



PATIENT INFORMATION

To be eligible for the AWHI Healthy Homes Initiative **ALL SECTIONS MUST BE COMPLETED** in the eligibility criteria. Referrals can be sent to referralswko@awhi.co.nz. For any enquiries, please call on 0800 100 AWHI (0800 100 2944)

Child Name:		Parent/Guardians Name	
NHI:		Contact Number 1	
Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Contact Number 2
DOB:	Address		
Ethnicity:			

ELIGIBILITY CRITERIA

Informed Consent <i>(Required)</i>	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 Waikato. <input type="checkbox"/> Yes <input type="checkbox"/> No	
INCOME & RESIDENCY STATUS <i>(Required)</i> <i>*refer page 2</i>	Does the parent or caregiver have a community services card (CSC) or are eligible for one?*	Is there at least one member of the household? <i>(tick one)</i>
Housing type <i>(Required)</i> <i>*refer page 2</i>	<input type="checkbox"/> Homeowner <input type="checkbox"/> Rent Privately <input type="checkbox"/> Kainga Ora (previously Housing NZ) <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Emergency Housing	<input type="checkbox"/> NZ Citizens <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Community Housing <input type="checkbox"/> Boarding (Kainga Ora) <input type="checkbox"/> Boarding (Private Rental) <input type="checkbox"/> Other _____
ELIGIBILITY GROUPS <i>(Whanau to meet requirements for 1 group)</i> <i>*refer page 2</i>	HOUSING RELATED CONDITIONS	RHEUMATIC FEVER
	0-19 years presented/diagnosed with any of the following conditions: <input type="checkbox"/> Bronchiolitis <input type="checkbox"/> Pneumonia <input type="checkbox"/> Bronchiectasis <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Lower Respiratory Tract Infection <input type="checkbox"/> Asthma <input type="checkbox"/> Meningitis <input type="checkbox"/> Meningococcal Disease <input type="checkbox"/> GAS Sepsis <input type="checkbox"/> Post Strep GN <input type="checkbox"/> Acute Rheumatic Fever <input type="checkbox"/> Skin Infections*	<input type="checkbox"/> 0-19 years with 3 or more household episodes of Group A Streptococcus (GAS) pharyngitis <input type="checkbox"/> 0-19 years with Rheumatic Fever OR A member of the household with Rheumatic Fever and receives Prophylactic medication. Is the home functional or structural crowding* <i>(For Data Purposes)</i> <input type="checkbox"/> Functional <input type="checkbox"/> Structural
	SOCIAL INDICATORS	MĀMA AND PĒPI
	<input type="checkbox"/> Whanau with children aged 0-5 and have 2 social indicators <i>(refer to page 2)</i> Whanau must have a child aged 0-5 AND have 2 of the following: <input type="checkbox"/> Mother with no formal qualifications <input type="checkbox"/> Long term benefit – receipt <input type="checkbox"/> Caregiver with corrections history <input type="checkbox"/> Child, Youth and Family finding abuse or neglect. <input type="checkbox"/> At risk of housing indicator conditions	<input type="checkbox"/> Pregnant woman / Hapu Māmā <input type="checkbox"/> New-born up to 5 years



AWHI REFERRAL



REFERRER INFORMATION

Referred Date		Organisation Name	
Referrer Name		Referrer Contact	
Referrer Email		Would you like to be contacted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about AWHI?			

AWHI INFORMATION SHEET

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

1. Eligibility Criteria:

HOUSING RELATED CONDITIONS
<p><u>Skin conditions:</u> Crowded living conditions can contribute towards skin infections. Skin infections include:</p> <ul style="list-style-type: none"> ▪ Scabies ▪ Impetigo ▪ Cellulitis ▪ Infected eczema

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.