## **Te Puna Oranga o Ōtaki / Warm up Ōtaki**

The health and wellbeing of you and your whānau are important to us as we work with you to create healthier homes. Our aim is to work together to create a vibrant, flourishing environment for those who choose to call Ōtaki their home.

To help us to meet this goal, we invite you to answer questions that you feel comfortable with. The information collected here will be used for the Warm up Ōtaki project.

We’re here to help in every stage of the process.

Basic information:

| First and Last Name |  |
| --- | --- |
| Street Address |  |
| Phone Number |  |
| Email |  |

Project information:

Please circle the relevant answer:

* Prefered method of communication

| Email | Phone call | Messenger / text |
| --- | --- | --- |

* How many people live in your household?

| Whanau | Extended Whanau | Generations | Grandparents | Parent/s | Children | Grand children |
| --- | --- | --- | --- | --- | --- | --- |

* Age of household occupants, please put an \* in all relevant boxes. E.g if 3 occupants in the 5-15 bracket put \*\*\*

| 0-5 Years | 5-17 Years | 15-20 Years | 20-30 Years | 30-50 Years | 50-70 Years | 70+ |
| --- | --- | --- | --- | --- | --- | --- |

* Ethnicity - what groups do you identify with? Circle all relevant groups.

| New Zealand European | Maori | Pacific People | Asian | Latina /Middle Eastern/ African | Other |
| --- | --- | --- | --- | --- | --- |

* Are you satisfied with the level and availability of health care in your community?

| Yes | No |
| --- | --- |

* If you answered yes or no to this question would you like to explain more:

|  |
| --- |

* Do you have a Community Services card, or do you live with someone who has one?

| Yes | No |
| --- | --- |

* Are you and your household members registered with a GP? If so, which one?

|  |
| --- |

* Do you or any members of your whanau suffer from:

| Asthma | Yes | No |
| --- | --- | --- |
| Eczema | Yes | No |
| Both | Yes | No |
| Other (please write in next box) | \* |  |

* Does this require additional medication, and has this condition ever led to hospitalization?

|  |
| --- |

* Do you regularly see a doctor or other services to help manage these conditions?

|  |
| --- |

* Does your home suffer from mould or condensation?

| Mould | Condensation | Both | Neither |
| --- | --- | --- | --- |

Insulation:

* Do you know if your home has had insulation installed?

| Yes | Ceiling | Floor |
| --- | --- | --- |

| No | Not sure |
| --- | --- |

* Would you like to have insulation installed, the cost of which is subsidised by 80%?

| Yes | No |
| --- | --- |

Heating:

*If you don’t already have a wood burner, existing heat pump, flued gas heating, or central heating you will be eligible for a 80% heat pump grant….as long as your insulation is up to EECA standards. This is something we can check for you.*

* What do you use for heating in your home and do you think it's good enough?

|  |
| --- |

* Does the cost of heating prevent you from adequately heating your home?

|  |
| --- |

* Would it help for you to have a heat pump?

|  |
| --- |

* Would it help to spread payments for this out over twelve months?

| Yes | No |
| --- | --- |

* What type of hot water system do you have?

| Gas | Hot water Cylinder | Wood burner / wetback | infinity |
| --- | --- | --- | --- |

Curtains / additional questions:

* Do you have okay curtains or would it help to have more/ better curtains in some rooms?

| Yes | No |
| --- | --- |

* If ‘Yes’, would you like some help with that?

| Yes | No |
| --- | --- |

* Would you be able to measure up what you need for curtains, or would you need help?

|  |
| --- |

* Do you have carpet in your home ?

| Yes | No |
| --- | --- |

* Do you need any help to look at ways to reduce your water use?

| Yes | No |
| --- | --- |

* Would it be helpful for you and your whanau to have better bedding to stay warm at night?

| Yes | No |
| --- | --- |

* A ‘healthy home’ look different to different people; only you can determine what this looks like for your whānau. What other things do you feel would make your household / home a healthier space?

|  |
| --- |

* There are people who can work with you to see how you can reduce your monthly energy costs and understand your energy consumption. Would you like to talk with them? At home? Or at the Energise Ōtaki office on Main St? You would need to show them your energy bills.

| Yes | No |
| --- | --- |

* The next step is to have someone come and look under your house and in your ceiling to see what insulation work can be done, and whether and where a heat pump can be installed. Would you be okay if we got in touch after this to make an appointment to do that?

| Yes | No |
| --- | --- |

* Any additional comments, please write below:

|  |
| --- |

Declaration:

*The information collected will be used for the Warm Up Ōtaki project. Te Puna Oranga o Ōtaki and Energise Ōtaki will have access to this for the sole purpose of supporting whānau in Ōtaki towards healthier homes.*

I have read and consent to my information being utilised for the Warm Up Ōtaki project.

Name:

Signed:

Date: