

WISE HEALTHY HOMES REFERRAL FORM

REFERRAL INFORMATION

Referral date: _____ Referred By: _____
 Contact Number: _____ Organisation: _____
 Email Address: _____

REFERRAL DETAILS

*Residency status? NZ Citizen Permanent Residents
 Low income family? YES 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: _____ NHI : _____ AGE: _____
 Parent/Caregiver Name: _____ NHI : _____ DOB: _____
 Contact details: _____
 Email Address: _____ Relationship to child: _____
 Address: _____
 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 0 - 5 that have been hospitalised with one of the following conditions: <ul style="list-style-type: none"> • Bronchiolitis • Pneumonia • Bronchiectasis • Tuberculosis • Lower Respiratory Tract Infection • Asthma • Meningitis • Meningococcal Disease • GAS Sepsis • Post Strep GN • Acute Rheumatic Fever • *Skin Infections 	Children 0-5 who have two of the following risk factors : <ul style="list-style-type: none"> • Oranga Tamariki finding of abuse or neglect • caregiver with a corrections history • mother with no formal qualifications • long-term benefit receipt. 	Pregnant people/ women and new-born babies	Rheumatic Fever: 0-19 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 0-19 years with Rheumatic Fever

GROUP A GROUP B GROUP C GROUP D

Eligible child/children's details

NAME	NHI	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



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