



Eliminating family harm
by breaking the cycle
from the roots.

Intake Into Residential Service Information sheet

Although the house of Gabriel would love to house all referrals, we currently do not have the capacity to do so. Much like other refuges in Aotearoa, the request for help exceeds resourcing capacity. Because of this, we have strict criterion to enter service.

If you are referring a client, we kindly ask that you thoroughly read through this document and our referral form before referring to the organization.

Intake Criteria

- Must be related to family harm.
- Wahine must be experiencing current family harm or recently experienced family harm.
- There must be high risk to the safety of the wahine and children due to family harm.
- Wahine are over 18 years old, and children are aged 15 and/or under (if applicable).
- Must not be on bail or will be on bail during their stay.

Rent and bond contribution

Currently, the house of Gabriel is under structural change with the formulation of a board and change in business and charitable status. Until that takes place, we receive no government funding or other sources of funding.

We charge a higher rate for rent contribution than most refuges. The directors cover a large portion of the operations costs. For the sake of transparency, staff work voluntary and do not currently take home a salary. Rent contributions do not benefit the organization, directors or staff in any way shape or form.

To prevent potential clients from feeling blindsided or overwhelmed by these charges, we ask that you as the referring agent make it clear that we do charge a rent contribution with associated costs (see table below) before they accept to come into service. The hope is that they are able to make an informed decision before they are bought into service.

Current rates at 06.01.2022

| TYPE | FREQUENCY | CHARGED | COST | Refundable |
|-------------------|-----------|-----------------------|----------|--|
| Rent Contribution | Per week | One week after intake | \$350.00 | Non-refundable |
| Bond Contribution | One-off | On intake | \$700.00 | Returned to MSD or client. Conditions apply. |

Please reach out for further information.



Please forward completed form to:

Email: Info@thehouseofgabriel.org.nz

For assistance completing this form please call:
0800 846 227

Residential Service Entry Criteria:

Women with or without children currently and/or recently experiencing domestic family violence. They must be 18+ and not out on bail and do not have serious criminal charges that may impact the safety of other clients.

Answers to frequently asked questions...

1. We are not an emergency housing provider

2. We support men individually and in families as a whole in their own homes or in the community as part of our community service

3. We do not bring families as a whole (Women & Children only) into our safe houses

Is this referral domestic family harm related? Yes | No

Client Details

| | | | |
|---|-------------------|------------|-------|
| First Name: | | Last Name: | |
| Ethnicity: | Iwi Affiliations: | | |
| DOB: | Sex: | Phone: | Email |
| Primary Address: | | | |
| Previous living arrangement (i.e., Private Rental, Kainga Ora, Own Home, Whānau/Friends, Homeless): | | | |

Referrer Details

| | |
|--------------|-------------------|
| Name & Role: | Agency: |
| Phone: | Mobile: |
| Email: | Business Address: |

Reason for referral (Summary of events that lead to referral, key factors, safety concerns etc.)

Offender Details:

| | | | | | |
|--|--------------------|--------------------|---------------|---------------------------|---------------|
| Name: | | DOB: | | | |
| Relationship with client: | Duration of abuse: | | | | |
| Ethnicity: | Iwi Affiliations: | | | | |
| Sex: | Gang Affiliations: | | | | |
| Current Location (if known): | | | | | |
| Has the offender been arrested for domestic violence? | | | | | |
| Has the offender ever breached a protection order? | | | | | |
| Does the offender have any of the following (Tick all applicable): | Access/Custody | Financial Problems | Mental Health | Previous protection Order | Alcohol Abuse |
| | Gambling | Pornography | Drug Abuse | | |

Child(s) details:

| | | | |
|--------------------------------|--|-------------------------------|---------------|
| Do you have any children? | | | YES NO |
| Where are they? | | | |
| How many children do you have? | | Are Oranga Tamariki involved? | YES NO |

| Child Name | DOB | Gender | With mum? | Ethnicity | Affiliated Iwi |
|------------|-----|--------|-----------|-----------|----------------|
| | | | | | |
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| | | | | | |

Do your children have any medical concerns, including allergies? (if yes, please list):

PLEASE LET STAFF KNOW IF REFERRAL PRESENTS WITH COVID-19 SIGNS OR SYMPTOMS

- | | |
|---|---|
| <p>1. Have you travelled overseas recently? Y N</p> <p>1. Have you been in MIQ? Y N</p> <p>2. Have you recently worked or have been in close contact with someone who works in MIQ? Y N</p> <p>3. Have you or someone you have been in contact with a confirmed case? Y N</p> | <p>4. Do you have any signs of symptoms i.e., cough, runny nose, sore/dry throat, fever etc. Y N</p> <p>5. Have you recently been to a place of interest: Y N</p> |
|---|---|

Detailed referral information

| | | | |
|---|-----|----|------------------------|
| Have you used? | Yes | No | Approx. date last used |
| Alcohol | | | |
| Cannabis | | | |
| Methamphetamine | | | |
| GHB | | | |
| Other- Please explain: | | | |
| Have you had any contact with Mental Health services? | Yes | No | Comment: |
| Do you have any mental health conditions undiagnosed or diagnosed that we should be aware of? | Yes | No | Comment: |
| Are you currently prescribed medications? (If yes, please list) | Yes | No | Comment: |
| Do you have any current physical concerns/Disabilities, including allergies? (If yes, please comment) | Yes | No | Comment: |

Next of kin/Emergency contact: *(We will not contact this person without your consent unless, we believe there is a risk of harm to yourself or others)*

| | |
|--|---------------|
| Name: | Relationship: |
| Phone: | Email: |
| Address: | |
| Can we contact this person if we cannot contact you? | |
| YES NO | |

Legal

| | | |
|--|-----|----|
| Do you have any active or pending charges? | YES | NO |
| Comment: | | |
| Do you have any legal issues that we need to know about? | YES | NO |
| Comment: | | |

Consent:

| | | |
|--|-----|----|
| Has referrer spoken to client about this referral? | YES | NO |
| Client has provided verbal/written consent to this referral? | YES | NO |
| Client consents to a social worker/staff from The House of Gabriel to contact them directly? | YES | NO |