



Self Referral Form

***Please note: All applicants must have a Community Services Card.
People living in Housing NZ or City Council houses are not eligible for this project.***

Applicant name _____ Phone (Day): _____

Address _____ (Suburb) _____

Number of adults (18 and over) living in the residence: _____

Number of children aged 0-4	Number of children aged 5-9	Number of children aged 10-14	Number of children aged 15-18

Age of youngest child: _____

Ethnic group of pre-school children (tick as many as apply)

- New Zealand European
- Māori
- Pacific Island
- Cook Island Maori
- Chinese
- Other such as *Dutch, Japanese*. Please state: _____

Do any pre-school children living in the residence experience any health problems? Yes No

Health Condition	Name and age of child	Severity of health condition		
		<u>Mild</u>	<u>Moderate</u>	<u>Severe</u>
<input type="checkbox"/> Respiratory Illness	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other, <i>please specify</i>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other, <i>please specify</i>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other, <i>please specify</i>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have any pre-school children been hospitalized for any of the above illnesses in the last twelve months?

- Yes _____ → How many times? _____
 No

Does the applicant (not children) have a Community Services Card? Yes No

Community Services Card number (number printed in the middle of the card, not the client number)

Number: _____ **Expiry Date:** _____

Please Turn Over

Do you:

- Own your own home
- Rent from a private landlord (Housing NZ or City Council houses are not eligible for this project)

What is your weekly rental payment? _____

How many bedrooms in the home? _____

- Board with others (e.g. relative)

What is your weekly board payment? _____

How many bedrooms in the home? _____

Does the home owner have a Community Services Card? Yes No

If yes, what is their card number? _____ Expiry date: _____

If you **rent or board** with others please give the contact details of the house owner or property manager for the house that you are living in below.

Name: _____

Postal Address: _____

Phone Number: (Wk) _____ (Hm) _____

How long have you lived in the house? _____

How long do you intend to stay in your current residence? Less than 1 year Over 1 year

What is the approximate age of the house? _____

Does the house have any problems with (tick as many as apply):

- Cold
- Dampness or condensation
- Mould
- Draughts

What kinds of heat sources are being used in the main living area? (tick as many as apply)

- Open Fire
- Coal burner
- Log burner/Pellet fire
- Unflued portable gas heater
- Heat pump
- Flued gas heater
- Fan heater
- Night store
- Bar heater
- Oil column heater
- Other (please state) _____

Any other comments: _____

How did you hear about the Warm Babies Project? _____

Signature of Applicant: _____ **Date:** _____

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

Post to: CEA (c/o Darci Westergard), P.O. Box 13759, Christchurch Or fax: (03) 363-9568