

Sustaining Tenancies

Referral Form



LinkPeople

Name:

Gender:

D.O.B:

Phone:

SWN:

NHI:

Address:

Email:

Preferred way of contacting:

Consent to share information with LinkPeople:

Yes

No

Household consists of (names and ages if known):

Please describe the main issue(s) putting the tenancy at risk:

Please note any attempts that have been made to address these issues:

Are there any physical health conditions staff need to be aware of to support this person?

Are you aware of any safety issues/risks our staff need to know about before meeting with this person? (For example: dogs at property, history of violence, substance use. This could apply to anyone in the household or neighbours)

What are your expectations for our service/what is the desired outcome?

Referrer's name and contact number:

Referrer's email:

Referrer's relationship to person/whānau referred:

After completing this form, please email to:

LinkPeopleAucklandSustainingTenancies@linkpeople.co.nz for Auckland

lpstarwaikato@linkpeople.co.nz for Waikato

BOPSTAR@linkpeople.co.nz for Lakes/Bay of Plenty