support persons of your choice present, when necessary, except where safety may be compromised or another client's rights unreasonably infringed.

Feedback/Complaint

- To provide feedback or make a complaint, have it investigated fairly, speedily and be informed of the result. Any staff member will explain the procedures.
- To have any mutually acceptable third party present when making complaints, comments or suggestions.
- To an Independent Advocate under the Health and Disability Commissioner Act 1994.

**TE PUNA WHAIORA CHILDREN'S HEALTH CAMPS
CODE OF RESPONSIBILITIES FOR CLIENTS**

Referral Agent to provide this form to Parents/Caregivers/Clients at the time of completing the referral

As a Client, Be You Child Or Adult, You Are Expected:

To treat others with respect, courtesy and consideration.

To respect the privacy and dignity of others.

To respect the cultural, religious, social and ethnic practices of others.

To inform staff if you no longer require services or wish to participate in services and take responsibility for this decision and any consequences.

To treat all Te Puna Whaiora facilities and equipment with care and to assist in maintaining a pleasant healthy environment.

To not smoke anywhere within the premises or grounds.

To not bring alcohol onto any Te Puna Whaiora premises or grounds at any time.

To not bring drugs onto any Te Puna Whaiora premises or grounds, unless they have been authorised by the Regional Manager and/or prescribed for your health by a Medical Practitioner.

To conduct yourself at all times in a manner which ensures the Health and Safety of yourself and others.

To comply with Te Puna Whaiora Staff directions in the event of any emergency e.g. fire, earthquake, evacuation.

**TE PUNA WHAIORA CHILDREN'S HEALTH CAMPS
COMPLIMENTS AND COMPLAINTS PROCESS FOR CLIENTS**

Referral Agent to provide this form to Parents/Caregivers/Clients at the time of completing the referral

As a Client, Be You Child or Adult, You are welcome:

To communicate with us at any time if you wish to provide feedback, have concerns or questions or wish to complain about any aspect of Te Puna Whaiora children's health camp service

To contact the regional manager by phone, email or in writing whether you wish to offer positive feedback or to make a complaint. Listed below is the contact information for your local service.

MAUNU CHILDREN'S HEALTH CAMP

436 Maunu Road
WHANGAREI
Ph: (09) 437-9050
Fax: (09) 437-9059
Email: manager.ma@healthcamps.org.nz

PAKURANGA CHILDREN'S HEALTH CAMP

1-9 Pigeon Mountain Road
Buckland's Beach
AUCKLAND
Ph: (09) 534-4017
Fax: (09) 537-4885
Email: manager.pk@healthcamps.org.nz

PRINCESS OF WALES CHILDREN'S HEALTH CAMP

Moana Terrace
P O Box 6244
Whakarewarewa
ROTORUA
Ph: (07) 345-9097
Fax: (07) 345-9096
Email: manager.pw@healthcamps.org.nz

TE KAINGA WHAIORA CHILDREN'S VILLAGE

Cochrane Street
P O Box 1103
GISBORNE
Ph: (06) 867-5614
Fax: (06) 867-2876
Email: manager.tk@healthcamps.org.nz

OTAKI CHILDREN'S HEALTH CAMP

Health Camp Road
OTAKI
Ph: (06) 364-8069
Fax: (06) 364-8072
Email: manager.ot@healthcamps.org.nz

GLENELG CHILDREN'S HEALTH CAMP

23 Glenelg Spur
CHRISTCHURCH
Ph: (03) 332-2541
Fax: (03) 332-7988
Email: manager.gl@healthcamps.org.nz

ROXBURGH CHILDREN'S HEALTH CAMP

P O Box 73
Teviot Street
ROXBURGH
Ph: (03) 446-8119
Fax: (03) 446-8064
Email: manager.rx@healthcamps.org.nz

CHIEF EXECUTIVE

NZ Foundation for Child and Family
Health and Development
PO Box 12-547
WELLINGTON
Ph: (04) 472 0101
Fax: (04) 472 0166
Email: ce@healthcamps.org.nz

If you are dissatisfied with the outcome of your complaint or you wish to sing the praises of a particular health camp you may wish to contact the **Chief Executive** of Te Puna Whaiora Children's Health Camps (The contact details are included above).

If you are still dissatisfied with the outcome of your complaint you may wish to contact either the **Health & Disability Commissioner's Office** or the **Commissioner for Children** who are available to listen to your concerns and advocate for you and your child's rights.

Health & Disability Commissioner's Office: Ph. (04) 494 7900
Office of the Commissioner for Children: Ph. (04) 471 1410