**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** |  |
| PhoneNumber/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 🞎 |