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 regularly stay elsewhere? If yes, send an additional referral for that home.		Yes ☐ No ☐	

House Details					
Home Address			Dogs on Property?	Yes ☐	
				No ☐	
Property Type	Own Home ☐	Emergency Housing ☐	Tāmaki Regeneration Corp ☐		
	Private Rental ☐	Kāinga Ora ☐	Boarding – TRC ☐		
	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 ☐		Are 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) see Referral Groups on next page

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

Additional Information					
Referrer Name		Referrer Contact #		Date of Referral	
Referrer Email		Referrer Organisation			
Notes:					

Consent

I consent to the referring agency sending this referral to Noho Āhuru and to Noho Āhuru staff contacting me. My personal information may be collected, used, stored, and shared by the programme partners—Habitat for Humanity, Te Puna Manawa, and Vaka Tautua—to assess my referral, coordinate services, and support my whānau. It may also be used for programme reporting and evaluation. Non-identifying information may be shared with Te Whatu Ora and Otago University and linked with Statistics New Zealand to evaluate the service. If I request an interpreter, my contact details may be shared with an external translation or interpreting provider only to help communicate with me. My information will be handled under applicable privacy requirements and will not otherwise be shared unless I consent or the law allows or requires it. I understand what information will be shared, why it is needed, and who may access it. Consent is voluntary. I may withdraw it at any time by contacting nohoahuru@habitat.org.nz. Withdrawal will not affect information already used or shared with my consent.

Signed _____ Name _____ Date _____	Or Verbal consent obtained ☐ On Date: _____

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

Habitat for Humanity Northern Region | Te Puna Manawa Trust

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	$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	

Please email to nohoahuru@habitat.org.nz or call 022 359 7256