



# Self referral form

## Eligibility criteria:

- You **MUST** have a valid Community Services Card to qualify for this programme.
- You must be over 65 years of age.
- Housing NZ or City Council tenants are **NOT** eligible for this programme. Contact Housing NZ or the City Council directly if you have any concerns about heating and insulation.

Name: ..... Phone (day): .....

Address: ..... Cell phone: .....

Suburb and town:..... Email: .....

Community Services Card nr. (nr. on back of Super Gold Card, not client nr.): ..... Expires: .....

Number of other people in the household: .....

Name: ..... Age: .....

Name: ..... Age: .....

Your ethnicity (tick all that apply):

<input type="checkbox"/> NZ European	<input type="checkbox"/> Asian
<input type="checkbox"/> Maori	<input type="checkbox"/> Other
<input type="checkbox"/> Pacific Islander	

Do you or someone in your household have a health condition?  yes  no

Health condition	Name of person	Age of person	Severity of health condition
			Mild/moderate/severe
			Mild/moderate/severe
			Mild/moderate/severe

Have you or the person named above been hospitalised for that health condition in the last 12 months?  yes, ..... times  no



Are you:

a homeowner

renting from a private landlord/boarding

What is your weekly rent/board? \$.....

How many bedrooms does the home have? .....

Does the landlord have a Community Services Card?  yes  no

If yes, what is the Community Services Card number: .....

Name landlord: .....

Postal address landlord: .....

Phone number landlord: ..... Cell phone number landlord: .....

How long have you lived in the house (app.)? ..... years      Age of house (app.)? .....

How long do you intend to stay in the house?  less than a year       more than a year

Does the house have any problems with (tick all that apply):

cold       draughts       mould       dampness/condensation

What heating is being used in the main living area (tick all that apply)?

<input type="checkbox"/> heatpump	<input type="checkbox"/> pellet fire	<input type="checkbox"/> oil column heater/ fan heater/ bar heater
<input type="checkbox"/> wood or coal burner	<input type="checkbox"/> nightstore heater	<input type="checkbox"/> unflued gas heater
<input type="checkbox"/> flued gas heater	<input type="checkbox"/> other: .....	

Do you own any property, shares or investments?  yes  no

Do you require assistance or support from another person to complete the application/assessment?

Name of support person: ..... Relationship: .....

Address: ..... Contact phone number (day): .....

How did you hear about the Elderly Health Programme? .....

Signature: ..... Date: .....

*Community Energy Action cannot guarantee that any insulation or heating measures can be installed until after the house has been assessed. Acceptance into the project is entirely at the discretion of CEA. All information supplied is confidential.*

**Post to: Community Energy Action Charitable Trust, PO Box 13759, Christchurch 8141**