



## Atareira Sustaining Tenancies - Referral Form

**Client Details:**

First Name(s)		Date of Birth	
Surname		NHI number	
Phone		Gender	
Email		Ethnicity	
MSD No.		Date of Referral	

**Primary reason for referral:**

Please include as much info as possible:	
--	--

**Supporting info/history to referral (consider):**

Current ability to pay rent and/or arrears:	
Tenancy/eviction history:	
Mental health and/or addictions:	

Cognitive impairment/physical or age related:	
Family/supports:	
Difficult Behaviours, Court or probation conditions:	
Hoarding/hygiene concerns or Ability to maintain property:	
Landlord involvement:	
Risk to Self or others	
Cultural or Spiritual	
Client strengths:	

**Referrer Information:**

Name + agency:	
Phone:	
Email:	
Address of client + landlord info:	
Ongoing supports – other agency involvement:	

**Email completed sustaining tenancies referral form to: [chrisc@atareira.org.nz](mailto:chrisc@atareira.org.nz)**