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# Self-Referral **Te Hononga me te Pūtea Puka Whakawhiti**

Your Way | Kia Roha provides disability support services to eligible people living within New Zealand. If you wish to access our services yourself (or for your child), please complete this Referral Form. There are seven sections.

If completing for a child, include their information as if they were completing the form.

If you need assistance with the form or have questions about our referral process, please contact our team on 0800 758 700 or email [referrals@yourwaykiaroha.nz](mailto:referrals@yourwaykiaroha.nz)

If it’s the first time we have received a referral from you, we will also need:

* Your GP / medical specialist to complete the Confirmation of Disability form which can be downloaded here [Make a referral - Your Way | Kia Roha (yourwaykiaroha.nz)](https://www.yourwaykiaroha.nz/connections-funding/make-a-referral/)
* Any specialist reports (such as intellectual disability, or Autism Spectrum Disorder)

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| Section 1 - About Me |

**First name / s**

**Surname**

**Title**

**Preferred name** (to be used when we contact you)

**Address**

**Telephone or mobile number**

**Email address**

**Date of birth**

**Gender**

**Pronoun**

**Residency Status**

**Ethnicity**

**First language** – if not English

**Interpreter required** – Yes / No

**I need cultural support** – No / Yes (provided by me) / Yes (provided by   
Your Way | Kia Roha). Please explain support required.

**I have communication needs Your Way | Kia Roha should be aware of when working with me** – Yes / No / NZSL / Other. Please tell us about your needs.

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| Section 2 - Medical Information |

**Doctor / GP name**

**Doctor / Medical Centre address**

**Doctor / Medical Centre telephone number (required)**

**National Health Index (NHI) number, if known**

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| Section 3 - Disability Information |

**Disability name / type**

**Other medical / health issues (if any)**

**Reasons I am seeking support / services**

**Supports / services I would like**Information about services and supports / Connection with services and support /  
Development of a Living Well Plan with me / Unsure

**The services / supports I need are:**Urgent (required within two days) / Semi-urgent (required within one week) /  
Non-urgent

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| Section 4 - Additional Information |

**Safety, hazards or other sensitive issues Your Way | Kia Roha should be aware of when working with me**

**Any other important information Your Way | Kia Roha should know about me**– No / Yes (please provide information)

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| Section 5 - Alternate ContactThis section is optional unless you are the parent / guardian of a child or young person aged under 18 years, then please complete with your details. |

**Please complete if there is someone we should contact if we’re unable to reach you** – Name, Contact phone number, Email, Relationship

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| Section 6 - Consent and Privacy Statement(Please type in each statement to show consent) |

**I give you permission to use the information I have provided on this Referral Form to assess my eligibility for services from Your Way | Kia Roha.**   
– Yes / No

**I understand that the information will be shared with relevant Your Way | Kia Roha employees and that it may be shared with Whaikaha – Ministry of Disabled People and medical professionals to assess my eligibility for services from   
Your Way | Kia Roha.**  
– Yes / No

**I understand information such as ethnicity and age may be collected for statistical purposes and shared with the Ministry as part of Your Way | Kia Roha reporting.**   
– Yes / No

**I understand I can ask for copies of all the information and if I think the information is wrong, I can ask for it to be corrected.**  
– Yes / No

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| Section 7 - Signatory |

## **You have now reached the end of the document. Please sign and date below.**

**My signature (or name if unable to sign)**

**Name of parent / guardian completing (if on behalf of a child)**

**Date referral completed**

Thank you for your referral. We will contact you within seven working days if we require more information or to let you know the outcome of your referral. If you haven’t heard from us within seven working days, please email us at [referrals@yourwaykiaroha.nz](mailto:referrals@yourwaykiaroha.nz) or phone us on

**0800 758 700**.