Housing First Blenheim
Referral Form

HOUSING FIRST BLENHEIM

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

CRITERIA

1. ☐ Homeless for 12 months **OR** ☐ 4 episodes of homelessness over a 3-year period

2. **AND** mental health or addiction issues

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 THREE YEARS?

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

CHRISTCHURCH METHODIST MISSION KAEWA/CLIENT PRIVACY AND CONSENT FORM

INFORMATION SHARING

As part of Christchurch Methodist Mission, 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 ensure that we provide you with the most appropriate 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 for Cities, Regions, Environment and Transport
- Department of Corrections
- Ministry of Social Development & SHR Housing Assessment Team
- Work & Income - This will be information relating to the services Work & Income and CMM are providing me and may include personal information about my individual circumstances
- Ministry for Vulnerable Children, Oranga Tamariki
- NZ Police
- Kāinga Ora
- 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
- Manu Ora: CMM may provide updates to Manu Ora in regards to your housing situation (if relevant). If you **DO NOT** wish for CMM to share this information please indicate below

As part of delivering housing support services, we are required to disclose some personal information about you to the Ministry for Cities, Regions, Environment and Transport for monitoring and evaluation purposes'. MCERT's Housing Services Privacy Statement is available on *Privacy - Ministry for Cities, Environment, Regions and Transport* (Formerly Te Tūāpapa Kura Kāinga – Ministry of Housing and Urban Development)

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:

If there are safety issues for yourself and/or others we will discuss our concerns with you, whenever possible, before releasing information. In serious circumstances we may need to take emergency measures and inform you afterwards.

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 process and "Collection of client information: Your rights to privacy and confidentiality" flyer.

By signing this form, I consent to myself and my whānau receiving services from and, where necessary, being transported by staff from the Christchurch Methodist Mission.

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: _____

Referrer's Signature: _____ Date: _____

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 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

- 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 CMM 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: _____

COLLECTION OF CLIENT INFORMATION
YOUR RIGHTS TO PRIVACY AND CONFIDENTIALITY

Christchurch Methodist Mission

ANY PERSONAL INFORMATION COLLECTED FROM YOU IS ON THE BEHALF OF THE CHRISTCHURCH METHODIST MISSION TO ENABLE THE CHRISTCHURCH METHODIST MISSION TO PROVIDE YOU WITH SERVICES

- Wherever possible information collected from you will be in a private respectful manner
- If we need to collect information from another agency/person we will obtain your written permission first
- As part of delivering housing support services, we are required to disclose some personal information about you to the Ministry for Cities, Regions, Environment and Transport for monitoring and evaluation purposes'. MCERT's Housing Services Privacy Statement is available on *Privacy - Ministry for Cities, Environment, Regions and Transport* (Formerly Te Tūāpapa Kura Kāinga – Ministry of Housing and Urban Development)

YOUR INFORMATION WILL:

- be used to provide a service to you/your family
- be used for administration
- be used by staff involved in providing a service to you/your family, their clinical supervisors, or other professionals for consultative purposes
- be recorded in a personal paper file and electronically
- not be disclosed to anyone outside this agency without your permission. An exception to this will be if your safety, the safety of another adult or the safety or wellbeing of children/tamariki is at risk. This will wherever possible be discussed with you before any disclosure is made
- be used to assist in developing quality programmes
- not be used for any other purpose without your written consent, except when the information is used in a way where you are not personally identifiable (e.g. in a statistical summary or for education purposes where identifying content has been removed)
- be kept secure at all times
- be accurate, up to date and not misleading
- be available to you on request to view and update
- be kept for 10 years
- All staff of the Christchurch Methodist Mission are required to work to Christchurch Methodist Mission policies and procedures which are compliant with the Official Information Act 1982 and the Privacy Act 2020.

If all or any part of the requested information regarding yourself/your family is not provided the Christchurch Methodist Mission may not be able to provide services to you/your family.

HOUSING FIRST BLENHEIM

Christchurch Methodist Mission

Housing First Blenheim Compliment and/or Complaint Process

A guide to Compliment and/or Complain about our Service

The Process

1. Talk to the person you are working with

2. If your concern is not addressed to your satisfaction, contact the CMM Regional Housing Manager in order that options for a resolution can be explored:

Vanya Vitasovich
CMM Regional Housing Manager
ph: 027 224 5854
email: Vanya.Vitasovich@mmsi.org.nz

3. A further option may be to write to the Executive Director and/or the Board of Governance of the Christchurch Methodist Mission:

PO Box 5416, Papanui, Christchurch 8542
Ph (03) 375 1470

We will:

- Ensure all complaints are responded to within 5 working days
- Ensure you can be supported by an advocate or other support person if required