Family Works
A PRESBYTERIAN SUPPORT SERVICE

REQUEST FOR SERVICE FORM
Self/Family

Phone: 03 6885029
Fax: 03 688 5026
E-mail: familyworks@pssc.co.nz
P.O. Box 278, Timaru 7940

Client Details			
First Name	**Middle Name**	**Surname/Family Name**	**Date of Birth**
Ethnicity/Iwi:		**Country of Birth:**	**Gender:** M ☐ F ☐ Other _____
First Name	**Middle Name**	**Surname/Family Name**	**Date of Birth**
Ethnicity/Iwi:		**Country of Birth:**	**Gender:** M ☐ F ☐ Other _____

Family/Whanau Details				
Name	**Date of Birth**	**Gender**	**Ethnicity/Iwi**	**Relationship to client**
		M☐ F☐ O☐		
		M☐ F☐ O☐		
		M☐ F☐ O☐		
		M☐ F☐ O☐		

Contact Information/Details:

Address			Postal Code
Landline Phone No.	Mobile	Mobile	Email

Clients preferred way of contact

Mobile	Landline	Letter	Text message	Voice message	Email
Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

What are the best times to contact you?	What times are you available for sessions/visits Day ☐ morning ☐ afternoon ☐ evening ☐

What are the concerns that have prompted this request for service?

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See over page for more space if required

Family Works Service Required

Service/Programme Referred for: _____

Are you currently working with Family Works: Yes ☐ No ☐ Not known ☐

Have you used our services before? Yes ☐ No ☐ Not known ☐

If yes which service: _____

Other Agencies or Professionals Involved			
Agency	**Name**	**Contact Phone No.**	**involvement**

Concerns/Safety

Are there any safety concerns for you or anyone in your family? Yes ☐ No ☐

Do you have a current Protection Order Yes ☐ No ☐

If Yes to either of the above please give more information:

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On a scale of 1 – 5 (1 being little impact and 5 being great impact):	On a scale of 1 – 5 (1 being well supported and 5 unsupported):
How much is the issue impacting you today?	**How supported do you currently feel?**
1 2 3 4 5	**1 2 3 4 5**

Referrer Information

Self-Referrer

Is this a self-referral? Yes ☐ No ☐ If no please complete the next section.

Other Request for Service Information

If no, how are you connected or related to the person to the person being referred?_____

Has the person agreed to this Request for Service? Yes ☐ No ☐

Name:	Email:
Phone No:	Mobile No:
Date:	

Additional space if required