

## HOUSING FOR OLDER PERSONS APPLICATION - DOCTOR'S CONSENT FORM

### Applicant / Patient consent

I (name of applicant) \_\_\_\_\_ give consent to my Doctor to provide the information required in section 2.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Information for the Doctor

Your client has applied for Housing for Older Persons accommodation with Haumaru Housing. As a social housing provider, Haumaru Housing is unable to provide warden support, nursing support or medical care. Residents need to be able to live independently. (Note - tenants can access support services such as meals on wheels).

The accommodation itself is set up as blocks of co-joined units, which are arranged in a communal setting such as a village. This means residents often interact frequently, live in close proximity to each other, and often share communal grounds, and possibly laundry facilities and any other shared facilities in the village.

Because of the importance of tenants being able to live independently and their ability to live communally, we understand this type of accommodation may not be suitable for everyone.

In order to assess your client's suitability for our type of accommodation, Haumaru is seeking details of any health needs they may have which could affect their ability to live independently (alone) or in a communal setting. It would be appreciated if you could complete the form provided in order to progress your patient's application for housing.

### Patient Details (Doctor to complete)

#### 1. Patient Details:

Name of Patient: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Patient Address: \_\_\_\_\_

How long has the applicant been your patient?      Years: \_\_\_\_\_ Months: \_\_\_\_\_

#### 2. Doctor Details:

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

3. Is your patient able to live independently (if able to access and manage any required support services?)       Yes       No

4. Is your patient able to live communally?       Yes       No

5. Has your patient any disability that may require special consideration? Yes No

To ensure we house your client appropriately, we would like to understand if there are additional issues we need to consider when selecting a particular unit/village for your patient. Please provide further information if applicable. For example, *'my patient can live independently but due to some mobility issues cannot live in a village with steep inclines'*. Haumarū Housing provides accommodation for older people living independently and is not a health and disability provider.

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6. Is your patient receiving help from support or social services? (Please tick) Yes No

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7. Please list any issue that would affect your patient's ability to live in close proximity of neighbours. Our units are co-joined in a village setting.

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## 8. Doctor Signature

I (name) \_\_\_\_\_ declare the information I have provided is a true representation of my patient's ability to live independently and communally as at (date) \_\_\_\_\_.

Signature: \_\_\_\_\_

NZMC No: \_\_\_\_\_

## Privacy Act Authorisation (to be completed by the applicant)

1. In this authorisation, reference to “I”, “my” and “me” means the applicant who signs this form.
2. I understand that this authorisation relates to personal information about me which I or others provide to Haumaru Housing. I also understand that information collected by Haumaru Housing will be held by Haumaru Housing and that I may access and correct that information by contacting Haumaru Housing.
3. I understand that my information will be used:
  - a. To assess my ability to live independently in a unit at a village unit without causing harm to myself or others;
  - b. For the management, operation, administration, assessment by Haumaru Housing of any agreement I have with Haumaru Housing and any other related purposes; and
  - c. For the purpose of determining whether I need to acquire additional support and care, and
  - d. To inform Haumaru Housing or health professionals of any underlying health issues which they need to be aware of in the event of an emergency occurring after I become a resident.
4. I authorise you to make enquiries of, disclose and obtain any information about me to and from my health practitioner for the purposes listed above, and I also authorise the provision of information by my health practitioner to Haumaru Housing for such purposes.
5. I understand that Haumaru Housing is relying on the information provided by me in deciding to grant a right to live in a unit at a village.
6. I have received a copy of the Haumaru Housing Privacy policy
6. I certify that the information provided by me on the doctor’s consent form of Assessment for independent living is true and correct and I agree to advise you immediately of any change to any such information.

Applicant’s Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date:        /        /