

National AWHI HHI REFERRAL Hauora Coalition



		PATIE	ENT INF	ORMATIO	N			
	le for the AWHI Healt an be sent to <u>referra</u>	•					=	
Child Name:				arent/Guard ame	lians			
NHI:			C	ontact Numl	ber 1			
Gender:	☐ Female ☐ Male		Co	Contact Number 2				
DOB:				Address				
Ethnicity:								
ELIGIBILITY CRITERIA								
	HOUSING RELATED CONDITION			NS RH			MATIC FEVER	
ELIGIBILITY GROUPS (Required) *refer page 2	O-19 years presented/diagnosed with any of the following conditions: Bronchiolitis Meningitis Pneumonia Meningococcal Bronchiectasis Disease Tuberculosis GAS Sepsis Lower Respiratory Post Strep GN Tract Infection Acute Rheumatic Asthma Fever Skin Infections* SOCIAL INDICATORS Whanau with children aged 0-5 and have 2 social indicators (refer to page 2)			occal GN umatic		0-19 years with 3 or more household episodes of Group A Streptococcus (GAS) pharyngitis 0-19 years with Rheumatic Fever OR A member of the household with Rheumatic Fever and receives Prophylactic medication. e home functional or structural crowding* (tick		
					MĀMA AND PĒPI			
INCOME & RESIDENCY STATUS (Required) *refer page 2	community services card (CSC) or are eligible for one?*				t least one member of the household? (tick one) Citizens manent Resident			
Housing type (Required) *refer page 2	 ☐ Homeowner ☐ Rent Privately ☐ Kainga Ora (previously Housing NZ) ☐ Transitional Housing ☐ Emergency Housing 					Community Housing Boarding (Kainga Ora) Boarding (Private Rental) Other		
Informed Consent (Required)	I have explained the purpose of the AWHI Healthy Homes programme and how the families' information (as above) will be used. The parent/guardian (stated above) has verbally consented to participate in the AWHI programme and for NHI data to be shared with Te Whatu Ora Counties-Manukau. — Yes — No							
REFERRER INFORMATION								
Referred Date	Organi			nisation Name				
Referrer Name Refe		Referre	rrer Contact					
Referrer Email			Would you like to be contacted?		е	☐ Yes	□ No	
How did you hear a	bout AWHI?	<u> </u>						



AWHI REFERRAL



AWHI INFORMATION SHEET

This information sheet provides referrers with further information about eligibility criteria for the AWHI programme.

1. Eligibility Criteria:

HOUSING RELATED CONDITIONS	SOCIAL INDICATORS				
Skin conditions:	Whanau must have a child aged 0-5 AND have 2 of the				
Crowded living conditions can contribute	following:				
towards skin infections. Skin infections include:	Mother with no formal qualifications				
Scabies	2. Long term benefit – receipt				
Impetigo	3. Caregiver with corrections history				
Cellulitis	4. Child, Youth and Family finding abuse or neglect.				
 Infected eczema 	5. At risk of housing indicator conditions				

2. Low Income: The family MUST have an annual income less than the threshold outlined below

Family Size	Annual Income less than			
Single – living with others	\$29,570			
Single – living alone	\$31,380			
Married, civil union or de facto couple – no children	\$46,925			
NZ Superannuation single, sharing accommodation	\$31,443			
NZ Superannuation single, living alone	\$33,446			
NZ Superannuation married, civil union or de facto relationship	\$50,197			
Family of 2	\$57,317			
Family of 3	\$70,551			
Family of 4	\$81,393			
Family of 5	\$92,042			
Family of 6	\$103,764			
For families of more than 5, the limit goes up another \$7,898 for each extra person				

3. Overcrowding:

- a) Functional crowding the family sleeping together in one room to keep warm
- b) Structural crowding more than 2 people per bedroom
- **4. Informed consent:** The information disclosed in the referral form will be utilised by AWHI to contact the family and carry out a housing assessment and plan.