

HEALTHY HOMES SERVICE REFERRAL FORM

MUST TICK ALL THREE BOXES (in this section):

- Live in the Rotorua / Turangi 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:

- CYFS 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 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: