# **Duty to refer referral form**

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| **Please insert the name of the local housing authority that the service user is being referred to.** | | | | | |  | | |
| NOTE: Service users can chose which local housing authority they wish to be referred to. **However, it is advisable for them to choose a local authority with which they have a local connection**. In general, a service user is likely to have a local connection to an area if they live or have lived there, wok there or have a close family connection. However, a service user should not be referred to an area where they would be at risk of violence.  A guide to the duty to refer includes advice on the duty to refer and local connection. | | | | | | | | |
| **(1A) Written Consent to share information**  I agree to the information on this form being shared with \_\_\_\_\_\_ Council. I understand that the Council may use this information to contact me, and to help assess my needs for assistance with housing and that I am not making a homelessness application. I have read \_\_\_\_\_\_\_ privacy notice and understand how my data will be processed.  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NOTE: The service user must give consent to the referral. Referrers are advised to obtain signed consent to the referral; however, oral consent can be provided. The referrer must therefore complete box 1B. | | | | | | | | |
| **(1B) Oral Consent to share information**  Having discussed the accommodation status of \_\_\_\_\_\_\_\_\_ (*insert service user name)* the service user, I can confirm that they provided me with oral consent to refer their case to \_\_\_\_\_\_\_\_ Council. I explained to the Service User that the Council may use this information to contact them and to help assess their needs for assistance with housing and that this is not a homelessness application. | | | | | | | | |
| **Signed** | **Public authority** | | | | | | **Date** | |
| Please note that **ALL** sections **MUST** be filled in | | | | | | | | |
| **(2) Source of Referral (to be completed by the referrer)** | | | | | | | | |
| Referral agency (e.g. prison, hospital, etc.) | | | | |  | | | |
| Role of person referring (e.g. social worker, probation officer, etc.) | | | | |  | | | |
| Name of referrer | | | | |  | | | |
| Email address of referrer | | | | |  | | | |
| Phone number of referrer | | | | |  | | | |
| Date of referral | | | | |  | | | |
| **(3) Information and contact details for the service user being referred** | | | | | | | | |
| Name | | | |  | | | | |
| Excluding the main applicant, please state how many people are part of this homeless application (please specify their names, date of birth, and relationship to the applicant) | | | |  | | | | |
| Contact telephone number | | | |  | | | | |
| Email address | | | |  | | | | |
| Gender | | | |  | | | | |
| Date of birth | | | |  | | | | |
| NI number | | | |  | | | | |
| Language and communication needs (identify any assistance the service user will need for an assessment to be completed) | | | |  | | | | |
| It is safe to contact the applicant using the contact details you have provided? | | | |  | | | | |
| Employment status (please include sources of income) | | | |  | | | | |
| Immigration status | | | |  | | | | |
| **(4) Main reason for referral** | | | | | | | | |
| What is the main reason you are referring the individual? | | | |  | | | | |
| Please explain your answer (e.g. “they are facing eviction from their home”) | | | |  | | | | |
| **(5) Current accommodation** | | | | | | | | |
| What type of accommodation is the applicant currently living in? | | |  | | | | | |
| Where is the applicant homeless from? (please include tenancy type, landlord and reason for loss of accommodation if applicable) | | |  | | | | | |
| If not already homeless, on what day is the applicant due to become homeless? | | |  | | | | | |
| If the applicant is due to leave prison or hospital, or is leaving the armed forces, with no accommodation available, please state when the release/ discharge will take place. | | |  | | | | | |
| **(6) Are there any additional needs/risks to be aware of?** | | | | | | | | |
| Previous history of sleeping rough | |  | | Lack of support from family/friends | | | |  |
| History of substance misuse | |  | | Risk of domestic or other abuse | | | |  |
| Please provide any additional information on risk if possible: | | | | | | | | |
| **(7) Relevant medical information** | | | | | | | | |
| Please provide information on any physical or mental health needs that the service user has, and any treatment that they are receiving. Please include any formal diagnosis, any current medication and any professional involvement. | | | |  | | | | |
| **(8) Support needs** (please mark ‘X’ to all that apply) | | | | | | | | |
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| Young Person aged 16 – 17 years | |  | | Drug dependency needs | |  |
| Young person aged 18-25 years requiring support to manage independently | |  | | Alcohol dependency needs | |  |
| Young parent requiring support to manage independently | |  | | Offending history | |  |
| Care leaver aged 18-20 years | |  | | History of repeat homelessness | |  |
| Physical ill health and disability | |  | | History of rough sleeping | |  |
| History of mental health problems | |  | | Former asylum seeker | |  |
| Learning disability | |  | | Old age | |  |
| At risk of/has experienced sexual abuse/exploitation | |  | | Served in HM Forces | |  |
| At risk of/has experienced domestic abuse | |  | | Access to education, employment or training | |  |
| At risk of/has experienced abuse (non-domestic abuse) | |  | | Victim of modern slavery | |  |
| Care leaver 21-24 | |  | | Difficulties budgeting | |  |
| Care leaver 25+ | |  | |  | |  |
| **Comments or details on selected support needs:** | | | | | | |
| **(9) Involved professionals**  Please include details of any professionals or agency the applicant is currently engaging with. | | | | | | |
| **Agency** |  | | **Contact Name and details** | |  | |
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