



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 (please tick one): Private rental ☐ HNZ rental ☐ Own home ☐ Board ☐

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: \$49 993

Family of 6: \$85 852

Family of 3: \$60 402

(For families of more than 6, the limit goes

Family of 4: \$68 682

up another \$7,986 for each extra person)

Family of 5: \$76 790

('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:.....

Are there any *risks* that the assessor should be aware of prior to visiting the family (e.g: dog on property)

.....

☐ I would like to discuss this referral with Manawa Ora. If yes, please specify reason:

.....

Send referral to:

Email: manawaora@manaiapho.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.

Melanie Dalziel (Manawa Ora Regional Coordinator) Phone: (09) 438 1015 or 021 415 665

Audrey Bridgman (Administrator) Phone: (09) 438 1015

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