

# My Referral

## The Steps

|  |  |
| --- | --- |
| **1** | Complete this form and email it to [youthduty@odyssey.org.nz](mailto:youthduty@odyssey.org.nz) or fax it to (09) 849 2189 |
| **2** | We will contact the referrer to make sure we have the right information |
| **3** | We will contact the young person |

## Young person’s details

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of Birth |  |
| Ethnicity |  | Gender |  |
| Phone Number |  | NHI |  |
| Address |  | | |

## Parent or caregiver’s details

|  |  |
| --- | --- |
| Name |  |
| Relationship to young person |  |
| Phone Number |  |
| Address |  |

## Referrer’s details

|  |  |
| --- | --- |
| Name |  |
| Organisation |  |
| Phone Number |  |
| Email Address |  |
| Relationship to young person |  |
| Address |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Has the young person agreed to this referral? | Yes |  |  | | No |  |  |
| Are family members aware of this referral? | Yes |  |  | | No |  |  |
| Why are you referring to Odyssey at this time? |  | | | | | | |
| What other services and supports are involved? |  | | | | | | |
| Are you referring this young person for one of the specialist methamphetamine programmes provided by Odyssey Auckland or Odyssey House Christchurch? | Yes |  |  | No | |  |  |
| Are you attaching any additional information, reports, or assessments that will help us to create a programme for this young person?  These are very helpful. Some common examples are previous alcohol and other drug assessments, school reports, and family group conference reports. | Yes, and these are (please list):  No, nothing else attached € | | | | | | |

