

# Healthy Housing Referral Form



Well Homes is Wellington's Healthy Housing initiative (HHI) which aims to assist whanau in making their **homes warm, dry and safe**.

## Client/Family details:

**Please put patient label here or write in client details**

Name: _____	NHI: _____
Address: _____	Postcode: _____

Ethnicity: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender:  Male  Female

Parent/guardian names (if client under 18 years): \_\_\_\_\_

Cell: \_\_\_\_\_ Home phone: \_\_\_\_\_

Please note any cultural/language/safety requirements: \_\_\_\_\_

**I have discussed Well Homes with the client/family and they have consented to this referral**

## Eligibility criteria (does the client/householder have):

NZ Residency or Citizenship

A community services card (client/householder) **OR**

Low income or financial hardship (i.e. accessing food banks, WINZ, budgeting services or other social agencies)

## What eligibility for support group does the client/family fit in: (see Eligibility support for definitions link)

Pregnant woman or new mother

0-5 Children with at least ONE of the housing indicator conditions

RF criteria

0-5 At risk children with two of the factors

## Indicate the health conditions the client or family are under care for:

Respiratory tract infections, pneumonia, acute bronchiolitis, unspecified acute lower respiratory tract infection, bronchiectasis, nephritic syndrome – acute or unspecified

Rheumatic fever

Meningitis

Meningococcal infection

Bacterial meningitis, now elsewhere classified

Viral meningitis, unspecified meningitis

Other medical conditions due to cold, damp housing

## Discuss with client/family:

- Well Homes will make contact with you and discuss the programme in full
- Well Homes will work alongside eligible families to achieve a warm, dry and safe home
- Ineligible families will be referred to an alternative housing service

The client/family understand that a public health nurse from Well Homes may need to view their medical history for the purposes of ensuring the correct housing support is made available

## Referrer's details

Referral date: \_\_\_\_\_ Referred by: \_\_\_\_\_

Phone: \_\_\_\_\_ Organisation: \_\_\_\_\_

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

**Fax form to 04 570 9211, scan and email to [wellhomes@huttvalleydhb.org.nz](mailto:wellhomes@huttvalleydhb.org.nz), or post to:**

Well Homes | Wellington Housing Coordination Service | 0800 675 675  
Regional Public Health, Private Bag 31907, LOWER HUTT 5040