



Support Hours Service Referral Form

Tangata Whai Ora Details <i>(Please state Name, NHI, DOB, Address and Contact detail, or attach patient label)</i>					
Full Name*:		Address*:			
Date of Birth*:		Phone Number*:			
NHI Number*:					
Ethnicity (Iwi if applicable):		Gender*:		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender diverse <input type="checkbox"/> Another gender identity	
Family/Whānau Contact*:		Smoking Status*:		<input type="checkbox"/> Smoker <input type="checkbox"/> Non-Smoker <input type="checkbox"/> Vaping	
GP Clinic*:		Living Situation*:		<input type="checkbox"/> Own home/Rental <input type="checkbox"/> Supported Accommodation <input type="checkbox"/> No fixed abode <input type="checkbox"/> Other Please specify:	
Referral Details					
Mental Health Condition*: <i>Equip may approach clinical provider, or GP, for further information if necessary.</i>					
Other Health Condition:					
Reason for Referral*: <i>Please outline the reasons for this referral, indicating the support area and needs, the focus of work between tangata whai ora and CSWs, and its expected duration.</i>					
Additional Info: <i>Please provide any additional information you feel is relevant to this referral, e.g., cultural considerations, CSW gender preference, spoken language, living situation, mobility, and health and safety considerations.</i>					
Please attach documentation*:	<input type="checkbox"/> Mental Health Assessment	<input type="checkbox"/> Risk Assessment	<input type="checkbox"/> Psychosocial Assessment or SNAP	<input type="checkbox"/> Discharge Letter	<input type="checkbox"/> Other relevant information
Health Involvement <i>(Please state the names of Agencies and Professionals involved)</i>					
Mental Health Key Worker:			Responsible Clinician:		
Social Worker:			Psychologists/Counsellors:		
Other:					
Referrer Details <i>(Please include contact details and the nature of the relationship)</i>					
Name:			Relationship:		
Phone:			Email:		



Equip Support Hours Service

What is it?

Support Hours is a **free, mobile support service** for adults aged **18 and over** who are living with mental illness. It's designed to help people with **multiple needs** live independently and well in the community. We support tangata whai ora **spiritually, mentally, and physically**, using a wraparound approach that respects individual journeys.

Recovery, hope and improved quality of life are more likely when services and people work together. CSWs collaborate with regional clinical mental health teams, GPs and other health providers, Whānau/family where appropriate. Your consent will be discussed before involving others in your support.

How We Support

Our **Community Support Workers (CSWs)** work alongside you using a person-centred, strength-based approach. Support is tailored to your recovery goals and reviewed every 3 months. Examples of support include:

- Identify your strengths and set SMART goals
- Build daily living skills and confidence
- Connect with social and health services
- Access housing, WINZ, transport, and community resources
- Engage in education, volunteering, or employment pathways
- Peer support
- Housing support
- Equally well initiatives
- Strengthen whānau relationships and support networks

What We Don't Provide

While we offer meaningful support, there are limits to what we can do. The Support Hours Service:

- **Is not a clinical or specialist service**
- **Does not provide therapy, behavioural interventions, or crisis intervention**
- **Does not offer emergency or after-hours services**
- **Does not provide long-term case management**

We acknowledge and respect **neurodiversity**-the natural differences in how people think, learn, and experience the world. Our service is inclusive and person-centred, but we are not equipped to provide specialist neurodevelopmental support. If specialist or clinical support is needed, our team may be able to provide information about other services.

Eligibility Criteria

You may be eligible if you:



- Live in the **Waitematā area** (North Shore, Rodney, West Auckland)
- Have a **major mental health condition** (Axis 1 diagnosis)
- Are **18 years or older**
- Have **practical or social support needs**

How to Access the Service

You can be referred by:

- **Regional Mental Health Services (Health NZ)**
- **Your GP**
- **Other health or community providers**
- **Yourself, a whānau member, or carer**

Referral Process

1. Once we receive your referral, our **assessment team** will contact you or your referrer. Referrals will be placed on hold until all information is supplied.
2. We'll arrange a meeting to discuss your situation and needs, including **cultural preferences**.
3. If we are the right service, a **CSW will be assigned** and a support plan created.
4. If we aren't able to provide the service you require, we may be able to direct you to more appropriate services.

Due to high demand, please understand that your referral may be placed on a **waitlist**. We'll keep you updated and, if we're unable to offer support, we'll recommend **alternative services**.