

# Q<sup>w</sup>alayu House referral form

*To be completed by referring professional*

## Referring professional information

Name of referring professional \_\_\_\_\_

Office/organization name \_\_\_\_\_

Appointment date/time \_\_\_\_\_

Reason \_\_\_\_\_

Arrival date \_\_\_\_\_

Estimated length of stay \_\_\_\_\_

Email \_\_\_\_\_

Phone number \_\_\_\_\_

Who is paying for room; family or third party. Please provide contact information \_\_\_\_\_

## Guest information

Name/age of child in care \_\_\_\_\_

Accompanying guardian \_\_\_\_\_

Is guardian a minor? Yes No

Other guest \_\_\_\_\_

Is guest a minor? Yes No

Other children \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Guest Email number \_\_\_\_\_

Guest Phone \_\_\_\_\_

Allergies \_\_\_\_\_  
\_\_\_\_\_

Special requests \_\_\_\_\_

## Identified barriers (Is this high risk, financial need, remote living, etc.)

## Confirmation information

We will make every attempt to provide confirmation as early as possible. Given the nature of Q<sup>w</sup>alayu House, availability can be difficult to determine, check out dates aren't always known in advance, and the House serves families experiencing unplanned emergencies. For this reason, room availability may not be confirmed until up to 24 hours prior. Please encourage families to continue exploring alternate plans for accommodation until their stay at the house has been confirmed.

## Purpose

Q<sup>w</sup>alayu House welcomes families from the north Island and surrounding islands to stay while their children (19 years of age or younger) receive health care in the region, and where pregnant individuals can stay as their due date approaches. The house was built to increase access to health care and is working to reduce barriers to improve health outcomes for children, youth and their families.

\_\_\_\_\_  
Referring professional

\_\_\_\_\_  
Date