Shama
Supporting Ethnic Women

8 Liverpool Street, Hamilton Central, 3204
PO Box 4218
www.shama.org.nz

Referral/Intake Form

Referral Source:		Date:	
Full Name		Referrer's Role	
Phone:		Mobile:	
Email:			

Client Details

Last Name:		First Name:	
Address			
Phone:		Mobile:	
Email:			
Immigration Status		Ethnicity:	
☐ Refugee Status	☐ Client aware of referral	☐ Children	☐ Driver's Licence

Presenting Issues

☐ Family Violence	☐ Family Issues	☐ Isolation	☐ Health
Other:			

Service Requested

☐ Advocacy	☐ FV Workshop	☐ Life Skills	☐ Brokerage
☐ Counselling	Other:		

For Shama Staff to Fill

Agencies involved:			
Social Worker:		☐ Intake	
Date:		Signature:	