

Healthy Housing Referral Form

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



Whānau details:

Please put patient label here or write in client details

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

Ethnicity: _____ DOB: _____ Gender: Male Female Other _____

Parent/guardian names (if under 18 years): _____

Contact number: _____ Alternative contact number: _____

Email: _____ Medical Centre & Dr: _____

Preferred method of contact: Phone Text Email Letter Community services card? Yes No

Please note any cultural/language/safety requirements: _____

Children's details

1. _____ DOB: _____
2. _____ DOB: _____
3. _____ DOB: _____
4. _____ DOB: _____
5. _____ DOB: _____
6. _____ DOB: _____
7. _____ DOB: _____
8. _____ DOB: _____

Housing condition

Tenure:

Rental Kāinga Ora Home owner Temporary Other _____

Housing concern (i.e. mould, overcrowding, bedroom numbers): _____

Have you been seen by Well Homes before? Yes No

Identified Health condition/concern

- | | | |
|---|---|--|
| <input type="checkbox"/> Are you pregnant? | <input type="checkbox"/> Do you have a new born? | <input type="checkbox"/> Respiratory health condition(s) |
| <input type="checkbox"/> Skin infections | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Meningitis |
| <input type="checkbox"/> Multiple admissions to GP/hospital | <input type="checkbox"/> Are you currently involved with any social services? | |

Consent

Discuss with whānau:

- I give permission for Well Homes nurses to access my / my children's health / hospital records
- I give permission for Well Homes to phone me to arrange a free in home assessment
- Ineligible families will be referred to an alternative housing service
- I consent to my data being de-identified and linked to Statistics New Zealand's Integrated Data Infrastructure, this will allow researchers to look at the 3 long-term effects of Healthy Homes on government datasets like health, education and employment.
- I consent to using my data for research and evaluation of Well Homes and Healthy Homes Initiatives.

Referrer s Details:

Referral date: _____ Referred by: _____

Phone: _____ Organisation: _____

Email address: _____

Email to 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