**CLIENT REFERRAL** – CHRISTMAS APPEAL

### The information on this form helps our team provide you with the best possible service. If you need help filling out this form or have any questions or concerns, please 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 need a food parcel your name and address is shared with

other local food banks to make sure that only one service is providing food support at time.

* Samoan
* Indian
* Somali

***□*** Other:*.......................................................................*

***□*** Other: *............................................................................*

*e.g. VISA type*

***□*** NZ Resident

**Residency Status:**

***□*** NZ Citizen

**Ethnicity**

* NZ European/ Pakeha
* Māori

***◌*** *Iwi:.......................................................................*

**Proof of I.D:** *.............................................................................................................................................................*

*e.g. Passport, Community Service Card, 18+ Card, Driver’s Licence*

**PERSONAL DETAILS**

**Full Name:** *....................................................................................... ...................................................................................... .......................................................................................*

*First Middle Last*

**Date of Birth:** *.................../.................../...................* **Gender:** *..............................................................*

*e.g. Female, Male, Gender Diverse*

*Contact Person*

*External Agency*

***□*** External: *........................................................................ ..................................................................................*

**Referral Source:**

***□*** Self Referral: *.......................................................*

*How did you hear about Vinnies*

**Accommodation type:**

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

**Email:** *...........................................................................................................................................................................*

**CONTACT DETAILS**

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

*Street Address*

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

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

**Please turn over.**

***□*** No Income ***□*** Other: *............................................................................................................................................................*

*e.g. Student Allowance, Maternity Leave, NZ Super*

**Is there other support you require:**

* Food Assistance
* Social Work
* Pregnancy Assistance
* Clothing and/or Furniture Assistance
* Single ***□*** Partner
* Married/ Civil Union
* Separated ***□*** Divorced

**Income Source:**

* Supported Living Payment
* Job Seeker Support
* Sole Parent Support
* Waged ***◌*** *Full-time* ***◌*** *Part-time*

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

**FURTHER DETAILS**

**Relationship Status:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A Merry Vinnies Christmas** | | | | | | | | | | | | |
| Name on booking: *first & last name* |  | | |  |  | | | |  | | | | |
|  |  | | | | | | | | | | |
| Toy shop booking date: |  | | | | | | | | | | |
| Toy shop booking time: |  |  | | | | | | | | | | |
| How did you hear about the Toy shop? |  | | | | |  | | | | | |
| Eligible criteria: | Tick ✔ | | |  |  | | | |  | | | | |
| Proof of low income: |  | | | (CSC) | | | | | |
| Wellington resident: |  | | | (proof of address) | | | | | |
| Wellington suburb: |  | | | | | | | | | | | |
| Child/ren name | Child/ren DOB | | | **Child/ren Age** | | | | **Relationship** | | | | |
|  |  | | |  | | | |  | | | | |
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| **Please note:** |  | | |  | | |  |  | | | | |
| \*Available for Wellington City Council residences. | | | |  | | |  |  | | | | |
| \*Gifts are for children aged 16 years old and under.  \*Must be the parent or primary caregiver of the child/ children. | | | | | | | |  | | | | |
| \*Toy shop is open for adults to select presents for children, | | | | | | | | | | |
| i.e. please do not bring children if possible. | | |  |  | | |  |  | | | | |
| \*Each child can receive 3 tokens worth of gifts. | | | |  | | |  |  | | | | |
| \*You will be given a 15-minute slot to select the gifts. | | | | | | |  |  | | | | |
| \*You are welcome to stay and wrap the presents. | | | |  | | |  |  | | | | |
| \*Please advise us if you cannot make your allocated time. | | | | | | |  |  | | | | |
| \*This information will be held securely on the SVDP Wellington database. | | | | | | |  |  | | | | |

Completed by: .................................................................................................................................................................................................................................................................

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

#### **Ozanam House**, 207 Riddiford Street, Newtown, Wellington 6021 PO Box 7319, Wellington 6242 | CC36604

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