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| **Referral Details**  |
| Home Address | *Number and Street/Road* |
| *Suburb* |
| Property Type | Own Home □ Private Rental □ Social Housing □ |
| Date of Assessment |   | Dogs on Property? | Yes □ No □ |
| Referring Agency |  |

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| **Whānau Details**  |
| Parent / Caregiver Name |  | Ethnicity |  |
| Contact Number | Cell Phone |  | Home Phone |  |
| Email Address |  |
| Community Services Card No. |  | Expiry |  |
| No. Adults in home |  | No. Children in Home |   |
| No. Adults in home w/ health conditions |  | No. Children w/ health conditions |  |
| Health conditions | Asthma □ Eczema □ Strep Throat □ Bronchitis □ Pneumonia □ Diabetes □ Kidney Condition □ Rheumatic Fever □ Other  |

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| **Landlord / Property Manager Details (Private Rentals only)**  |
| Contact Name |  | Contact No. |  |
| Email Address |  |

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| **Information**  |
|  **I would like help with the following:** |
| I would like help talking with my landlord about meeting Healthy Homes Standards | Yes □ No □ |
| I would like to receive information on how I can reduce and manage my energy (power) bills  | Yes □ No □ |

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| **Statement** |
| I agree to Habitat storing my details for reporting purposes. I agree to Habitat for Humanity contacting my landlord/property manager as listed above if needed (Habitat will talk to you before contacting the landlord). I am aware that Habitat may take photos of identified areas to use as part of the final assessment report. |
| **Signed** **Tenancy Holder/Homeowner** |  | **Name** |  | **Date** |  |

**Office Use Only:**

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| **Referral Source** |  | **Job No.** |  |
| **Item** | **Max to Give** | **No. Given**  | **Item** | **Max to Give**  | **No. Given** |
| Heater  | 1 per home |   | Hygrometer  | 1 per home |  |
| Baby Blanket (under 1 years) | 1 per home  |   | Door Snake | 1 per home |  |
| Single Blanket (1 - 10 years) | 2 per home |   | Hot Water Bottle | 1 per child |  |
| Queen Blanket (11 years +) | 2 per home  |   | Scoopy | 1 per home |  |
| Shower Head | 1 per home |  | Shower Timer | 1 per home |  |
| Hot Water Cylinder Wrap | 1 per home |  | Pipe Lagging | 1 per home |  |
| LED Light bulbs | 4 – 6 per home |  | V Seal | 2 per home |  |
| Brush Strip | 1 per home |  | Mould cleaning kit | 1 per home |  |
| **Referring Agency**  |  | **Job No.** |  |

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| **Bedroom One** | **Width (cm)** | **Drop (cm)** | **Total Curtains** | **Multifix Rail Req’d** | **Extendable Rail Req’d** |
| Window 1 |  |  |  |  |  |
| Window 2 |  |  |  |  |  |
| **Bedroom Two** | **Width (cm)** | **Drop (cm)** | **Total Curtains** | **Multifix Rail Req’d** | **Extendable Rail Req’d** |
| Window 1 |  |  |  |  |  |
| Window 2 |  |  |  |  |  |
| **Bedroom Three** | **Width (cm)** | **Drop (cm)** | **Total Curtains** | **Multifix Rail Req’d** | **Extendable Rail Req’d** |
| Window 1 |  |  |  |  |  |
| Window 2 |  |  |  |  |  |
| **Bedroom Four** | **Width (cm)** | **Drop (cm)** | **Total Curtains** | **Multifix Rail Req’d** | **Extendable Rail Req’d** |
| Window 1 |  |  |  |  |  |
| Window 2 |  |  |  |  |  |
| Window 3 |  |  |  |  |  |
| **Lounge** | **Width (cm)** | **Drop (cm)** | **Total Curtains** | **Multifix Rail Req’d** | **Extendable Rail Req’d** |
| Window 1 |  |  |  |  |  |
| Window 2 |  |  |  |  |  |
| Window 3 |  |  |  |  |  |
| Window 4 |  |  |  |  |  |
| **Dining Room** | **Width (cm)** | **Drop (cm)** | **Total Curtains** | **Multifix Rail Req’d** | **Extendable Rail Req’d** |
| Window 1 |  |  |  |  |  |
| Window 2 |  |  |  |  |  |
| Window 3 |  |  |  |  |  |
| Window 4 |  |  |  |  |  |

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| **Layout:** | **Completed Details:** |
| Total Readymades |  |
| Total Custom Made |  |
| Total Preloved |  |
| Total Curtains |  |
| Date Completed |  |