**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](mailto:dutytorefer@sholland.gov.uk)

1. [↑](#endnote-ref-1)