

# HEALTHY HOMES SERVICE REFERRAL FORM

**MUST TICK ALL THREE BOXES (in this section):**

- Live in the Rotorua area
- Family have a Community Services Card (or are eligible)
- At least one member of the house hold is a New Zealand resident or permanent resident

*If family are not eligible through any of the criteria please provide an alternative service brochure*

**PLUS MEET ONE OF THE FOLLOWING CRITERIA (please tick):** *If family are eligible please turnover to complete consent form for referral*

## Criteria 1

A child 0 to 5 years old  
( up to 5th birthday) hospitalised with housing-related indicator conditions

\*No evidence of overcrowding required

## Criteria 2

A child 0 to 5 years old  
(up to 5th birthday) with at least 2 of the following risk factors:

- Oranga Tamariki finding of abuse or neglect
- Caregiver with a corrections history
- Mother with no formal qualification
- Long term benefit recipient

Must tick 2+ boxes

## Criteria 3

Pregnant woman or new born baby (birth to 6 weeks)

\*No evidence of overcrowding or hospitalisation required

## Criteria 4

Must tick 1 box

- A child hospitalised overnight (0-14 years) with a hospital diagnosis of an indicator condition
- A member of household has a history of Rheumatic Fever and is on Bicillin
- Three positive GAS swabs in the household within the last three months

## PLUS

Have functional or structural overcrowding and 2 or more children living in the home

## INDICATOR CONDITIONS:

Bronchiolitis, Bronchiectasis, Pneumonia, Meningitis, Lower Respiratory Tract Infection, Post Strep Glomerulonephritis, Group A Strep Sepsis, Meningococcal Disease, Rheumatic Fever

# INFORMED CONSENT FORM HEALTHY HOMES SERVICE (Patient to complete)

Guardians/parent or pregnant woman's name .....

Street address: ..... Contact phone number: .....

I am happy to be referred to the Rheumatic Fever Prevention / Healthy Homes Co-ordinator to see if there are any services that will help to improve my housing situation.

**Yes / No** (please circle)

**\*FILL IN THIS BOX IF REFERRAL IS FOR A CHILD**

On behalf of .....

*(name of child / young person)*

Childs age: ..... Ethnicity child identifies with: .....

I am happy for the Rheumatic Fever Prevention / Healthy Homes Co-ordinator to share my information with and/or between any other agencies that can/will be able to help improve my housing conditions.

**Yes / No** (please circle)

**Parent/Guardian or Pregnant woman to sign.**

..... Date: .....

*(Name)*

*(Signature)*

*Send all referrals to [healthyhomeshub@raphs.org.nz](mailto:healthyhomeshub@raphs.org.nz) or fax them to (07) 347 0564  
For enquiries about referrals that have been made to RFHH please phone 022 4170247*

## REFERRER TO COMPLETE

**Referrer Details – please make sure you complete this section**

Referrer's name: .....

E-mail: ..... Service/Team: .....

Phone Number: ..... Date of Referral: .....

## ATTACH PATIENT LABEL HERE

**SURNAME:**

**NHI:**

**FIRST NAMES:**

**DOB:**