Referral Form

Noho Āhuru Healthy Homes

Referred Person Details

First Name		Last Name	
D.O.B		NHI No.	
Gender		Ethnicity	
Is referred a child?	Yes ◯ No ◯	Does the child live in more than one home (or spend a lot of time in another home?)	Yes ◯ No ◯
		If yes, please gain consent from other home's caregiver for another referral if needed.	

House Details

Home Address				Dogs on Property?	Yes ◯ No ◯
Property Type	Own Home ◯	Emergency Housing ◯	Other Social Housing - Specify in Notes ◯		
	Private Rental ◯	Kāinga Ora ◯	Transitional Housing ◯		
	Boarding – Private Rental ◯	Boarding – Kāinga Ora ◯	Other: Please specify in Notes ◯		

Whānau Details

Parent / Caregiver Name		Ethnicity	
Relationship to child (e.g., grandmother, dad, respite/carer)			
Is there a NZ Citizen or Permanent resident in the home?	Yes ◯ No ◯	Is there more than 2 people sharing a room?	Yes ◯ No ◯
Are you low income/adult in home eligible for a Community Services Card?	Yes ◯ No ◯	Do you need a language interpreter?	Yes ◯ No ◯
		If yes, what language is required?	
Contact Number – Cell Phone		Home Phone	
Email Address			
Best way to contact whānau?	☐ Text ☐ Email ☐ Phone during day ☐ Phone on weekend/after 6pm ☐ Visit home		
No. Adults in home		No. Children in Home	
No. Adults in home with health conditions		No. Children with health conditions	
Do you have a preference of provider?	Māori provider ◯	Pasifika provider ◯	No preference ◯

Eligibility Group

Referral Group (please tick at least ONE)	Please see Referral Groups on next page

- ☐ Group 1 – 0-19yrs Housing Indicator Condition
- ☐ Group 2 – 0-5yrs At Risk Criteria
- ☐ Group 3 – Pregnant and Newborn
- ☐ Group 4 - Overcrowding

Additional Information

Referrer Name		Referrer Contact #		Date of Referral	
Referrer Email		Referrer Organisation			
Notes:					
How did you hear about Noho Āhuru Healthy Homes?					

I agree to the referring agency, as listed above, to pass this form onto Noho Āhuru - Healthy Homes and agree to be contacted by their staff. I have explained the purpose of the Noho Āhuru - Healthy Homes programme and how the families' information (as above) will be used.

☐ Verbal consent obtained

OFFICE USE ONLY: *WHĀNAU CASE NUMBER*

☐ *Low Income*	☐ *Group 1 (0-19 yrs Housing Indicator Condition)*	☐ *Group 3 (Pregnant women and Newborn)*
☐ *NZ Residence or Citizenship*	☐ *Group 2 (0-5 yrs At Risk Children Criteria*	☐ *Overcrowding Criteria*

Please email to nohoahuru@habitat.org.nz or call 0800 422 4828 Option 3

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Noho Āhuru Healthy Homes

Referral Group Criteria – please tick or circle relevant conditions/criteria		
Group	**Description**	**Details**
Group One Housing Indicator Condition	Child 0 – 19 years diagnosed with a Housing Indicator Condition	**Respiratory Tract Infections** Pneumonia, Acute Bronchiolitis, Unspecified Acute Lower respiratory tract infection, Bronchiectasis, Tuberculosis, Asthma, Viral Induced Wheeze **Meningitis** Meningococcal Infection, Bacterial Meningitis not elsewhere classified, Viral Meningitis, Unspecified Meningitis **Skin Infections** Scabies, Impetigo, Cellulitis, Infected eczema **Invasive and Post Streptococcal Diseases** Rheumatic Fever, Acute Nephritic Syndrome / Unspecified Nephritic Syndrome, Sepsis due to Group A streptococcus (GAS)
Group Two At Risk Children	Child 0 – 5 years with **at least two** of the following	☐ Oranga Tamariki abuse/neglect findings ☐ Caregiver with corrections history ☐ Caregiver with no formal qualification ☐ Caregiver on benefit
Group Three Pregnant women and newborn babies	Pregnant mothers and Newborn babies	☐ Pēpi up to the age of 5 years ☐ People who are pregnant
Group Four Overcrowding Group	Must fit at least one of the issues listed in the right-hand box AND both: evidence of overcrowding in the home & another child living in household 0-19 years	☐ A child 0-19 diagnosed with an indicator condition (as listed above) ☐ Person in the household eligible to receive monthly Bicillin ☐ 3 or more episodes of GAS Pharyngitis within a 3-month period

Low Income Information	
Family Members	**Income Limits**
Single – living with others	$31,705
Single – living alone	$33,646
Married, civil union or de facto couple – no children	$50,313
NZ Superannuation sharing accommodation	$33,713
NZ Superannuation single, living alone	$35,861
NZ Superannuation married, civil union or de facto relationship – no children	$53,821
Family of 2	$61,455
Family of 3	$75,645
Family of 4	$87,269
Family of 5	$98,687
Family of 6	$111,255
For families of more than 6, the limit goes up another $11,277 for each extra person	