|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| [http://www.gatesheadhousing.co.uk/wp-content/uploads/2015/06/TGHC_Logo_Round_Colour-RGB-WEB.jpg](http://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&ved=0ahUKEwiqlbXfjbvNAhVhBMAKHXlPDz0QjRwIBw&url=http://www.gatesheadhousing.co.uk/&psig=AFQjCNHh3pn-fZPpmVM2ihgHy_iXgO8fWA&ust=1466666797765659) | **Housing Services Referral Form**  **‘Preventing homelessness through the provision of housing advice and support’** | | | | | | | | | | | | | |
| **Professionals Details** | | | | | | | | | | | | | | |
| Name | | | | | | |  | | | | | | | |
| Agency | | | | | | |  | | | | | | | |
| Type of involvement with customer | | | | | | |  | | | | | | | |
| Contact Details | | | | | | |  | | | | | | | |
| **Customer Details** | | | | | | | | | | | | | | |
| Name |  | | | | | | | | | | | | | |
| D.O.B |  | | | | | | NI | |  | | | | | |
| Current Address |  | | | | | | | | | | | | | |
| Tenure type | | |  | | | | | | | | | | | |
| Last Address if not same as above | | |  | | | | | | | | | | | |
| Contact number | | |  | | | | | | | | | | | |
| Ethnic origin | | |  | | | | | | | | | | | |
| Gender | | |  | | | | | | | | | | | |
| Sexual orientation | | |  | | | | | | | | | | | |
| Faith | | |  | | | | | | | | | | | |
| Nationality | | |  | | | | | | | | | | | |
| Marital status | | |  | | | | | | | | | | | |
| **Customer** **Household Details** | | | | | | | | | | | | | | |
| **Name** | | | **Gender** | | **D.O.B** | | | **Relationship to you** | | | | **To be rehoused with you** | | |
|  | | |  | |  | | |  | | | |  | | |
|  | | |  | |  | | |  | | | |  | | |
|  | | |  | |  | | |  | | | |  | | |
| Is a member of your household pregnant | | |  | | What is their due date | | | | | | |  | | |
| **Referral Summary**  (provide any relevant information about the client, housing & circumstances) | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Current Support**  (list anyone who is providing support to the client) | | | | | | | | | | | | | | |
| **Name / Agency Details** | | | | | | | **Type of support being provided** | | | | | | | |
|  | | | | | | |  | | | | | | | |
|  | | | | | | |  | | | | | | | |
| **Identified Risks from Customer** | | | | | | | | | | | | | | |
| **Tick** | | | | **Details** | | | | | | | | | | |
|  | | | | No Risk  Serious Verbal Threats  Physical Assault  Harassment  Dangerous animals  Violent offending  Threats of self-harm  Storing needles/ weapons  Hazardous property | | | | | | | | | | |
| Other (provide details) | | | |  | | | | | | | | | | |
| **Type of Enquiry** | | | | | | | | | | | | | |
| Seeking Accommodation | | | |  | | Parental/Family Exclusion | | | | | | |  |
| Fleeing Violence | | | |  | | Mortgage Arrears | | | | | | |  |
| Rent Arrears | | | |  | | Unsuitable/ Disrepair | | | | | | |  |
| Debt/Benefit Advice | | | |  | | Relationship Breakdown | | | | | | |  |
| Notice to Quit | | | |  | | Harassment | | | | | | |  |
| Eviction | | | |  | | Security of Tenure | | | | | | |  |
| Housing Benefit | | | |  | | Housing Support | | | | | | |  |
| Emergency – Fire/Flood | | | |  | | Mental health | | | | | | |  |
| Armed Forces | | | |  | | Hospital Discharge | | | | | | |  |
| Offender/Leaving Prison | | | |  | | MARAC | | | | | | |  |
| MATAC | | | |  | | MASH | | | | | | |  |
| Move on Protocol | | | |  | | Other (specify) | | | | | | |  |
| **Do you or the customer think there is a threat of homelessness?** | | | | | | | | | | | Yes 🞏 No 🞏 | | |
| **Support Requirements** | | | | | | | | | | | | | |
| No support needs | | | |  | | Legacy Case – needs not known | | | | | | |  |
| Young person aged 16-17 | | | |  | | Young person aged 18-25 | | | | | | |  |
| Young parent | | | |  | | Care leaver aged 18-20 | | | | | | |  |
| Care Leaver aged 21+ | | | |  | | Physical ill health/ disability | | | | | | |  |
| History of mental health problems | | | |  | | Learning disability | | | | | | |  |
| At risk / experienced sexual abuse | | | |  | | Access to education/ training/employment | | | | | | |  |
| Drug dependency | | | |  | | Alcohol dependency | | | | | | |  |
| Offending history | | | |  | | History of repeat homelessness | | | | | | |  |
| History of rough sleeping | | | |  | | Former asylum seeker | | | | | | |  |
| Old age | | | |  | | Served in HM forces | | | | | | |  |
| At risk/ experienced domestic abuse | | Victim 🞏  Witness 🞏 Perpetrator 🞏 | | | | Other (specify) | | | |  | | | |
| **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, overleaf giving their consent for the relevant enquiries to be made in relation to their housing application | | | | | | | | | | | | | | |
| Signature of professional | | | | | | |  | | | | | | | |
| Date | | | | | | |  | | | | | | | |
| **Please return the fully completed Referral form to**  [**Housingadvice@gatesheadhousing.co.uk**](mailto:Housingadvice@gatesheadhousing.co.uk)  **Please note that if there is information missing from the Referral it will not be accepted** | | | | | | | | | | | | | | |