Healthy Housing Referral Form





Are there tamariki / children under 14 years old in the home?

Yes

No You may be eligible for Well Homes, Wellington's Healthy Housing Initiative. Please tick here if you would like a referral

Whānau details:
Full name:
DOB: NHI: Gender: _ Male _ Female _ Other:
Address:
Contact number: Email:
Ethnicity: NZ European
Hapu/lwi:
Support person: Contact number:
Preferred method of contact: Phone Text Email Letter
Please note any cultural/language/safety requirements:
Eligibility criteria (does a household member have):
□ NZ Residency or Citizenship
☐ Community Services Card
☐ Low income or financial hardship (i.e. accessing food banks, WINZ, budgeting services or other social agencies).
Housing condition:
Tenure: Private rental Kāinga Ora Home owner Other:
Housing concern (i.e. mould, overcrowding, bedroom numbers):
Identified health condition/concern:
☐ Respiratory infection ☐ Heart condition ☐ Skin infection
☐ Multiple admissions to GP/hospital ☐ Other:
Consent:
He Whare Taonga will work with eligible whānau to achieve a warm, dry and safe home.
☐ I give permission for He Whare Taonga nurses to contact me and discuss the programme in full
☐ I give permission for He Whare Taonga to review my medical records for housing related health conditions to ensure the correct support is provided
☐ If I am ineligible, I give permission to be referred on to an alternative housing service.
Referrer's details:
Referral date: Referred by:
Phone: Organisation:
Email address: