



## Referral Form (Emergency Housing)

Visions of a Helping Hand provides emergency housing and wrap around support services for individuals and whanau. With the aim to support people to achieve their goals, become independent and source long-term housing.

Client Information		
Client Name	Gender	
Client Address	DOB	
Contact Number	Ethnicity	
Next of Kin Name	WINZ number – if known	
Next of Kin Contact	NHI – if known	
	Social Housing Rating	
Partner Name	Gender	
Partner Address	DOB	
Contact Number	Ethnicity	
Next of Kin Name	WINZ number – if known	
Next of Kin Contact	NHI – if known	
	Social Housing Rating	
Child Name	DOB	School
1.		
Medical / Behavioural Conditions		
2.		
Medical / Behavioural Conditions		
3.		
Medical / Behavioural Conditions		
4.		
Medical / Behavioural Conditions		
5.		
Medical / Behavioural Conditions		

Service Document: Referral Form

| Created & Authorised: Visions of a Helping Hand |  
| Issued: August 2020 | Review: August 2021 | Version 1.2 |

# Visions of a Helping Hand Charitable Trust



Child Name	DOB	School
6.		
Medical / Behavioural Conditions		
7.		
Medical / Behavioural Conditions		
8.		
Medical / Behavioural Conditions		
Extra Information		

Referrer Information			
Referrer Name		Referrer Number	
Referrer Email		Service Provider	
Has the person consented?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are they under the Mental Health Act?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**PLEASE SEND COMPLETED REFERRAL VIA EMAIL TO: [referralhub@visions.org.nz](mailto:referralhub@visions.org.nz)**

Referrer's Name	Signature	Date

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## Referral Form

### Client Information

Background information/ family/whanau

Current situation:

Immediate safety concerns:

Substance use:

Mental Health:

Medical & Physical conditions including medication:

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Forensic details (including probation conditions):

Cultural/spiritual

Goal Plan:

## Eligibility Criteria – Access to Visions of a Helping Hand

- NZ Resident or Citizenship
- Must have a housing issue or no stable accommodation
- Resides within the Lakes District
- Referred person must be aged 18 +
- Able to complete self-cares
- Consents to participating in Visions services
- Agrees to abide by Visions Rules and Regulations
- Does not pose significant high risk to other tenants and staff
- Is committed to maintaining safety for self, staff, other tenants and the community
- Other criteria may also apply
- All sections must be completed. If a couple is being referred together details and information for both adults must be entered.