

# Sustaining Tenancies Christchurch Referral Form



Referral Date: \_\_\_\_\_

## APPLICANT DETAILS

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

PO Code: \_\_\_\_\_ Housing Type:  Public  Private

Gender: \_\_\_\_\_ Ethnicity/Iwi: \_\_\_\_\_

MSD Client Number: \_\_\_\_\_  Employment  Benefit  ACC

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

## HOUSEHOLD DETAILS

### ADULT(S)

NAME	GENDER	D.O.B

### CHILDREN *(please add additional children's details)*

NAME	GENDER	D.O.B

Do you own any pets?  Yes  No If yes, please provide details below:

## EMERGENCY CONTACT - NEXT OF KIN

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

## STAFF RISK AND/OR PROPERTY HAZARDS

## REASON FOR REFERRAL

## CONSENT & SIGNATURES

*I wish to register with a Christchurch Methodist Mission Sustaining Tenancies Service, and I agree to the release of any personal information that may help towards this, provided that such is kept confidential.*

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Referrer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Support is available subject to eligibility, suitability, and available resources.*

## REFERRAL AGENCY ONLY

Referrer's Name: \_\_\_\_\_ Job title: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Has the client been referred to ST before:  Yes  No

If yes, what organisation and when? \_\_\_\_\_

### REASON FOR REFERRAL:

#### PLEASE SEND ALL REFERRALS TO:

Laura Christie  
Housing Team Practice Leader  
& Registered Social Worker

**Email:**

SustainingTenancies@mmsi.org.nz

**Phone:**

027 605 6151

Save Form

Email Form