**VHN Service Referral Form**

Participants eligible to participate in NorthAble’s Very High Needs (VHN) service will be verified by the Ministry of Education Ongoing Resourcing Scheme (ORS) as having severe disabilities (Very High Needs)

# Referrer Information

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| --- | --- | --- | --- | --- |
| **Agency / Person Making Referral** |  | | | |
| **Postal Address** |  | **Email Address** | |  |
| **Contact Phone Number** |  | **Date of Referral** | |  |
| Details of Person Being Referred | | | | |
| **Full Name** |  | | **Gender** |  |
| **ORS Number** |  | | **Name of School** |  |
| **Postal Address** |  | | **Physical Address** |  |
| Phone  Number/s |  | | **Email** |  |
| **Preferred Contact**  **(Parent / Guardian / Legal Rep)** |  | | **Phone**  **Number/s** |  |
| **Relationship** |  | | **Email** |  |
| Sign off to be completed by the Person / Parent / Guardian / Legal Representative *(please circle Relationship)*  **Confirmation of Service Selection**  I confirm that NorthAble VHN is the chosen service to provide a Vocational Programme.  Name: ………………………………………………………………………………………………………………………………………………….  Signature: ……………………………………………………………………………………… Date: ………………………………………….. | | | | |
| **Consent for Accessing Information**  I give permission for NorthAble VHN Services to request information from other agencies (e.g. GSE, NASC, School etc) to support VHN Services programme planning and development.  Name: ………………………………………………………………………………………………………………………………………………….  Signature: ……………………………………………………………………………………… Date: …………………………………………..  Person / Parent / Guardian / Legal Representative *(please circle Relationship)* | | | | |

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| **Health & Safety Details**  *Please note here any possible safety issues and/or hazard for visiting VHN Coordinator (eg. dogs, environment, access to home etc):* |
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# Eligibility Criteria

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| --- | --- | --- |
| Are they currently living in New Zealand? | Yes 🞎 | No 🞎 |
| Are they a NZ citizen or permanent resident, or hold an appropriate open work permit, or a person recognised as a refugee or protected person? | Yes 🞎 | No 🞎 |
| Is the participant aged 16 to 64 inclusive? | Yes 🞎 | No 🞎 |
| Has a disability, impairments or health condition that is/are likely to continue for a minimum of six months, and present a barrier to participation and inclusion | Yes 🞎 | No 🞎 |
| What is the diagnosis of the participant? | | |
| Do they require support to address this barrier, or require assistance in addition to that provided by the Ministry’s mainstream services? Will this support or assistance be ongoing? | Yes 🞎 | No 🞎 |
| Are their support hours allocated for vocational attendance**?** | Yes 🞎 | No 🞎 |