



**BIRTHRIGHT (WAIKATO)  
TE WHANAUTANGA TIKI INC**

*1000 Victoria Street, Hamilton*

**P.O. Box 1052  
HAMILTON**

**Fax/Phone 07 838.0572**

**Cell Phone 027 538.0572**

**Toll Free Phone: 0800 457.146**

**Email bwaikato@ihug.co.nz**

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**Supporting One Parent Families since 1958**

**REFERRAL**

Date: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ Organisation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**CLIENT DETAILS**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Is the client parenting alone with dependants under the age of 18 years?

\_\_\_\_\_ ☐ Yes ☐ No

Is the client aware of this referral?

\_\_\_\_\_ ☐ Yes ☐ No

**RELEVANT CLIENT INFORMATION**

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