#Protect Our Whakapapa

Whānau Plan | Mahere Whānau

MANAAKI MAI, MANAAKI ATU



Whānau Name:	Whānau Lead:	80%
	The person completing this plan	
Whānau Address:	Phone no:	
	Of the person completing this plan	

WHO LIVES IN YOUR WHARE?

Name	Age	Vax Status	NHI#	Medical conditions, medications & care required	Ph no
Eg. Hine	13	1	ABC1234	Asthma - Has a puffer when needed. Allergy to eggs & nuts - so no kai with these ingredients	028 112 3460
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WHERE IS YOUR ISOLATION SPACE? Inside your whare? Set up a room/area in your whare, where whānau members can isolate away from others. Write where this room/area is in your whare. Outside your whare?

If you can't isolate inside your whare, is there another option outside your whare, where you can isolate safely?

WHAT ARE OTHER THINGS YOU NEED TO THINK ABOUT?

- Have you made a list of household instructions that are easy to follow if you get sick? E.g. how to operate household gadgets, feeding pets, paying bills, watering the plants.
- Is there anyone outside your whare that relies on you for care? Or that YOU rely on for care?
- Do you need to check in with anyone at mahi or kura? Will they be able to support you to work from home, or your children to learn at home?

PEOPLE WHO CAN HELP IF YOU GET SICK

Who will pick up supplies? (that doesn't live in your whare)

Name: Phone:

Who will check on the tamariki? (that doesn't live in your whare)

Phone: Name:

Who will help run errands? (that doesn't live in your whare)

Name: Phone:

IMPORTANT CONTACTS

GP

PHARMACY

HOSPITAL

WHĀNAU ORA Community Connector

COVID-19 Health advice 0800 358 5453 COVID-19 Vaccination advice 0800 28 29 26

GENERAL Health advice 0800 611 116

Police / Ambulance 111