

REFERRAL FORM



| Criteria: |
|---|
| <input type="checkbox"/> Homeless for 12months OR <input type="checkbox"/> 4 Episodes of homelessness over a 3 year period AND <input type="checkbox"/> Mental health and/or addiction issues |
| <p><i>The information provided on this form is collected to assess the eligibility of the participant/kaewa for Housing First Programme.</i></p> |

| General Information | |
|--|----------------|
| Full Name: | Date of Birth: |
| Gender: | Ethnicity: |
| Contact Number: | Iwi: |
| 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 | |
| Other | |
| MSD Client Number: | Income: |
| Are you on the MSD Social Housing Register? Yes/No | |

Please tick all that apply:

- Received a mental health diagnosis or struggled with potential mental health concerns
- Voiced concern surrounding your 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

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

Consent:

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:

Email: referrals@housingfirstchch.co.nz

Phone: 0800 HFCHCH 0800 432424

Housing History: Time-Line

| Approximate dates (most recent first) | Where? Address/location | Type of housing (sleeping rough/boardings/car/EH) | Reason for leaving housing situation |
|--|----------------------------|---|---|
| Where are you currently living/sleeping? | | | |
| | | | |
| Where have you lived in the past three years? | | | |
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CONSENT FORM

Information sharing

As part of Housing First Christchurch 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, employment needs and to assess risks. We do this to make sure that we provide you with a good service.

We review our forms annually to make sure our information is up to date.

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

- Otautahi Community Housing Trust
- Emerge Aotearoa
- Comcare Trust
- Christchurch City Mission
- Christchurch Methodist Mission
- Ministry of Justice
- Ministry of Housing and Urban Development
- Department of Corrections
- Ministry of Social Development
- 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
- Kāinga Ora
- 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)
- Other Non-Government Agencies such as Vision West/Lifelinks/Pathway Trust/He Waka Tapu

We only exchange information with them that's relevant, when it's appropriate, and with your consent **indicated by your signature on these forms. Exceptions to this are where legislation, court proceedings or threat to public safety requires disclosure.** If you have concerns about exchanging information with any of these agencies (or perhaps one that isn't listed), or if you have any other information-exchanging concerns or requirements please indicate below:

Kaewa Signature: _____

Evaluation and reporting

To help us improve our service you may be invited to take part in the evaluation of Housing First Christchurch. 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

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 Christchurch Signature: _____

Date: _____

Research

Housing First Christchurch 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 Christchurch Signature: _____

Date: _____