

Wellington Women's House Application form

The Wellington Women's House provide women on low incomes or in transition.	es low-cost, temporary and emergency housing for To be successful, applicants must:	
 identify as a woman* be 18 years of age or older* be able to live unsupervised and in 	ndependently*.	
Please fill this form in with as much information as possible, then scan and email it to us at nouse@wwh.org.nz . All mandatory fields are marked with a *. Unless indicated otherwise, we will contact the applicant directly to make a booking for an assessment if they seem suitable. Assessments are held at our office, where we can discuss what the applicant needs in more detail and show them the House. Assessments take between 30-45 minutes.		
Referral type*		
□ Self referral□ Friend or family member referral□ Agency referral		
Referrer contact details		
Agency name (if relevant):		
Referrer first name:*	Referrer last name:*	
Referrer phone:	Referrer mobile:*	

Relationship to applicant:

Referrer email:*

Client details Last name*: First name*: _____ Known as / Preferred name: Date of birth*: Contact number*: Contact email*: Preferred pronouns ☐ She / her ☐ They / them Ethnicity* □ NZ European □ African □ NZ Māori □ Asian Chinese □ NZ European/Māori ☐ Asian Indian □ Polynesian ☐ Other: Is the referral made with the applicant's consent? ☐ Yes, the referral is made with the applicant's consent Can we contact the applicant directly?* □ Yes □ No If yes, can we leave a voicemail/text? ☐ Yes □ No Visa status* □ NZ Citizen □ Permanent Resident ☐ Temporary Visa (please specify) Housing status* ☐ Homeless ☐ In boarding house ☐ Living with family □ Other: _____ ☐ Living with friends

Income/Benefit type*		
 □ Employed part-time □ Employed full-time □ Job Seeker Under 25 Benefit □ Job Seeker Over 25 Benefit □ Student Allowance 	 □ Supported Living Benefit □ Superannuation Benefit □ Domestic Violence Benefit □ Other: 	
Is the applicant registered for social housing?*		
□ No □ HNZ	□ WCC □ Yes — Other:	
Brief social history*		
e.g. what led to homelessness?		
Support needs*		
e.g. are there any circumstances we should be aware of, such as debt, cultural, or religious needs?		
Ongoing support offered by referrer		
Criminal convictions? (Past or pending)		

Other services or agencies involv	/ed
Health issues	
Risk assessment: Are they a risk	to themselves and others?
Tick all that apply:	
□ Drug use	☐ Abuse/Harassment
□ Alcohol abuse□ Self harm	☐ Anger management☐ Compulsive behaviour
□ Violence towards others	□ Arson/Deliberate damage
Other risk:	
Any other information	
Office Use	
	ot suitable for WWH, we refer her elsewhere.
	come in for a more in-depth assessment.
Assessment Time:	