**REFERRAL FORM**

**TE PŪNAHA PĀ TRANSITIONAL HOUSING**

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| **Date of referral:**  | **Name of referrer:**  |
| **Name of Referring Agency:**  |  |
| **Referral to:** (tick appropriate box)* Te Pā Manawa (Tāne only), 38 Britannia Street, Petone
* Te Pā Pori (Tāne only), 58 Tory Street, Te Aro, Wellington
* Kemp, 21 Te Pene Avenue, Titahi Bay
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| **Manuhiri details** |
| **First name:** |  | **Last name:** |  |
| **D.O.B.** |  | **Contact number:** |  |
| **MSD number:**  | **MSD Housing Register rating:**  |
| **Next of Kin & Contact no.:**  |
| ***Are you connected in with any other support services/ health services (e.g. DCM, Housing First)?*** |
| **SUPPORT SERVICES:** | **CONTACT NAME:** | **CONTACT NUMBER:** |
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| ***What has happened to cause you to be homeless?***     |
| ***What is your current accommodation (e.g. emergency housing, sleeping rough/ in a car etc)?*** |
| **Any known risks?** *Tick if yes** Department of Justice/ Corrections history **Past** 🞏 **Present** 🞏
* Special conditions (e.g. bail conditions)
* Other

*If yes, please provide details:*    |
| **Support:*****Do you have any health, disability, mental health or addiction issues?***     |

**Declaration and consent:**

I understand and agree to being referred to the Wellington City Mission, Te Pūnaha Pā Transitional Housing. I understand that I will be considered for the service but at this stage there is no guarantee that I will receive the service. If I fit the criteria and my referral is accepted, I will be notified by Wellington City Mission.

If my referral is accepted, I agree to be a part of Wellington City Mission, Te Pūnaha Pā Transitional Housing, and to engage with Kaiārahi (Advocate/ Social Worker) at least once a week, and once homed agree to at least one home visit a week for up to 3 months.

I agree and understand that as a part of this referral process Wellington City Mission may access publicly available information about me to assess how they can best assist me. I understand that if any information contained in this application is misleading or false, this application will be cancelled.

I authorise Wellington City Mission to discuss and exchange information with the Ministry of Social Development to support this referral and to health agencies (e.g. medical services) in order to access appropriate health services.

*I declare that the information contained in this referral is true and correct and acknowledge that I give permission to Wellington City Mission to check the validity of the information supplied.*

Manuhiri (resident) name:

Manuhiri signature:

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| Te Pūnaha Pā Transitional Housing guide to living well with us:* We are not just an accommodation, we are a programme with support available.
* The programme encourages you to participate in wānanga/learning provided. You must engage with your advocate/ Kaiārahi at least weekly.
* There is controlled entry and exit to our sites and visitors are welcome between 10am and 6pm. We close our doors each night at 9pm and if manuhiri leave the building, they cannot re-enter until 6am (outside shift work commitments). This ensures the safety of our community.
* You must be able to live respectfully with others.
* We are an alcohol and drug free environment.
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