Version 1.0 October 2020

Next Review: April 2021



## **SUSTAINING TENANCIES AT RISK Referral Form**

Date:		
Name:		
D.O.B:	Gender:	
Telephone:	Email:	
SWN/MSD number:	NHI number:	
Address:		
(Please note the best method for contacting the person if known)  Please describe the main issue(s) putting the tenancy at risk:		
ricase describe the main issue(s) putting the	tenuncy at risk.	
Are you aware of any safety issues/risks our staff need to know about before meeting with this person? Please explain:		
Referrer name and contact number:		
Referrer email:		
Referrer's relationship to person/whānau refe	rred:	
Client consented to referrer sharing information	on with LinkPeople Y / N	

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