

Referral Form NZ

Please complete all sections of this form and attach all required supporting information to ensure prompt consideration of your referral.

The Applicant		
Referral Date:	Name:	
Preferred housing location:	WINZ #:	DOB:
Mobile No.	Email address:	
Household status <input type="checkbox"/> Single <input type="checkbox"/> In relationship <input type="checkbox"/> Living with children <input type="checkbox"/> Children not living at home <input type="checkbox"/> Co-living arrangement	Applicant Current Address:	
Additional Occupants Names/ Date of Birth		
Support Agency		
Name of Organisation:		
Office Contact Number:		
Name of person making referral:		
Role:		
Phone:	Email:	
<i>Nature of services provided by your organisation to this applicant.</i>		
<i>How long has applicant been a client of your organisation?</i>		
<i>Will the same support worker/ agency maintain services in this area if no who will?</i>		

Other Support persons within your organisation/ or other agencies who work with this client:

Name:	Role:
Organisation:	
Phone:	Email:

Supporting Information

Please provide client information in attached documents. The information is used to make a full and suitable assessment of the client with the aim of providing successful and sustainable tenancies. Any information provided will be stored securely. Please tick to indicate you have included the required information.

Info provided	The following information must be included in the referral. Use separate documents to provide this information if necessary.
Yes/ No	Is the applicant on the MSD Public Housing Register?
	Ability to live independently – refer to notes below for info required
	If your client presents with mental illness please advise if they have insight into their diagnosis/condition and are currently living well with this in the community.
	Is client under the Mental Health Act through the community? If yes, provide details and ongoing community supports to enable client to sustain tenancy in the community.
	Advise of perceived risks and plans in place to manage this risk. <ul style="list-style-type: none"> to self or others the property
	Statement about the on-going provision of support in the community including any programmes prospective client is on such as Housing First programme, homeless programme, sustaining tenancies and/ or CADs.
	Does the applicant need basic literacy and/or language support?
	Statement about current housing situation – is client in emergency, transitional, supported/ assisted living or other community housing. If yes which type of accommodation; housing provider and how long for?
	Statement about client’s previous tenancies over the past 3 years including areas lived in, how long for - dates, issues experienced renting previously and how this was managed.
	Any additional information from other support organisations

Risk Indicators Summary

(There maybe delays in processing this referral if this section has not been completed)

This information is needed to enable Home in Place to undertake a risk assessment for the safety of both staff and the person being referred to ensure safe management practices are in place. Do you have any history or evidence of the following?

Please tick all that apply.

Descriptor	Yes	No	Descriptor	Yes	No
Aggression			Sex offences		
Arson			Self-Harm		
Domestic abuse • Current • Historical			Crimes against children		
Substance/alcohol use • Current • Historical			Gang affiliation • Current • Close affiliations		
Note clients with alcohol or drug concerns must have an AOD counsellor whom they are engaged with. Use space above to list name and contact details.					
Any additional information you feel we should know about or need to be aware of to ensure a safe secure working environment for all parties concerned.					
Any current safety management plans that you have in place? Please share in separate document.					
Additional recommendations to ensure the safety for all concerned?					

NOTES: Live independently assessment

- Basic activities of daily living
 - Oral and personal hygiene activities;
 - Medication management (read medication information and organize medication according to prescription);
 - Obtain information: auditory (obtain information from a radio announcement);
 - Obtain information: visual (obtain information from a newspaper);
 - Prepare meals- has prepared own meals including storing food, use sharp utensils, use a cooktop or oven to cook;
 - Small repairs (Home safety - identify hazards or problems in home safety situations)
- **Physical activities of daily living** associated with property care e.g. Bend, lift, and carry garbage (lift and carry garbage sack), Change bed linen, Sweep (clean spillage on the floor using a broom, dustpan and/ or mop), clean bathroom; Clean up after meal preparation; Launder clothing.
- **Cognitive activities of daily living** – **Shop** (select and buy grocery items); **Mail** – manage post and electronic mail; **Manage conversations** about bills & rent and follow up on actions such as contacting WINZ or setting up online banking; **Telephone use** (use telephone to receive calls and text and respond as appropriate) **including keep a working mobile** and know to advise about a change of number and or change in circumstances).

Return form and supporting documents to:

Home in Place (New Zealand) Limited

Email - newzealand@homeinplace.org