**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 are able to choose which local housing authority they wish to be referred to. Generally speaking, a service user is likely to have a local connection to an area if they are a resident, work there or have a close family connection, unless they are newly arrived or would be at risk of violence in that area. The ‘**The Duty to Refer: Guide for Public Authorities’** includes advice on the duty to refer and local connection. |

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| **(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.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:** |

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| **Core information** Please note that sections 2 – 4 must be filled in. |
| **(2) About the referring professional (to be completed by the professional)** |
| Public authority referring (e.g. prison, hospital, etc.) |       |
| Role of person referring (e.g. social worker) |       |
| Name of referrer |       |
| Address of referrer |       |
| Email address of referrer |       |
| Phone number of referrer |       |
| Name and contact details of any other person who could be contacted for further information, if not the referrer (e.g. a support provider)  |       |

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| **(3) Information and contact details for the service user being referred** |
| Name |  |
| Household composition (e.g. single person, couple, family with X children/X adults) |       |
| Current address (if applicable) |  |
| Home telephone number |       |
| Mobile number |       |
| Email address |       |
| Gender |  |
| Date of birth |  |
| Language and communication needs (identify any assistance the service user will need for an assessment to be completed)  |       |

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| **(4) Main reason for referral** |
| What is the main reason you are referring the individual? | [ ] I believe they are homeless [ ] I believe they are threatened with homelessness[[1]](#endnote-1) |
| Please explain your answer (e.g. “they are facing eviction from their home”) |       |

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| **Additional information**Please provide any additional information you are aware of which may help housing options officers support the individual. |
| **(5) Current accommodation**  |
| What type of accommodation is the individual currently living in? |        |
| If the service user is threatened with homelessness, on what date are they likely to become homeless?  |       |
| If the service user 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. |       |

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| **(6) Are there any additional needs/risks to be aware of?** |
| Additional needs/risks might include-previous history of sleeping rough -lack of family/friends support -history of substance misuse-risk of domestic or other abuse  |       |

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| **(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 |       |

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| **(8) Other information**  |
| Is there any other information that will help to assess and meet the needs of the service user?  |       |

Please email completed referral form to dutytorefer@sholland.gov.uk

1. [↑](#endnote-ref-1)