



<p><u>MUST TICK ALL THREE BOXES (in this section) to be eligible:</u></p> <p><input type="checkbox"/> Live in BOP area</p> <p><input type="checkbox"/> Family has a Community Service Card (or be eligible)</p> <p><input type="checkbox"/> One family member in the household is a NZ citizen or permanent resident</p>	<p>Referrers Contact details</p> <p>Name:</p> <p>Organisation/ Role:</p> <p>Contact number & e-mail:</p> <p>Would you like Healthy Homes Assessor to contact you? <input type="checkbox"/> Y <input type="checkbox"/> N</p>
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PLEASE CHOOSE ONE GROUP ONLY - TICK THE BOXES WITHIN THE GROUP THAT APPLY AS INDICATED

<p><u>GROUP 1</u> <input type="checkbox"/></p> <p>A child 0-5 years old (up to 6th birthday), hospitalised overnight with a hospital diagnosis of an *indicator condition</p> <p><i>No evidence of overcrowding required</i></p>	<p><u>GROUP 2</u> <input type="checkbox"/></p> <p>Child 0-5 years old (up to 6th birthday) with at least two of the following risk factors</p> <p>(Must tick 2 boxes to be eligible)</p> <p><input type="checkbox"/> Oranga Tamariki finding of abuse and/or neglect</p> <p><input type="checkbox"/> Caregiver with Corrections History</p> <p><input type="checkbox"/> Mother with no formal qualifications</p> <p><input type="checkbox"/> Long Term benefit recipient</p>	<p><u>GROUP 3</u> <input type="checkbox"/></p> <p>At risk pregnant women or new-borns (birth to 6 weeks)</p>	<p><u>GROUP 4</u> <input type="checkbox"/></p> <p>MUST have functional or structural overcrowding AND two or more children living in the home</p> <p>(Must tick one box)</p> <p><input type="checkbox"/> A child (0-14) hospitalised overnight and hospital diagnosis of an *indicator condition</p> <p><input type="checkbox"/> A member of the household has a history of Rheumatic Fever and on Bicillin</p> <p><input type="checkbox"/> One positive Gas swab in the household within the last three months</p> <p><input type="checkbox"/> A child (0-14) who has been treated in hospital for a skin infection related issue</p> <p><input type="checkbox"/> A child (0-14) has a strep infection within a skin infection</p>
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(FOR GROUP 1 & 4 - CIRCLE CONDITION) *INDICATOR CONDITIONS: Bronchiolitis, Bronchiectasis, Pneumonia, Meningitis, Lower Respiratory Tract Infection, Post Strep Glomerulonephritis. Group A Strep Sepsis, Meningococcal Disease, Rheumatic Fever, Nephritis Syndrome, Skin infection related issue



Date of referral:

Child/young person referred: Surname: First name:		D.O.B:
NHI:		M <input type="checkbox"/> F <input type="checkbox"/>
Street address: Suburb: Town/City:		Please TICK: Is your home? <input type="checkbox"/> Owned <input type="checkbox"/> Private rental <input type="checkbox"/> Social <input type="checkbox"/> Whānau-owned <input type="checkbox"/> Emergency/ Transitional housing
Parents/Guardians:		
Home phone: Mobile: Email:	Ethnicity: Iwi: Hapū:	NZ Citizen: <input type="checkbox"/> Y <input type="checkbox"/> N Other: Community Service Card: <input type="checkbox"/> Y <input type="checkbox"/> N
Alternative contact(s): <i>(state relationship to child if not parent)</i>		

Please specify the following:

How many people live in your home?	No. of Adults:	No. of children under 19:
How many bedrooms are in your home?		
Are members of the household sleeping in rooms other than bedrooms? (e.g: living areas, shed, garage):		
Please provide other relevant information:		
Any dog(s) on the property? Y <input type="checkbox"/>		

Potential housing issues:

Is your house draughty?	YES <input type="checkbox"/> /NO <input type="checkbox"/>
Is your house a leaky home?	YES <input type="checkbox"/> /NO <input type="checkbox"/>
Do you get condensation in your house?	YES <input type="checkbox"/> /NO <input type="checkbox"/>
Is your house colder than you would like?	YES <input type="checkbox"/> /NO <input type="checkbox"/>
Is there mould in your home?	YES <input type="checkbox"/> /NO <input type="checkbox"/>
Please provide other relevant information	

Access and Release of Information Consent

I give verbal or written consent for Tauranga Community Housing Trust/ Sustainability Options to access information from the person who referred me to Healthy Homes Initiative and to inform the referrer on the intervention progress. VERBAL (TICK)

This information will be utilised solely for the purpose of improving your housing situation.

Signed: _____

Date:

Scan and email to: Healthy Homes HUB: bophealthyhomes@so.org.nz