

# Referral Form

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

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

Low Income Information	
Family Members	Income Limits
Single – living with others	\$33,919
Single – living alone	\$35,997
Married, civil union or de facto couple – no children	\$53,828
NZ Superannuation sharing accommodation	\$36,245
NZ Superannuation single, living alone	\$38,596
NZ Superannuation married, civil union or de facto relationship – no children	\$57,894
Family of 2	\$65,747
Family of 3	\$80,928
Family of 4	\$93,364
Family of 5	\$105,578
Family of 6	\$119,024
For families of more than 6, the limit goes up another \$12,065 for each extra person	