**Application / Referral for Service**

**Statistical Details**

Gender: Male / Female / LGBTQ

DHB:

Ethnicity:

❑ Pākehā (NZ European)

❑ Māori

❑ Pacific Islander

❑ European (including British)

❑ Chinese

❑ Indian

❑ Other Asian

❑ Australian

❑ North American

❑ African, Middle Eastern, Latin America

❑ Other

**Client Contact Details**

First names:

Preferred Name:

Last Name:

Address:

City & Postcode

NHI Number:

Home Phone:

Cell Phone:

Work Phone:

Email:

Date of birth:

**Client Individual Details**

Rest Home Resident: Yes ❑ No ❑ Living Alone: Yes ❑ No ❑

Residency: ❑ NZ National ❑ Not a NZ National ❑ No NZ citizenship or residency

**Next of Kin / Emergency Contact Details**

Names:

Day Phone: Relationship:

**Service(s) Request**  - Please indicate which service(s) may be required

❑ Visiting Service ❑ Taxi Vouchers ❑ Social Connection ❑ Shopping Assistance

Turn page

**Identified Hazards** (please tick any identified)

❑ None ❑ Animals ❑ Client behaviour ❑ Family of client

❑ Hygiene ❑ Maintenance ❑ Neighbourhood ❑ Smoking

❑ Other - please provide details

**Community assistance currently being received** (Tick all that are relevant)

❑ a. Home support services e.g. personal care, domestic assistance, “Meals on Wheels’, medical alarms

❑ b. Social support services e.g. R.S.A., Senior Citizens groups

❑ c. Informal supports e.g. family / neighbour / volunteers

❑ d. Mobility / transport assistance e.g. taxi chits, disability parking stickers, ‘Driving Miss Daisy’

❑ e. Iwi social services e.g. Maori services, home or marae-based support services

❑ f. Counselling / Mental Health services e.g. psychogeriatric services, private counsellors

❑ g. Other

**Issues the person is experiencing or may need assistance with** (Tick all that are relevant)

❑ a. Health e.g. physical / mental health / alcohol & drug / falls risk / self-care risk

❑ b. Transport e.g. mobility issues, needing support with transport

❑ c. Housing e.g. maintenance, heating, suitability, home/garden environment

❑ d. Social Isolation e.g. loss of community connections, loneliness, change / loss / grief

❑ e. Legal e.g. EPA, wills, advanced directives

❑ f. Finance e.g. benefits / entitlements, gambling, financial distress

❑ g. Other

**Additional information** – is there anything other information we need to know?

**Referrer’s Details**

Name: Organisation

Day Phone: Cell Phone:

Email: Date:

**Return Referral Form to:** Age Concern Tauranga. 177a Fraser Street, Tauranga 3112 or

Email: ageconcerntga@xtra.co.nz