FAMILY SUPPORT (SOUTH CANTERBURY) INCORPORATED **CLIENT INTAKE FORM**

9a Dee Street, Timaru 7910: PHONE (03) 688 1152: Email: familysupport@fssc.org.nz

DATE: .....

Please circle: URGENT / NOT URGENT

FIRST NAMES: ..... **LAST NAME: .....**

DATE OF BIRTH: ..... **ETHNICITY/IWI: .....**

ADDRESS:.....

PHONE: ..... **GENDER: MALE / FEMALE / DIVERSE**
(Delete which do not apply)

Is an interpreter needed? **Yes □ No□**

FAMILY MEMBERS:

NAME	DATE OF BIRTH	M / F	ETHNICITY / IWI

WHO RECOMMENDED FAMILY SUPPORT? .....

ADDRESS / PHONE NUMBER:.....

REASONS FOR CONTACTING FAMILY SUPPORT:.....

CLIENT INFORMED CONSENT FOR REFERRAL: **Yes ☐** **No ☐**

ORANGA TAMARIKI STATUS: **Yes ☐** **No ☐**

In what way are they involved? **.....**

☐ **I have been made aware of the Complaints Procedure.**

☐ **I understand that I can see my file at any time upon request.**

CONFIDENTIALITY: Family Support (South Canterbury) will maintain the confidentiality of and about clients which will not be breached on any matter without first gaining the permission of the client involved. However, Family Support's policy is to abide by all obligations where issues of safety arise.

SIGNED BY ..... on behalf of the family. **DATE: .....**

Families have a right to view their records.
Records are also made available to the Funding Group for audit purposes.