

POUTIRI TRUST : REFERRAL



SELF / WHĀNAU REFERRAL FORM

Please send this referral form to referral@poutiri.org. All new referrals will be considered within 3 working days, and you can expect to hear back from our intake coordinator.

REFERRAL DETAILS: *(Please ensure all details are filled in)*

Name:.....

Email:

Phone Number:.....

REASON FOR REFERRAL :

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WHAT POUTIRI SERVICE(S) WILL BE HELPFUL?

- Maara kai support to grow your own vegetables at home
- Whānau ora fitness classes Thursdays 11am & Tues 15.15pm
- Tamariki & rangatahi supports, one to one & programs
- Rangatahi engagement in education
- Kōeke wellness program every Friday
- Injury prevention, recovery care & ACC navigation
- Nursing service for whānau with chronic health needs
- Pahi mobile health service & vaccinations
- Mental health, addictions & counselling services
- Māmā Maia breastfeeding services & weekly support groups
- Piringa MSD community support & employment assistance
- Rongoā and mirimiri services
- Community Pataka Open Pantry @ 74 Jellicoe Street, Te Puke
- Poutiri Wellness Medical Centre
- ACC Navigation Support

PLEASE CHOOSE REFERRAL TYPE:

- Referral for myself or my child (under 16 years)
- Referral for a family member or friend

If you are referring for a friend or family member, do they know and agree you have referred them? YES NO

Your Name (if referring someone else):.....

Your Phone Number (if referring someone else):.....