

# Wellington Women's House

## Referral Form



THE  
WELLINGTON  
WOMEN'S  
HOUSE

TE WHARE AWHI WĀHINE  
O WHANGANUI-Ā-TRAA

The Wellington Women's House provides low-cost, temporary and emergency housing for women on low incomes or in transition. For more than twenty years, it has been home to women who need a safe place to stay, often at a difficult time in their lives. Our vision is that every woman in Wellington has a safe and comfortable home that enables her to meet her needs.

### An applicant must meet the following criteria in order to be successful:

- Identify as female
- Be 18 years or older
- Be able to live unsupervised.
- Be pro active and have a desire to gain independent living skills and to find permanent accommodation.

If the applicant seems potentially suitable then we will invite them to an assessment at the office, where we can discuss in more detail what they need and show them the house. Assessments take between 30-45 minutes.

If they are accepted they will be expected to pay 2 weeks rent and one week's bond before they can move in.

Please fill this form in with as much information as possible, preferably alongside the client.

When it is completed please scan and email to [house@wwbh.org.nz](mailto:house@wwbh.org.nz)

Unless you indicate otherwise we will contact the client directly to make a booking for an assessment if deemed suitable.

## Referral Agency Details

Agency Name : \_\_\_\_\_

Referrer Name : \_\_\_\_\_

Referrer Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Referrer Email: \_\_\_\_\_

### Office Use :

- Initial assessment decides woman is not suitable for WWH, we refer her elsewhere
- Initial assessment makes time for her to come in for a more in depth assessment

Assessment Time: \_\_\_\_\_

# Client Information

Full Name : \_\_\_\_\_ Known As/Preferred : \_\_\_\_\_

Date of Birth : \_\_\_\_/\_\_\_\_/\_\_\_\_ Ethnicity : \_\_\_\_\_

Contact Number : \_\_\_\_\_ Can we contact client directly? Yes \_\_\_\_ No \_\_\_\_

Housing Status : \_\_\_\_\_ Income/ Benefit Type : \_\_\_\_\_

Is Client Register With: HNZ \_\_\_\_\_ WCC \_\_\_\_\_ Other Social Housing \_\_\_\_\_

Brief Social History (What led to homelessness):

Support Needs:

Other Support Needs:

Ongoing Support Offered by Referral Agency:

Criminal Convictions? (Past or Pending)

Other services or agencies involved:

Health Issues:

**Risk Assessment:** Are they a risk to themselves and others? (tick all that apply)

Drug use \_\_\_\_ Alcohol Abuse \_\_\_\_ Self harm \_\_\_\_ Violence Towards Others

Abuse/Harassment Anger Management \_\_\_\_ Compulsive Behaviour \_\_\_\_

Arson/Deliberate Damage \_\_\_\_ Other(specify) \_\_\_\_\_

Any Other Information: \_\_\_\_\_