

**RETURN FORM TO:**

**zap@atareira.org.nz or toni@atareira.org.nz**



Easy Access Housing

## REFERRAL FORM

|  |                     |
|--|---------------------|
| Date of referral                                       |                     |
| First name(s)  |                     |
| Surname  |                     |
| Date of birth  | NHI No <sup>#</sup> |
| Gender   | Ethnicity           |
| <b>Applicant's Contact Details</b><br><i>*REQUIRED</i> |                     |

Smoker?

Drink Alcohol?

Take Recreational Drugs?

### SUPPORTING INFO

- Mental Health or Addiction Issues
- Current housing situation, and the reasons why
- Services/Supports currently engaged with
- Finance / Debt
- Court or Probation conditions
- Other?

*Copies of any existing Plans or other relevant documents are welcomed.*

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Easy Access Housing

| DESCRIBE CAPABILITY TO:   |                    | Challenging  | Average/OK               | Very good                |
|---|--------------------|--|--------------------------|--------------------------|
| LIVE WITH OTHERS  | <b>PLEASE TICK</b> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| PERSONAL HYGIENE  |                    | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| CLEAN/TIDY  |                    | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| ENGAGE WITH SUPPORTS  |                    | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| SHOPPING/COOKING  |                    | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| PAY BILLS/RENT  |                    | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>PERSON MAKING REFERRAL</b><br><i>(and Role or Relationship to the applicant)</i> |                    | TICK HERE IF THIS IS A SELF-REFERRAL (LEAVE REST OF FORM BLANK) <input type="checkbox"/> |                          |                          |
| <b>YOUR CONTACT DETAILS</b>   |                    |  |                          |                          |
| <b>ONGOING SUPPORTS YOU WILL PROVIDE</b>  |                    |  |                          |                          |
| <b>ONGOING SUPPORTS OTHERS WILL PROVIDE</b>   |                    |  |                          |                          |