



# Referral Form

**Criteria:**
 Homeless for 12 months

**OR**
 4 Episodes of homelessness over a 3-year period

**AND**
 Mental health and/or addiction issues

*The information provided on this form is collected to assess the eligibility of the participant/kaewa for the Housing First Programme.*

*Consent is given to all details being held on Housing First database*

## 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

**Please tick all that apply:**

- 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



**Housing History**

Approximate dates (most recent first)	Where? Address/location	Type of housing (sleeping rough/boarding/car/EH)	Reason for leaving housing situation
<b>Where are you currently living/sleeping?</b>			
<b>Where have you lived in the past three years?</b>			



### Participant/Kaewa current sleeping situation?

- Emergency Accommodation  
 Street/rough sleeping outside  
 Hospital  
 Prison  
 Other: \_\_\_\_\_

### Does the Participant/Kaewa have any of the below?

- Mobile Phone  
 Photo ID  
 Bank Account  
 Pets  
 Someone you want to be housed with

### Is the Participant/Kaewa engaged with other services? YES/NO

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## Consent

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*Consent is given for Housing First to contact:*

- *Referring agency for more information*
- *Pass referral onto Comcare if required*

### Participant/Kaewa

Participant/Kaewa Name: \_\_\_\_\_

Participant/Kaewa Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Referrer

*Required*

- *Support letter*
- *(If available) Crisis plan/risk assessment/discharge summary*

Referrer's Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Referrer's Signature: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

Contact Number: \_\_\_\_\_

### Please return form to:

Housing First Blenheim

Email: [referral@housingfirstblenheim.co.nz](mailto:referral@housingfirstblenheim.co.nz)

Phone: 0800 HFBLEN



## Housing First Blenheim Kaewa Privacy and Consent Form

### Information sharing

As part of Housing First Blenheim we will be collecting personal information from you. This includes things like your name, date of birth, and contact information. Also information about your health, housing, income and employment needs. We do this to make sure that we provide you with a good service.

At times we will need to work with other organisations which may include:

- St. Marks
- Gateway Housing Trust
- Maataa Waka
- Blenheim Emergency & Transitional Housing (BETHS)
- Christchurch Methodist Mission
- Marlborough District Council
- Crossroads
- Nelson Marlborough DHB
- Te Piki Oranga
- Ministry of Justice
- Ministry of Housing and Urban Development
- Department of Corrections
- Ministry of Social Development & SHR Housing Assessment Team
- Work & Income - This will be information relating to the services Work & Income and Housing First are providing me and may include personal information about my individual circumstances
- Ministry for Vulnerable Children, Oranga Tamariki
- Housing New Zealand (HNZ)
- NZ Police
- Statistics New Zealand
- Ministry of Health/Regional District Health Board
- Accident Compensation Corporation (ACC)
- Clinical support services such as Community Mental Health and/or general practitioners (your doctor)
- Pathways
- Other housing or social service providers

We only share information with them that's relevant, when it's appropriate and with your consent. If you have concerns about sharing information with any of these agencies (or perhaps one that isn't listed), or if you have any other information-sharing concerns or requirements please indicate below:

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### Evaluation and reporting

To help us improve our service you may be invited to take part in the evaluation of Housing First Blenheim. Your key worker will provide more information about this. Please note that we collect non-identifying information for evaluation and research purposes.

### Your rights

Under the Privacy Act 1993 you have the right to ask to see all information we, or other agencies involved in your support, hold about you and to ask them, or us, to correct that information. You can request to see this information by writing or emailing the Christchurch Methodist Mission at [info@mmsi.org.nz](mailto:info@mmsi.org.nz)

### Declaration

- I confirm the information in this form is true and correct
- I have read and understand all the above
- I understand that I can withdraw my consent at any time
- I understand if I withdraw my consent, or do not give my consent this may affect the ability of Housing First to provide services and support to me.

**Kaewa Name:** \_\_\_\_\_

**Kaewa Signature:** \_\_\_\_\_

**Housing First Blenheim Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### Research

Housing First Blenheim is working with other organisations and researchers to understand more about homelessness in New Zealand so that we can help end it. We would like to share some data we have collected about you with Statistics New Zealand. To do this we will send your data to Statistics New Zealand who will link and de-identify it (remove your name). Researchers with our approval can use this de-identified data for public good research projects. These projects will include looking at the long-term outcomes of our Housing First programme.

**I agree to sharing data with Statistics New Zealand for research purposes.**

**Kaewa Name:** \_\_\_\_\_

**Kaewa Signature:** \_\_\_\_\_

**Housing First Blenheim Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_