

Referral Form

HOUSING FIRST BLENHEIM



The information provided in this referral form is collected and held by Housing First Blenheim to assess the eligibility of the Participant/Kaewa for the Housing First programme. Receipt of the referral form does not indicate acceptance into the Housing First Programme. Referred participants/Kaewa and referrers will be advised of the outcome of the referral on the completion of the assessment process. The referred participant/Kaewa has the right to access and correct of any personal information held by Housing First Blenheim.

Participant/Kaewa Details

| General Information | |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name: | Date of Birth: |
| Gender: | Ethnicity: |
| Contact Number: | Iwi (if relevant/known): |
| Medical Information | |
| GP's Name: | GP's Practice: |
| GP's Contact Number: | NHI Number: |
| Next of Kin | |
| Name: | Relationship: |
| Contact Number: | Address: |
| Permission to contact Next of Kin? Yes/No | Contact Number: |
| Other | |
| MSD Number : | Income Type: |
| Are you on the MSD Social Housing Register? | Yes / No / Unknown |
| Does the Participant/Kaewa have any of the following? | <input type="checkbox"/> Mobile Phone <input type="checkbox"/> Photo ID <input type="checkbox"/> Bank Account <input type="checkbox"/> Pets <input type="checkbox"/> Someone you want to be housed with |

Eligibility

a) Experience of homelessness

Please provide information (with as much detail as possible) about the participant/kaewa's living situation(s) over the last three years

| Approximate dates (most recent first) | Type of housing (eg sleeping rough, private rental, HNZC, car, boarding, hospital) | Reason for leaving housing situation |
|------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

b) High, multiple and complex needs

Please tick all that apply in the last 12 months

- Received a mental health diagnosis or struggled with potential mental health concerns
- Voiced concern surrounding drug or alcohol use, or observed to have unsafe drug or alcohol use
- Experienced violence, or been violent to others
- Been in prison
- Taken prescription medications
- Accessed health care in an emergency department more than twice in the past 12 months
- Accessed psychiatric care in a hospital setting
- Accessed a rehabilitation or detox centre
- Experienced physical health challenge(s)
- Used substances recreationally

c) Need for intensive ongoing support

Is the Participant/Kaewa engaged with other services? Yes/No

If Yes, please provide information about services, including type of support provided, keyworker contact details, and length of engagement:

Does the Participant/Kaewa have unmet support needs? Yes/No

If yes, please describe support required, and details of any referrals made that are awaiting outcome, or have been declined.

Are there other reasons the participant/Kaewa has struggled to maintain their housing, that have not already been noted?

Consent

The completion of this form acknowledges that the Participant/Kaewa consents to:

- *the referral being made to Housing First Blenheim*
- *Housing First Blenheim contacting the referring agency and current support agencies for further information if required*
- *the details provided in this form being uploaded into the Housing First Blenheim database*
- *the referral being passed to other providers of emergency or transitional housing if required*

Participant/Kaewa

Participant/Kaewa Name: _____

Participant/Kaewa Signature: _____

Date: _____

Referrer

Please attach supporting documentation for information provided on this form.

Referrer's Name: _____

Agency: _____

Referrer's Signature: _____

Email: _____

Date: _____

Contact Number: _____

Please return form to:

Housing First Blenheim

Email: referral@housingfirstblenheim.co.nz

Phone: 0800 HFBLN

0800 432536

If you have any questions about anything in this form, please contact us.