

Sustaining Tenancies Referral Form

Before completing please, indicate that the following apply to you:

Aged over 18 years: YES /NO

Are resident in Auckland CBD or central suburbs: YES /NO

Have a current tenancy that is at risk: YES /NO

Are willing to engage in a plan of support: YES /NO

DETAILS:	
Name:	Date:
Address:	
Contact number(s):	
Which area do you live in?	
Email Address:	
Do you live alone or with others?	
Please indicate how many adults and children share your home:	
Is there anything that would make it hard for you to be visited in your home?	

Date of Birth:	NHI No: WINZ No:
Ethnicity: (✓ tick one) <ul style="list-style-type: none"> • NZ European • European • Māori • Pacific peoples • Asian • MELAA (Middle Eastern/Latin American/African) • Other ethnicity. • Decline to answer 	Health Status: (✓ tick any that apply to you) <ul style="list-style-type: none"> • Physical health • Mental health • Sight impairment • Hearing Impairment • Speech difficulty • Autistic Spectrum disorder (including Asperger's Syndrome) • Learning Difficulty/developmental delay • Dementia or Alzheimer's • Decline to answer
Do you consider yourself disabled? YES / NO	
Please let us know about any long term health conditions that are impacting on your wellbeing:	

Name and address of your GP?
Your Next of Kin:
Their Address:
Their Contact Number(s):
Have you used a Sustaining Tenancies service in the last year? Yes / No
If you are re-accessing this service, please say why you are unable to resolve the issues without the support?

Risk Indicators Summary
(Please note this referral can not be processed if this section has not been completed).
 This information is required to allow support staff to prepare for their visits.
 Do you have any history or evidence of the following?
 Please mark against ALL indicators.

	Yes	No	Don't Know		Yes	No	Don't Know
Aggression				Dogs at the property			
Arson				Sex Offences			
Domestic Abuse				Self Harm			
Current Substance / Alcohol use				Gang Affiliations			
Historical Substance / Alcohol use				Other (please specify)			

Is there anything else that you feel we should know about you or your circumstances in terms of risk and how this can be reduced?

Please note you will receive a telephone call from a Sustaining Tenancies worker asking you for more information in relation to this referral and about any known safety concerns.

If you are making this referral on behalf of someone else please provide your contact details:

Name:

Organisation/Team:

Relationship to the person referred:

Contact details:

Phone number:

Email:



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The person you are referring must be aware of and in agreement with this referral being made. Is the person you are referring aware of the referral and do they give their permission? Yes / No

Are you involved with any other professionals/services? Please include name and telephone number

Please provide details of your current situation, including what it is that is currently putting your tenancy at risk, and detailing any support that you think you need



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We need the information in this referral form to see how we may be able to help you. This information will be confidential to Sustaining Tenancies employees and will only be accessed and processed by authorised people. It will be used only for the purposes of assessing suitability for the service. To do this we may need to contact the people mentioned in this referral form to gain more information. We need your consent to do this. We understand that some of the information you give us may be sensitive. If we do not have this information, we may not be able to support you in the best way possible. However, **it is your choice whether you provide such information.**

The information you give may be held on electronic systems and you are welcome to update and request to change/remove your information at any time. By completing this form, you will be confirming that you give your consent for Sustaining Tenancies to hold and process your data in line with the procedures set out above. You can at any time view our full **privacy notice**

Agency / Authority / Individual	Consent given (✓ tick)	Consent not given (✓ tick)
GP		
Social Worker		
Community/Adult Mental Health Team		
Psychiatrist/Community Psychiatric Nurse		
Youth Offending Team/Probation		
Police		
Housing Providers		
WINZ		
Other (please name)		

I give my consent to contact the agencies/ authorities and individuals as indicated above:

Print Name:

Signature:

Date:

Please email this referral to the follow address:

sustainingtenancies@lifewise.org.nz

Or drop into the office at 385 Queen St, for the attention of the Sustaining Tenancies Team Lead

Once your referral is received, a worker will contact you to discuss more about the service and what we can offer. If you have any queries please contact us on 021 668 706