*(Note: Use the F11 key to move from field to field)*

Permanent Caregiver Support Service

Referral Form

**To: Permanent Caregiver Support Service**

**Address: 8 Sharkey Street, Manukau City, Auckland**

**Telephone Number: 0800 FOR PCSS (367 7277)**

**Email Address:** **enquiries@pcss.org.nz**

**Date of Referral:**

**Type of Referral:** whānau non-whānau*[delete one]*

**Have you discussed obtaining orders/court process with the caregiver:** Yes No*[delete one]*

**Current Orders held:**

**Details of orders to be applied for:**

**Date of court hearing to secure permanency:**      *[if known]*

**Referring OT Office:**

**OT Social Worker:**

**OT Social Workers phone number**:

**OT Social Worker Email Address:**

**OT Supervisor:**

**Fax Number**:

**Details of Child/Young Person**:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **DOB** | **Age**  | **Gender** | **Ethnicity** | **Iwi** | **OT Person ID** |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |

**Details of the Permanent Caregivers and other household members**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **DOB** | **Ethnicity** | **Relationship to Children** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

**Caregiver Family Contact Details**

**Address:**

**Telephone Number:**

**Alternative Contact Number/s:**