

Temporary accommodation for eligible health and disability workers scheme

This scheme covers all workers undertaking essential health and disability services during the COVID-19 response in roles where they may have close contact with patients.

If you work in a role where you may have close contact with patients, you may qualify by meeting **either** of the following criteria:

- You have been asked and agreed to relocate to a different part of the country or region to meet the demand created by the COVID-19 response.
- You live with a vulnerable person who is at higher risk of severe illness should they contract COVID-19 – this includes people who are aged 70 and over and/or have certain existing health conditions.

The covid19.govt.nz website has more information about who is at higher risk to COVID-19.

If you have a vulnerable person in your household, you must also meet all the following criteria:

- there is no feasible way for you to safely mitigate the potential risks of spreading COVID-19 to other members of your household while you are staying at home, and
- you are unable to find suitable alternative accommodation that does not require additional funding
- any additional accommodation costs are not being met by another funding source.

Essential health and disability workers whose situations do not match one or more of these scenarios but whose situations mean they cannot remain at home and continue working may still be considered for funded temporary accommodation.

If your application is successful, funding will be allocated for:

- the period of relocation, for those who are relocating; or
- a period of up to 4 weeks, for all other applicants.

Please note that the type of accommodation provided under this scheme is not suitable for workers who are a confirmed or probable case, or a close contact of a confirmed or probable case, of COVID-19. If you fit in this category, please speak to your employer.

Application for funded temporary accommodation for eligible health and disability workers

- i** Once completed, please send this application form to your DHB to assess your eligibility for funded temporary accommodation. A list of all DHB email addresses are listed at [health.govt.nz/funded-temporary-accommodation](https://www.health.govt.nz/funded-temporary-accommodation). You will be informed of the outcome of your application by email.
- i** If your application is successful, the DHB will pass your details onto the Temporary Accommodation Service who will get in touch directly with you to arrange appropriate accommodation.
- i** Fields marked with an * are mandatory.

About you

Surname or family name*

First or given name(s)*

Preferred name

Date of birth (DD/MM/YYYY)*

What gender do you identify as?

Male

Female

Gender diverse (please state)

Which ethnic group do you belong to? Mark the space or spaces that apply to you.

New Zealand European

Māori

Samoan

Cook Island Maori

Tongan

Niuean

Chinese

Indian

Other (Please state)

Phone number*

Email address*

Interpreter required Yes Language

i This is for matching and placement services, if your application is successful

Preferred time of contact

Preferred method of contact

Phone

Email

About your work

Your employer (indicate if you are self-employed)*

Your position*

Do you work in a patient-contact role?* Yes No

Employer contact name*

Employer contact phone number* Employer email address*

Why you need funded temporary accommodation*

Please indicate which of the following situations applies to you

I live with a vulnerable person who is at higher risk of severe illness should they contract COVID-19

If so, please select from the following categories of at-risk groups:

Underlying health conditions (state):

Immunocompromised

Those over 70 years of age

Pregnancy (third trimester)

I have been asked and agreed to relocate to a different part of the country or region to meet the demand created by the COVID-19 response

Please advise where

I need temporary accommodation but do not meet the above criteria. If so, please describe the reasons you think you should be considered for funded temporary accommodation

Household requirements

This information will allow the Temporary Accommodation Service to seek a location that suits your needs.

Temporary accommodation start date (DD/MM/YYYY)* Temporary accommodation end date (DD/MM/YYYY)* (If known)

Where do you normally reside? (your address)*

Where in New Zealand would you need temporary accommodation?*

Do you have any other needs you would like us to take into account for the location of the temporary accommodation? (If yes please specify)

Any other comments?

Privacy Policy

Information collected by the DHB is managed and used in accordance with the Privacy Act 1993, Health Information Privacy Code 1994 and other relevant legislation, codes and best practice. The purpose of collecting the information required in this application form is to assist the DHB in assessing your eligibility to be funded temporary accommodation (noting information may also be shared with the Ministry of Health as funder of temporary accommodation scheme). Your information may also be shared with the Ministry of Business, Innovation, and Employment, as the agency responsible for the co-ordination of the Temporary Accommodation Service, who may further share your information with the following agencies:

- The Ministry of Health for the purposes of assessing your health needs. This provision of information will allow the Ministry of Health to undertake contact tracing if necessary.
- The Ministry of Social Development for the purpose of providing you with other support services if you are deemed eligible.
- The relevant Civil Defence Emergency Management Groups for the purpose of providing you with welfare support services if applicable.
- The National Emergency Management Agency for the purposes of providing you with welfare support services if applicable.

All information is kept secure, to protect against loss and unauthorised access, use, modification, or disclosure. Access to information collected, created or exchanged is tightly controlled. Only those DHB employees or third parties who have a legitimate requirement to access this information in the course of their official duties are permitted to do so.

The Temporary Accommodation Service privacy statement can be found on the Temporary Accommodation website <https://temporaryaccommodation.mbie.govt.nz/about-us/privacy-statement>

Applicant declaration

I hereby declare that the information provided is true and correct.

I am not a confirmed or probable case of COVID-19, or been identified as a close contact of a confirmed or probable case of COVID-19.

I understand that submission of this application does not confirm my eligibility for funded accommodation.

I understand that I and/or my employer may be contacted to confirm this information or provide further information in relation to this application.

I consent to my details being given to the Temporary Accommodation Service if my application is successful.

I understand that I will be liable for any damage to the property should I be eligible for funded accommodation

I understand that if any of my declarations are found to be falsified or information provided is incomplete, inaccurate, misleading or otherwise misrepresented, I may be required to repay all accommodation costs

I have read the above privacy policy and agree to the DHB sharing my details with the relevant agencies if necessary

For those applying because they live with a vulnerable person:

I am not able to safely mitigate the potential risks of spreading COVID-19 to other members of my household while I am staying at home.

I cannot find suitable alternative accommodation that does not require additional funding.

Name

Signature

Date

Employer declaration (if applicable)

I confirm the employment details in this application are true and correct.

Name

Signature

Date