



Housing Services Referral Form

***Mandatory fields**
Incomplete forms will
be returned

Preventing homelessness through the provision of housing advice and support

Professional's details:

*Name:

*Agency:

*Type of involvement with customer:

*Contact details:

Customer details:

*Name:

*D.O.B: N.I. No.

Current address:

Accommodation type:

- | | | | |
|---|--------------------------------------|---|--|
| <input type="checkbox"/> Armed Forces | <input type="checkbox"/> Bail hostel | <input type="checkbox"/> Custody | <input type="checkbox"/> Foster placement |
| <input type="checkbox"/> Friends | <input type="checkbox"/> Hospital | <input type="checkbox"/> No fixed abode | <input type="checkbox"/> Parents |
| <input type="checkbox"/> Other family | <input type="checkbox"/> Tenancy | <input type="checkbox"/> Owner occupier | <input type="checkbox"/> Temporary accommodation |
| <input type="checkbox"/> Other (please state): <input type="text"/> | | | |

Tenure type:

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Introductory | <input type="checkbox"/> Secure | <input type="checkbox"/> Licence |
| <input type="checkbox"/> Assured shorthold | <input type="checkbox"/> Tied tenancy | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Other (please state): <input type="text"/> | | |

Last address if not same as above:

Contact number:

Ethnic origin:

*Gender:

Male

Female

Transgender

Not disclosed

*Sexual orientation:

Bisexual

Gay man

Gay woman

Heterosexual

Don't know

Prefer not to say

Faith:

*Nationality:

Marital status:

Who else is part of the customer's household:

Name:

D.O.B.

Gender:

Relationship to customer:

To be rehoused with customer

Yes

Name:

D.O.B.

Gender:

Relationship to customer:

To be rehoused with customer

Yes

Name:

D.O.B.

Gender:

Relationship to customer:

To be rehoused with customer

Yes

Name:

D.O.B.

Gender:

Relationship to customer:

To be rehoused with customer

Yes

Name:

D.O.B.

Gender:

Relationship to customer:

To be rehoused with customer

Yes

Name:

D.O.B.

Gender:

Relationship to customer:

To be rehoused with customer

Yes

Is a member of your household pregnant?

Yes

If yes, what is their due date?

Referral summary

Provide any relevant information about the client, housing and circumstances:

List anyone who is currently providing support to the client (name, agency, type of support provided)

*Identified risks **from** the customer

- | | | |
|---|---|---|
| <input type="checkbox"/> No risk | <input type="checkbox"/> Violent offending | <input type="checkbox"/> Serious verbal threats |
| <input type="checkbox"/> Threats of self-harm | <input type="checkbox"/> Physical assault | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Hazardous property | <input type="checkbox"/> Storing needles or weapons | <input type="checkbox"/> Dangerous animals |
| <input type="checkbox"/> Other (provide details): | <input type="text"/> | |

*Identified risks **to** the customer

Do you or the customer think there is a threat of homelessness? Yes No

Is the customer at risk of/has experienced domestic abuse? Yes No

If yes, what is the context of the risk? Victim Witness Perpetrator

If yes, describe the nature of the abuse:

*Type of enquiry

- | | | |
|--|---|---|
| <input type="checkbox"/> Seeking accommodation | <input type="checkbox"/> Fleeing violence | <input type="checkbox"/> Parental/family exclusion |
| <input type="checkbox"/> Mortgage arrears | <input type="checkbox"/> Relationship breakdown | <input type="checkbox"/> Notice to quit |
| <input type="checkbox"/> Harassment | <input type="checkbox"/> Eviction | <input type="checkbox"/> Security of tenure |
| <input type="checkbox"/> Housing Benefit | <input type="checkbox"/> Housing support | <input type="checkbox"/> Emergency (fire/flood) |
| <input type="checkbox"/> Mental health | <input type="checkbox"/> Hospital discharge | <input type="checkbox"/> Armed Forces |
| <input type="checkbox"/> Offender/leaving prison | <input type="checkbox"/> Move on protocol | <input type="checkbox"/> MASH |
| <input type="checkbox"/> Rent arrears | <input type="checkbox"/> Debt/benefit advice | <input type="checkbox"/> Unsuitable/disrepair |
| <input type="checkbox"/> MARAC | <input type="checkbox"/> MATAC | <input type="checkbox"/> Other (give details below) |

*Support requirements

- | | | |
|--|--|---|
| <input type="checkbox"/> No support needs | <input type="checkbox"/> Legacy case (needs unknown) | <input type="checkbox"/> Physical health/disability |
| <input type="checkbox"/> Young person aged 16-17 | <input type="checkbox"/> Young person aged 18-25 | <input type="checkbox"/> Young parent |
| <input type="checkbox"/> Care leaver aged 18-20 | <input type="checkbox"/> Care leaver aged 21+ | <input type="checkbox"/> Learning disabilities |
| <input type="checkbox"/> Risk/experience of sexual abuse | <input type="checkbox"/> Access to training/employment | <input type="checkbox"/> Access to education |
| <input type="checkbox"/> Drug dependency | <input type="checkbox"/> Alcohol dependency | <input type="checkbox"/> Offending history |
| <input type="checkbox"/> Repeat homelessness | <input type="checkbox"/> History of rough sleeping | <input type="checkbox"/> Former asylum seeker |
| <input type="checkbox"/> Elderly/old age | <input type="checkbox"/> Served in HM forces | <input type="checkbox"/> Other (give details below) |

Consent to refer

- I can confirm that I have discussed this referral with the customer and they have given their consent for this referral to be made, including details of potential risks they may pose to professionals. The customer has also completed an Informed Consent Form, giving their consent for any relevant enquiries to be made in relation to their housing application. The customer understands that their data will be stored in accordance with GDPR regulations.

Signature of professional:

Date:

Return completed referral forms to: housingadvice@gatesheadhousing.co.uk