



Maternity services referral form

Referral details

Date:

First name.....Last name.....

NHI.....DOB.....Gender..... Phone number:

Address.....

Alternative contact person:..... Phone number:.....

Ethnicity: Māori New Zealand European Pacific Islander Other

Language preference (please tick)? English Other (please specify).....

Housing status (tick one): Private rental HNZ rental Own home Board with family

Other.....

Eligibility criteria

(a) Is the client pregnant? Yes No OR

(b) Is the client a new parent (baby up to six months of age)? Yes No

(c) Live in the NDHB catchment area: Yes No

(d) Residency status (please tick one): New Zealand Citizen NZ Permanent Resident

(e) Have a Community Services Card (CSC): Yes

– OR are eligible for one, using the CSC income thresholds below: Yes

Family of 2: \$50 673

Family of 3: \$61 224

Family of 4: \$69 616

Family of 5: \$77 835

Family of 6: \$87 020

(For families of more than 6, the limit goes up another \$8095 for each extra person)

('Family of' means total number of people living in the home. This is not based on age or parental status. So a 'family of 4' could be two adults and two children, or one adult and three children, for example.)

How many people usually live in the home?.....

Referrer details

Referrer's first name..... Last name.....

Phone number.....(EXTN)..... Mobile number.....

Email..... Organisation / service:.....

I would like to discuss this referral with Manawa Ora. If yes, please give details:

.....

I would like to be informed of the outcome of this referral. If yes, please give details:

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Send referral to:

Email: manawaora@mahitahiauora.co.nz or Fax: (09) 438 3210

If you are unsure whether a family is eligible or not, please complete a referral form, and the Manawa Ora team will contact you for further information if required.

Mark Trudinger (Manawa Ora Regional Coordinator) Phone: (09) 438 1015 or 021 415 665

Informed consent form

I / We _____

of

(address)

(address)

I am happy to be referred to the Manawa Ora Programme (MO) initiative to see if there are any services that will help to improve my housing situation.

Yes / No (please circle).

I am happy for the Manawa Ora service and their contracted providers to share my information with any other agencies that can help improve my housing conditions.

Yes / No (please circle).

I am happy to be contacted again to see if my health and my home conditions have changed.

Yes / No (please circle).

(NB: Parent, legal guardian, caregiver to sign if young person is under 16 years).

(Name) (Signature) Date _____