



Referral to Regional Intellectual Disability Care Agency (RIDCA)

This form is for use for all referrals made directly to RIDCA (civil) and under the CPMIP (Criminal Procedure (Mentally Impaired Persons) Act 2003.

For referrals under the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003 and the Mental Health (Compulsory Assessment and Treatment) Act 1992 please ask your RIDCA for the appropriate form.

Referral details

| | |
|--|--|
| Surname | First names |
| Address | |
| Phone | NHI |
| | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Referral date | |
| Current legal status (including welfare guardianship, PPPR status): | |
| | |
| Ethnicity | <input type="checkbox"/> Maori <input type="checkbox"/> NZ European <input type="checkbox"/> Other |
| Current GP | |
| GP's contact details | |
| <p>Important: If this is a civil referral has the person being referred consented to disclosure of health information to the RIDCA, and are they requesting this service?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, give reason:</p> | |

Referrer details

| | |
|------------------------|-----|
| Name | |
| Address | |
| Phone | Fax |
| Email | |
| Relationship to client | |

| |
|--------------------|
| Iwi |
| Hapu |
| Whanau/aiga/family |

| | |
|-----------------------------------|--------|
| Contact person | |
| Relationship to client | |
| Contact person's name and address | |
| Phone | Mobile |

Advocate/ lawyer details

| | |
|---------|--------|
| Name | |
| Address | |
| Phone | Mobile |
| Email | |

Reason for referral

| |
|----------------------------|
| Events leading to referral |
| |

For a person (referral) to meet the RIDCA eligibility criteria, it is a requirement that s/he presents with:

- a) an intellectual disability, and
- b) demonstrated behaviour that may pose a serious risk of physical harm to self/others

In addition, the person (referral) must have either:

- c) limited, or prevented, access to mainstream or community options, or
- d) manifests a psychiatric disorder or substance use disorder, or
- e) demonstrated behaviour that results in a breach of the law.

Please note also that for a person (referral) to meet the RIDCA eligibility criteria under the Criminal Procedure (Mentally Impaired Persons) Act 2003 it is a requirement that they have been charged with an imprisonable offence.

Please complete each of the following areas.

A) Intellectual disability

Assessed IQ about 70 or less. Significant adaptive behaviour deficits in at least two areas, permanent impairment became apparent in developmental years. Please attach all reports to evidence this.

Comments:

Office use only: rationale for decision

B) Whose behaviour poses serious risk of physical harm to self/ others

Serious risk of harm means death, permanent injury, psychological trauma, harm requiring acute medical care, high risk of harm to themselves – includes vulnerability to sexual abuse.

Comments: (Include detailed summary of behaviour, recency, frequency, duration, and impact.)

Office use only: rationale for decision

C) Access to mainstream or community options is limited or prevented

Documentary proof that all steps have been taken to support the person in mainstream services, or proof of refusal of disability services to provide care, or that the person has refused to participate in/ withdrawn from programmes or services.

Comments:

Office use only: rationale for decision

D) Manifests a psychiatric disorder, or substance abuse disorder

Has co-existing mental disorder and where the management is unable to be achieved within the client's current service.

Comments:

Office use only: rationale for decision

E) Behaviour results in a breach of the law

Recent history of serious and/or repeat involvement with the police or criminal justice system.

Charge sheet attached Yes No, please summarise the current charges

Are there any court charges pending?

Court of origin:

Office use only: rationale for decision

Please find attached:

Needs Assessment (for NASC referrals)

Specialist reports

Psychometric assessments

Other (specify).

Office use only

Referral received by

Date

Signature