



## CLIENT REFERRAL - ST VINCENT DE PAUL SOCIETY WELLINGTON

The information on this form helps our team provide you with the best possible service. If you need help to fill out this form or have any questions or concerns, please do not hesitate to ask.

This information will be kept confidential except if you pose a real safety risk to yourself or to others. In this case we may have to share your information with other services. Additionally, if you require a food parcel your name and address is shared with other local food banks to ensure that only one service is providing food support at time.

### PERSONAL DETAILS

**Full Name:** .....  
First Middle Last

**Date of Birth:** ...../...../..... **Gender:** .....  
e.g. Female, Male, Gender Diverse

**Proof of I.D:** .....  
e.g. Passport, Community Service Card, 18+ Card, Driver's Licence

**Residency Status:**  
☐ NZ Citizen ☐ NZ Resident ☐ Other: .....  
e.g. VISA type

**Ethnicity**  
☐ NZ European/ Pakeha  
☐ Māori  
☐ Iwi: .....  
☐ Samoan  
☐ Indian  
☐ Somali  
☐ Other: .....

### CONTACT DETAILS

**Address:** .....  
Street Address

**Suburb:** ..... **Post Code:** .....

**Mobile:** ..... **Alternative Phone:** .....

**Email:** .....

**Referral Source:**  
☐ Self Referral: ..... ☐ External: .....  
How did you hear about Vinnies External Agency Contact Person

#### Accommodation type:

- ☐ Private rental  
☐ City Housing  
☐ Kāinga Ora  
☐ Emergency Housing  
☐ Transitional Housing  
☐ Own home  
☐ No Fixed Abode

### FURTHER DETAILS

**Relationship Status:**  
☐ Single ☐ Partner  
☐ Married/ Civil Union  
☐ Separated ☐ Divorced

**Income Source:**  
☐ Supported Living Payment  
☐ Job Seeker Support  
☐ Sole Parent Support  
☐ Waged ☐ Full-time ☐ Part-time  
☐ No Income ☐ Other: .....  
e.g. Student Allowance, Maternity Leave, NZ Super

**Number of Adults in Household:** .....

**Dependent Children:**  
☐ No  
☐ Yes:  
☐ Name: ..... D.O.B: ...../...../.....  
☐ Name: ..... D.O.B: ...../...../.....  
☐ Name: ..... D.O.B: ...../...../.....

Please turn over.

## REFERRAL INFORMATION

- ☐ Social Work Support   ☐ Food Assistance   ☐ Pregnancy Assistance  
☐ Clothing   ☐ Furniture   ☐ Other

### FOR SOCIAL WORK, FOOD ASSISTANCE, CLOTHING, FURNITURE, OTHER:

#### Please provide further details:

*e.g. Brief outline of what assistance is required/ reasons for requiring assistance/ list of household items required.*

### FOR PREGNANCY ASSISTANCE:

Baby Due Date/ Date of Birth: ...../...../.....

Gender:   ☐ Female   ☐ Male   ☐ Not Known

#### Assistance required:

- ☐ Baby Clothing   ☐ Baby Bedding   ☐ Loan Bassinet   ☐ Maternity Wear   ☐ Nappies  
☐ Other: *e.g. Pram, Highchair, Formula*

### Other agencies/ people involved with client and contact details:

*e.g. Medical Center/ GP, Budget Advisor*

### Any other relevant information:

Has client agreed to this referral?   ☐ Yes   ☐ No   ☐ Self-referral

Are family members aware of this referral?   ☐ Yes   ☐ No

Is it okay to leave messages on client phone?   ☐ Yes   ☐ No

Completed by: .....

Signed: ..... Date: ...../...../.....

SVDP WGTN REFERRAL FORM AS OF JULY 2020

OFFICE USE ONLY	Yes/ No	Signed	Date
Client I.D Sighted			
Consent Explained			