

YOUTH ENCOUNTER CLIENT REFERRAL FORM

This form is to be completed by the agency/person who is referring a client to Youth Encounter services. It is important to provide us with detailed information for us to assess if our services will be beneficial for the client. If we accept your referral this information will be confidential and enable us to work more effectively with the client for positive outcomes.

Engagement process:

1. Make a **referral** (complete form below) - we will assess needs and suitability and contact you
2. We will create a client **plan** for you to authorise and complete parent/caregiver consent
3. We will then **engage** with young person to deliver client plan

Referral organisation/person - Check all that apply

- Parent / Caregiver
- Youth Justice
- Oranga Tamariki
- Police
- Community Service Provider
- School
- Alternative Education

Other:

Please provide address and contact phone number of the referral organisation/person

Your name: _____ Your relationship with the client: _____

Your email: _____ Your phone: _____

Programme Services: [Click here](#) to see more at our website or go to www.youthencounter.co.nz/page/programmes/**Fees** - Note: all fees below are at a subsidised rate

- Activity Therapy - 2hr weekly session for x8 sessions: Participant Fee: \$3680 (incl. GST)
- Counselling - 1hr session with a counsellor (non-activity): Participant Fee: \$90 (incl. GST) per session
- Poutama Mentoring - 52 hours over 6-12 months of 1-1 Matched Mentoring Participant Fee: \$4830 (incl. GST)
- Specialized Connect - 2hr activity session specialised to the participant needs: Participant Fee: \$172.50 (incl. GST) per session

What programme service/s you would like to access for the young person? Unsure - please call to discuss 07 218 2113

- Activity Therapy
- Counselling
- Mentoring
- Specialised Connect
- Mahi Work Readiness
- Group Therapy (fee negotiated per group)

Transportation

Would you be able to provide transport for the young person if/when required? YES / NO

Client Details

Full name: _____ Date of birth: _____
Gender: _____ Ethnicity: _____ Iwi (if applicable): _____
Address: _____

Education

Please list the schools, training programmes, or courses the young person is currently attending. Also include any * schools or courses they have attended in the past (with approximate dates if known).

Health/medical

Please provide details of any health or medical issues the young person currently experiences and any medications they are taking that you are aware of.

Referral Information

Referral reasons: Please select the reason(s) for the young person's referral to Youth Encounter

Tick any that apply;

- Emotional & Mental Wellbeing: Anxiety, depression, anger, suicide ideation, ADHD, trauma-related challenges. Support needed for emotional regulation and psychological resilience.
- Behaviour & Addictive Patterns: Offending, aggression, violence, substance use, addictions. Disengagement from school, or criminal risk-taking.
- Identity & Self-Worth: Insecure identity, low confidence, poor self-esteem, lack of belonging. Root issues behind disengagement, peer pressure, and negative behaviours.
- Hope & Purpose for the Future: Needing motivation, direction, and vision for life. Skills development towards a positive education and employment pathway, including NEET.
- Learning & Developmental Needs: Neurodiversity, disabilities, practical vs academic learning challenges. Struggles with school systems, focus, or alternative education needs.
- Positive Connection & Belonging: Need for a safe community, positive friendships, and healthy role models. Desire to participate in meaningful activities and supportive environments.
- Leadership Development: Young people showing leadership potential or curiosity in spiritual faith. Opportunities to grow confidence, responsibility, and future leadership pathways.
- Other:

Primary referral reason: From your above selections, please select the PRIMARY (most important) reason for the young person's referral to Youth Encounter

Mark the most applicable one;

- Emotional & Mental Wellbeing: Anxiety, depression, anger, suicide ideation, ADHD, trauma-related challenges. Support needed for emotional regulation and psychological resilience.
- Behaviour & Addictive Patterns: Offending, aggression, violence, substance use, addictions. Disengagement from school, or criminal risk-taking.
- Identity & Self-Worth: Insecure identity, low confidence, poor self-esteem, lack of belonging. Root issues behind disengagement, peer pressure, and negative behaviours.

- Hope & Purpose for the Future: Needing motivation, direction, and vision for life. Skills development towards a positive education and employment pathway, including NEET.
- Learning & Developmental Needs: Neurodiversity, disabilities, practical vs academic learning challenges. Struggles with school systems, focus, or alternative education needs.
- Positive Connection & Belonging: Need for a safe community, positive friendships, and healthy role models. Desire to participate in meaningful activities and supportive environments.
- Leadership Development: Young people showing leadership potential or curiosity in spiritual faith. Opportunities to grow confidence, responsibility, and future leadership pathways.
- Other:

Referral reason details: Please provide more details about the reason for this referral, including any specific concerns, challenges, or goals for the young person. If applicable, include any clinical diagnosis or professional assessments that may help us in supporting them.

Agencies Involved: Are there any government agencies involved with the young person?

Check all that apply;

- Youth Justice
- Oranga Tamariki
- Care and Protection Services
- No

Outcomes: What are the desired outcomes from the client engaging in our services?

Client Information

Living situation: Who primarily supports the young person and what is their current home living situation (e.g., who they live with, stability of housing, any shared care arrangements).

Social: Is the young person involved in any sports teams or other organised social settings? If yes, please provide details.

Support: Are there any other support or agencies involved with the young person? If yes, please provide details.

Risk Factors: From what you know of the young person and wish to disclose, please indicate any of the following risk factors you are aware of. This helps us to provide the most appropriate support. Risk factors are experiences or conditions that increase the likelihood of behaviours or challenges that can impact a young person's physical, social, emotional, and spiritual well-being.

Check all that apply;

- Abuse & neglect – Any experience of physical, emotional, verbal, or sexual abuse, neglect, or bullying.
- Criminal activity – Any contact with police, Youth Justice, or engagement in criminal activity.
- Educational disengagement – Low attendance, underachievement, or disconnection from school/training
- Substance misuse – Use or abuse of drugs, vapes, or alcohol by the youth.
- Family conflict or breakdown – Lack of connection or positive relationships with birth parents, caregivers, or key familymembers.
- Family criminal history – Parent or close family members with convictions or ongoing criminal activity.
- Financial hardship – Ongoing poverty, reliance on benefits, or unstable housing.
- Gang affiliation or influence – Direct involvement or strong association with gangs.
- Mental health challenges – Diagnosed or suspected mental health conditions.
- Self-harm or suicidal behaviours – Thoughts, attempts, or actions.
- Intellectual disability or neurodiversity – Long-term cognitive or developmental challenges creating barriers that may hinder their full effective participation in society.
- Problematic gaming or online use – Excessive gaming or screen time interfering with daily life or relationships.
- Experienced trauma or traumatic events – Significant distressing events in the young person's life, such as accidents, loss, or other trauma.
- Unsafe home environment – Exposure to domestic issues or conditions that make the home unsafe or unstable.
- Large or complex family composition – Multiple dependents, blended family stress, or unstable household.
- Parental challenges – Includes parental substance abuse, mental health issues, young or unsupported parents, and low family competencies.

Protective Factors: From what you know of the young person and wish to disclose, please indicate any of the following protective factors you are aware of. This helps us to provide the most appropriate support. Protective factors are strengths, supports, and positive influences that help young people cope, build resilience, and thrive despite challenges.

Check all that apply;

- Access to safe, supportive relationships – Young person has trusted adults or mentors to provide guidance, care, and protection.
- Safe environments – Opportunities to be in spaces free from harm and supportive of wellbeing.
- Engagement in school, training, or work – Consistent attendance and achievement; Access to supportive learning environments.
- Resilience and coping skills – Ability to manage stress, emotions, and challenges; Motivation and hope for the future and aspiration to achieve goals.
- Supportive and resilient family/whānau – Family provides guidance and encouragement; Family stability, predictable routines and healthy relationships.
- Social awareness & values-based behaviour – Young person is able to develop healthy relationships, make ethical choices, and navigate social environments successfully.

- Basic needs met – Family can reliably provide essentials (basic needs) such as food, clothing, and long-term safe and reliable housing.
- Connection to culture, community, and/or faith – Participation in cultural, spiritual, or community activities.
- Access to health services – Availability of GP, counselling, or mental health support.
- Motivation & hope for the future – Willingness to work toward goals; Resilience and coping skills – Managing emotions and challenges effectively.
- Independence/life skills – The young person has the ability to manage day-to-day tasks and take responsibility for their own.
- Access to pro-social activities – Participation in hobbies, sports, volunteering, or arts.
- Positive peer influences – Supportive friendships that model healthy behaviours, encourage positive choices, and promote a sense of belonging and acceptance.
- Safety & love in the home – Protected and caring family environment.
- Extended whānau/community support – Positive connections beyond immediate family.
- Parental resilience – Caregivers provide stable care, healthy role modelling, and manage stress effectively; Access to services/whānau support – External support for parenting and family wellbeing.

Further info: Is there any other relevant information you would like to provide about the young person that might be helpful for us?

Disclosure: I hereby certify that the above information is true and correct to the best of my knowledge. YES / NO

Signature:

Date:

When completed email to airdrie@youthencounter.co.nz