

OUTREACH RAPID RESPONSE REFERRAL FORM

The information provided on this form is collected to assess the eligibility of the participant/kaewa for the Outreach Rapid Response (ORR) programme.



Ka Puta Ka Ora
Emerge Aotearoa



Ōtautahi
community
housing
trust



New Zealand
Needle Exchange
Programme
Te Waipounamu | DISC



Christchurch
City Mission
Te Whare Mihinā Ki Ōtautahi

CRITERIA

☐ Homeless for 12 months or less

PERSONAL INFORMATION

Full Name: _____ Date of Birth: _____

Gender: _____ Ethnicity: _____

Contact Number: _____ Iwi: _____

NEXT OF KIN

Name: _____ Relationship: _____

Contact Number: _____ Address: _____

WORK AND INCOME

MSD Client Number: _____ Income: _____

Are you on the MSD Social Housing Register? ☐ Yes ☐ No

MEDICAL INFORMATION

GP's Name: _____ GP's Practice: _____

GP's Contact Number: _____ NHI Number: _____

OTHER INFORMATION

Do you have children in your care? ☐ Yes ☐ No If yes, please give details:

Do you have any pets? ☐ Yes ☐ No If yes, please give details:

PLEASE TICK ALL THAT APPLY:

- ☐ Received a mental health diagnosis or struggled with potential mental health concerns
- ☐ Experienced violence
- ☐ 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
- ☐ Used substances recreationally

WHAT IS THE PARTICIPANT'S/KAEWA CURRENT SLEEPING SITUATION?

- ☐ Emergency Accomodation
- ☐ Hospital
- ☐ Street/rough sleeping outside
- ☐ Prison
- ☐ Other: *(Please specify details below)*

IS THE PARTICIPANT/KAEWA ENGAGED WITH OTHER SERVICES?

- ☐ Yes
- ☐ No

If yes, please provide details below including the service(s) name, how long you've been working with them and how often you contact them. Please also provide a name, phone number and email address for a contact person at each service listed:

HOUSING HISTORY: TIME-LINE

WHERE ARE YOU CURRENTLY LIVING/SLEEPING?

ADDRESS/LOCATION	TYPE OF HOUSING (SLEEPING ROUGH/BOARDING/CAR/EH)	HOW LONG HAVE YOU BEEN LIVING HERE FOR?

WHERE HAVE YOU LIVED IN THE PAST 12 MONTHS?

APPROXIMATE DATES (MOST RECENT FIRST)	ADDRESS/LOCATION	TYPE OF HOUSING (SLEEPING ROUGH/ BOARDING/CAR/EH)	REASONS FOR LEAVING HOUSING SITUATION

CONSENT:

As part of Outreach Rapid Response (ORR) 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 help in the coordination of relevant supports, identify a suitable match with providers and ensure we provide you with a good service.

We review our forms annually to ensure our information is up to date.

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

- Ōtautahi Community Housing Trust
- Emerge Aotearoa
- Comcare Trust
- Christchurch Methodist Mission
- Christchurch City 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 ORR are providing me, and may include personal information about my individual circumstances
- Ministry for Vulnerable Children, Oranga Tamariki
- Kāinga Ora
- NZ Police
- Te Whatu Ora
- Battered Womens Trust
- Aviva
- Statistics New Zealand
- Rodger Wright Clinic
- 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 other information-exchanging concerns or requirements please indicate below:

By signing this form you give us permission to contact your next of kin (details provided on page 1) in circumstances where it may be necessary. Should you wish to opt out of this, please indicate by selecting the tick box below.

☐ I do not give permission for my next of kin to be contacted

CONSENT: SIGNATURES

By signing this form I understand that I am able to make a complaint if I am unhappy with the service I have received and that I have received a copy of the complaints policy and "Collection of client information: Your rights to privacy and confidentiality" flyer.

Participant/Kaewa

Participant/Kaewa Name: _____

Participant/Kaewa Signature: _____ Date: _____

Referrer *Required: Support letter and crisis plan/risk assessment/discharge summary (if available)*

Referrer's Name: _____ Email: _____

Referrer's Signature: _____ Date: _____

EVALUATION AND REPORTING

To help us improve our service you may be invited to take part in the evaluation of Outreach Rapid Response. 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 2020 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 (CMM) at info@mmsi.org.nz

Declaration

Kaewa Name: _____ Kaewa Signature: _____

Outreach Rapid Response Signature: _____ Date: _____

RESEARCH

Outreach Rapid Response 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 and the Rodger Wright Centre (RWC). To do this we will send your data on where it will be linked and de-identified (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 Outreach Rapid Response programme.

I AGREE TO SHARING DATA WITH STATISTICS NEW ZEALAND AND THE RODGER WRIGHT CENTRE FOR RESEARCH PURPOSES

Kaewa Name: _____ Kaewa Signature: _____

Outreach Rapid Response Signature: _____ Date: _____

PLEASE RETURN THIS FORM TO US VIA EMAIL

Outreach Rapid Response: Email: orr.referrals@housingfirstchch.co.nz | Phone: 0800 22 44 60