



PATIENT INFORMATION				
Child/Young Person's Full Name			Parent/Guardian's Name	
NHI of C/YP			Contact Number 1	
Gender of C/YP	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Contact Number 2	
DOB of C/YP			Address	
Ethnicity of C/YP				
ELIGIBILITY				
REFERRAL GROUPS <i>(Please select ONE target group)</i>  C/YP**	GROUP 1 – HOUSING INDICATOR CONDITIONS		GROUP 2 – RHEUMATIC FEVER PREVENTION	
	C/YP aged 0-14 presented/diagnosed with any of the following conditions:		<input type="checkbox"/> C/YP aged 0-19 years with 3 or more household episodes of Group A Streptococcus (GAS) pharyngitis	
	<input type="checkbox"/> Bronchiolitis	<input type="checkbox"/> Meningitis	<input type="checkbox"/> C/YP aged 0-19 years with Rheumatic Fever OR	
	<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Meningococcal Disease	<input type="checkbox"/> A member of the household with Rheumatic Fever and receives Prophylactic medication.	
	<input type="checkbox"/> Bronchiectasis	<input type="checkbox"/> GAS Sepsis		
	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Post Strep GN		
	<input type="checkbox"/> Lower Respiratory Tract Infection	<input type="checkbox"/> Acute Rheumatic Fever		
	<input type="checkbox"/> Asthma	<input type="checkbox"/> Skin Infections*		
	GROUP 3 – SOCIAL INDICATORS		GROUP 4 – MĀMA AND PĒPI	
	<input type="checkbox"/> Whanau with children <u>aged 0-5</u> and have 2 social indicators *		<input type="checkbox"/> Pregnant woman	
			<input type="checkbox"/> New-born and up to 5 years	
Overcrowding* <i>(Required)</i>	Is there Functional Crowding?	Is there Structural Crowding?	Is there overcrowding in the home?	
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	
			Number of <b>children</b> _____	
			Number of <b>adults</b> _____	
			Number of <b>bedrooms</b> _____	
Residency status <i>(Required)</i>	<input type="checkbox"/> NZ Citizen		<input type="checkbox"/> Permanent Residents*	
Low Income <i>(Required)</i>	<input type="checkbox"/> Yes		<input type="checkbox"/> No*	
Housing type <i>(Required)</i>	<input type="checkbox"/> Homeowner		<input type="checkbox"/> Boarding	
	<input type="checkbox"/> Rent Privately		<input type="checkbox"/> Other _____	
	<input type="checkbox"/> Kainga Ora (previously Housing NZ)			
Informed Consent <i>(Required)</i>	I have explained the purpose of the AWHI 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. *			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	The parent/guardian (stated above) has verbally consented for NHI data to be shared between AWHI and CMDHB			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
REFERRER INFORMATION				
Date of Referral			Name of Organisation/Service	
Name			CMDHB Staff	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact Number			Would you like to be contacted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email				

\*Refer to information and/or criteria on the next page

\*\* C/YP = Child/Young Persons

## AWHI INFORMATION SHEET

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

### 1. Eligibility Criteria:

GROUP 1: HOUSING INDICATOR CONDITIONS	GROUP 3: SOCIAL INDICATORS
<p><u>Skin conditions:</u> Crowded living conditions can contribute towards skin infections. Skin infections include:</p> <ul style="list-style-type: none"> <li>▪ Scabies</li> <li>▪ Impetigo</li> <li>▪ Cellulitis</li> <li>▪ Infected eczema</li> </ul>	<p><u>Whanau must have a child aged 0-5 AND have 2 of the following:</u></p> <ol style="list-style-type: none"> <li>1. Mother with no formal qualifications</li> <li>2. Long term benefit – receipt</li> <li>3. Caregiver with corrections history</li> <li>4. Child, Youth and Family finding abuse or neglect.</li> <li>5. At risk of housing indicator conditions</li> </ol> <p><i>Please note that AWHI understands that the above criteria are confidential and sensitive information. As a referrer, you do not need to specify which of the above criteria the family meets, as long as you believe the family meet two of the criteria listed. The AWHI programme will not verify or look further into this information.</i></p>

2. **Residency Status:** The family must be New Zealand Citizens or Permanent Residents.

3. **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	\$26,042
Single – living alone	\$27,637
Married, civil union or de facto couple – no children	\$41,327
NZ Superannuation single, sharing accommodation	\$26,633
NZ Superannuation single, living alone	\$28,279
NZ Superannuation married, civil union or de facto relationship	\$42,309
Family of 2	\$49,447
Family of 3	\$59,743
Family of 4	\$67,932
Family of 5	\$75,952
Family of 6	\$84,915
For families of more than 5, the limit goes up another \$7,898 for each extra person	

### 4. Overcrowding:

- a) Functional crowding - the family sleeping together in one room to keep warm
- b) Structural crowding – more than 2 people per bedroom

5. **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.

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### 6. C/YP refers to Child and Young Person(s)

**CMDHB Services only** - Please use the **Healthy Homes (AWHI) CMDHB e-Referral**

**NB:** If you are unable to complete an e-referral **OR** attach this form to the e-referral please email it to [AWHI Healthy Housing Initiative \(AWHI HHI\) CMDHB](mailto:referrals@awhi.co.nz) for processing

**Queries regarding eligibility and the referral process can be made to:**

**Email:** [referrals@awhi.co.nz](mailto:referrals@awhi.co.nz)

**Phone:** 0800 100 AWHI