WISE HEALTHY HOMES REFFERAL FORM

REFERRER INFORMATION				
Referral date:	Referred By:			
Contact Number:	Organisation:			
Email Address:				
REFERRAL DETAILS				
*Residency status? NZ Citizen Low income family? YES	Permanent Residents NO			
Verbal consent for HHI services granted? YES NO Verbal consent granted to share information with HHI provider? YES NO				
Referred Child/Pregnant person Name:				
Parent/Caregiver Name: Contact details: Email Address: Address:	Relationship to child:			
Ethnicity:	Tenure:			

*at least one member of the household must be a New Zealand citizen or permanent resident

ELIGIBILITY CRITERIA:

GROUP A	GROUP B	GROUP C	GROUP D
Children O - 5 that have been hospitalised with one of the following conditions: • Bronchiolitis • Pneumonia • Bronchiectasis • Tuberculosis • Lower Respiratory Tract Infection • Asthma • Meningitis • Meningococcal Disease • GAS Sepsis • Post Strep GN • Acute Rheumatic Fever • *Skin Infections	Pregnant people/ women and new- born babies	 Children O-5 who have two of the following risk factors : Oranga Tamariki finding of abuse or neglect caregiver with a corrections history mother with no formal qualifications long-term benefit receipt. 	Rheumatic Fever: O-19 years with 3 or more household episodes of Group A Streptococcus (GAS) pharyngitis OR A member of the household with Rheumatic Fever and receives Prophylactic medication OR aged O-19 years with Rheumatic Fever
GROUP A	GROUP B	GROUP C	GROUP D

Eligible child/children's details

NAME	DOB	COMMENTS
*skin infections include: Scabies/Impetigo/Cellulitis/Infected eczema		

Family Income Eligibility

Family Size	Annual Family Income
Family of 2	\$57,317
Family of 3	\$70,551
Family of 4	\$81,393
Family of 5	\$92,042
Family of 6	\$103,764

For families of more than 6, the limit goes up another \$10,517 for each extra person

Eligible child/children's details

NAME	DOB	COMMENTS







