

**DUTY TO REFER FORM**

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| **Local Housing authority details** |
| Date of referral  |  |
| Please confirm the name of the local housing authority that the individual or household is being referred to  |  |
| Do they have a local connection to the receiving council (e.g. residence, employment, immediate family)?Please provide details |  |

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| **Details of the person & organisation making the referral** |
| Referrer’s name |  |
| Role of person making the referral  |  |
| Name of public authority making the referral (e.g. prison, hospital etc) |  |
| Phone number |  |
| Address of public authority |  |
| Email address |  |
| Name & contact details of any other person or service to be contacted for further information. |  |

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| **Details of the person or household being referred:** |
| Name of person being referred |  |
| Are they known by any other name? If so, please state: |  |
| Date of birth |  |
| National Insurance no. |  |
| Gender |  |
| Household composition (single person, couple, family with children or other adults) |  |
| Current address |  |
| Phone |  |
| Email |  |

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| **Household Details**  | Relationship to applicant | Do they live with the applicant? | Gender | Date of birth |
| Name of household member |
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| **Why are they homeless or threatened with homelessness?** Please provide full details of the circumstances which have led to this referral  |
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| **Additional Information**  |
| What type of accommodation is the individual or household currently living in? |  |
| 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 provide the planned release or discharge date. |  |
| Please provide information about any additional needs or risks that we need to be aware of (this might include history of rough sleeping, substance misuse) |  |
| Please provide full details if the individual or household is at risk of violence or harm, and where this risk is likely to occur. |  |
| Please provide information about any physical or mental health needs affecting the individual or household member. Please include details of any treatment or support they receive for these health needs.  |  |
| Please provide the contact details for any other agencies or services that are currently working with the individual or household. |  |
| Please provide any additional relevant information, including any known risks to staff or other service users.  |  |

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| **CONSENT AND DECLARATION***Person being referred* I, ………………………………………, consent to this information being passed to ……………………………………… (Council name) and give them permission to obtain and share confidential information about me and my household, providing it is needed to investigate and assess my housing situation. I acknowledge that I am not making a homeless application by agreeing to this referral being made. I declare that all of the information given is true and correct in all respects. I have read the privacy notice and understand how my data will be processed*Signature……………………………………………… Date……………………………………………………*NOTE: The person being referred must give consent to the referral.  |

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| Please send this Referral form by email to the relevant Council as below:dutytorefer@adur.gov.ukdutytorefer@arun.gov.ukdutytorefer@chichester.gov.ukdutytorefer@crawley.gov.ukdutytorefer@midsussex.gov.ukdutytorefer@worthing.gov.ukYou will receive an acknowledgement within 48 hours.  |