

# 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
Are you low income/adult in home eligible for a Community Services Card?		Yes	No	Do you need a language interpreter?	Yes
				If yes, what language is required?	No
Contact Number	Cell Phone			Home Phone	
Email Address					
Best way to contact whānau?		Text	Email	Phone during day	Phone on weekend/after 6pm
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		
<input type="checkbox"/> Group 1 – 0-19yrs Housing Indicator Condition <input type="checkbox"/> Group 2 – 0-5yrs At Risk Criteria <input type="checkbox"/> Group 3 – Pregnant and Newborn <input type="checkbox"/> 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?					

<p>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.</p>					
<input checked="" type="checkbox"/> Verbal consent obtained					
OFFICE USE ONLY:			WHĀNAU CASE NUMBER		
<input type="checkbox"/> Low Income <input type="checkbox"/> NZ Residence or Citizenship		Group 1 (0-19yrs Housing Indicator Condition)		Group 3 (Pregnant women and Newborn)	
		Group 2 (0-5yrs At Risk Children Criteria)		Overcrowding Criteria	

Please email to [nohoahuru@habitat.org.nz](mailto:nohoahuru@habitat.org.nz) or call 0800 422 4828 Option 3

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	