



LIFE COMMUNITY SERVICES  
Mail referrals to:  
P O Box 5301  
Hamilton 3242

EMAIL info@lifecommunityservices.org.nz  
PHONE 07 847 2585

### Referral Form

#### Parent Services

Incredible Years courses  
1-3 AM  
3-8 AM/PM  
6-12 PM

1 on 1 Parent Coaching

Parent Coaching Group

#### Children, Youth and Adult Services

Strong Not Tough AM/PM  
Fun Friends  
Friends for Life Middle/Youth  
Rock and Water Middle/Youth

1 on 1 Coaching

#### **Information about family/individual referring:**

(Only refer if you have obtained permission from the family and attach additional information if necessary)

Parents Name:

Date of birth child:

Childs Name:

Phone number:

Email:

Address:

Concerns:

Signed:

Date:

(Whanau)

Signed:

(Staff Member)

Other agency involvement:

Referrer's Name

Contact details

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OFFICE USE ONLY

Allocated to \_\_\_\_\_ (staff name) Date \_\_\_\_\_

Action taken \_\_\_\_\_

Signed \_\_\_\_\_ (staff) \_\_\_\_\_ (Manager)