

# WARM UP

Counties Manukau



100%  
**FREE**  
INSULATION

## FREE Home Insulation Programme

Counties Manukau Health is offering a *free home insulation programme* - Warm Up Counties Manukau

### Eligibility Criteria:

- ✓ Live in the **Counties Manukau, Papakura or Franklin area**
- ✓ Live in a **home built before 1st January 2000**
- ✓ **Own their own home or rent privately**  
(**NOT** a Housing New Zealand home)
- ✓ Be the **owner occupier or tenant** and **MUST** have a **Community Services Card**
- ✓ **Priority** will be given to families with **children** (*under 17*)  
or **older adults** (*over 65*) **living in the household with health conditions**

For more information contact the Warm Up Counties Manukau team:



To register online visit [www.warmupnz.co.nz](http://www.warmupnz.co.nz)

Call **09 262 9583** email [warmup@cmdhb.org.nz](mailto:warmup@cmdhb.org.nz)

# FREE HOME INSULATION APPLICATION FORM

**WARM UP**  
Counties Manukau

## Contact details

1. (Mr/Ms/Mrs/Miss) First name..... Last name.....  
Other names..... Date of Birth.....  
Address.....  
Suburb..... Postcode..... Email.....  
Phone Home..... Work..... Mobile.....

## Do you have a Community Services Card?

Yes

No

Your Community Services Card details will be sighted and verified by the Insulation Provider at the first appointment.

## Housing details

2. Do you: (please tick)

Own your home

Rent privately

Your landlord's name..... Landlord's phone.....

Landlord's mobile..... Landlord's email.....

3. When was your home built?

Prior to 1st January 2000

Year built (approx.).....  Don't know

## Other details

4. How many children live in your home?

Under 2 years of age ..... Between 2 & 17 years of age ..... Babies due ..... Babies born premature (<37 weeks) .....

5. Have any of the children aged 17 and under living in your home had any of the following conditions in the past?

Asthma

Ear Infections

Bronchitis

Pneumonia

Bronchiolitis/Bronchiectasis

Other (please specify).....

6. How many people aged 65+ years live in your household? .....

7. Has anyone living in your household aged 65+ years had any of the following conditions in the past year?

Asthma

Heart Conditions

Pneumonia

Chronic Lung Disease (Including Emphysema, Bronchitis)

Other (please specify) .....

8. A. Has anyone in your household been in hospital in the past year?

Yes

No

B. What was the hospitalisation for? .....

9. Does anyone in your household have a disability or ongoing health issue?

Yes (please specify) .....  No

10. What ethnic group do you identify with?

Maori (Iwi) .....  Pacific (please specify) .....

NZ/European  Asian  Other (please specify) .....

11. How did you find out about this programme?

Health Professional e.g. Doctor, Plunket, Hospital, SUPERCLINIC .....  Application received in the mail

Community Services  Other source (please specify).....

12. Do you (the applicant) have a Community Services card?  Yes  No  Expiry Date: ..... /.....

YOUR COMMUNITY SERVICE CARD DETAILS WILL BE SIGHTED AND VERIFIED BY THE INSULATION PROVIDER AT THE FIRST APPOINTMENT.

I understand an adult needs to be home for:

A visit from the nurse

2 or 3 visits to check and fit insulation

I confirm that I am the: (please tick)

Homeowner

**OR**  Tenant

Community Services card holder

Signature .....

Date .....

**To support your application we recommend that you obtain a letter of support from your family doctor or health professional stating why your health and that of your family would be improved by having your home insulated.**

Phone: 09 262 9583

Fax: 09 262 9501

email: warmup@cmdhb.org.nz

Please return the application to The WARM UP CO-ORDINATOR  
PRIVATE BAG 94052, MANUKAU CITY, AUCKLAND, 2241

Information will be shared with the project partners for the purpose of service provision and evaluation. This application does not guarantee you will receive free insulation for your home. A representative from The Insulation Company will contact you once your application has been received.