

## Referral To HIK - Sustainable Tenancies

First Name(s):		Surname:	
Gender:		DOB:	
Email:		NHI No:	
Phone number:		Mobile No:	
Address:			
Registered with TST: Y / N		Languages Spoken:	
Hapu:		Marae:	
Current Living Situation:	Circle which applies: Private rental / Emergency Housing/ Boarding /Other:		
Employment Status:	Employed/ Benefit/ ACC / Other:		
Location:			
No. in Household	Adults:	Children:	(0-14yrs)
Pets & Description:			
Emergency Contact:	Name: Address: Number: Relationship:		
Referrer details			
Referrer:		Organisation:	
Email:		Contact No:	
Mobile:		Date of Referral:	
Key Worker:		Contact No:	
Medical Info			
Medical Alert / Concerns			
GP:		Contact No:	
Place of Practice:			
Reason for Referral: Please share as much detail as possible			
Specific Needs/ Considerations: (Spiritually, Cultural, Gender Specific Staffing, Dietary)			
Safety Risks / Concerns: (e.g., violence, gang affiliation, dog on property).			

Please send all referrals to [heiwikainga@tst.maori.nz](mailto:heiwikainga@tst.maori.nz)