This form is to be used to refer clients who appear to be homeless or threatened with homelessness in 56 days. This referral does not guarantee your client access to housing but, is the first step to developing a Housing Plan which outlines the actions your client and the housing authority will take.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Referring Agency details | | | | Referrers name | |  | |
|  | | | | Telephone number | |  | |
| Email address | |  | |
| Reason for Referral/ Comments (include Advocate details if appropriate) | | | | | | | |
| Client details | | | | | | | |
| Name (preferred name) | | National Insurance number |  | | Date of birth | |  |
| Current address |  | | | | | | |
| Contact details | Telephone number |  | | Email address | |  | |
| Household make up |  | | | | | | |
| Homeless/ Threatened Homelessness | | | | | | | |
| Date of potential homelessness |  | Reason for potential/actual homelessness | | | | | |
| Support Needs | | | | | | | |
| Identified Support needs |  | | | | | | |
| Support Worker (if different from referrer) | Name |  | | Contact details | |  | |
| Risk Assessments | | | | | | | |
| Potential risks to self, public agencies. | Y/N | Details of risk | |  | | | |
| Income/ Benefits | | | | | | | |
| Is the Client in receipt of benefits?  Y/N | If yes, outline please specify what benefits are received and amounts – include pip payments | | | | | | |
| If no - detail income | | | | | | |
| To the referrer | | | | | | | |
| Please email a copy of this form with any supporting evidence to the local authority and ensure that your client has agreed for their details to be passed on. (see below) | | | | | | | |

**Documents required for assessment appointments**

Attached is a list of original documents that customers will need to provide in relation to their current circumstances at any appointment that is arranged. Unfortunately if customers do not bring in the documents that we need this will delay our assessment of their case and the help we can offer them.

**Declaration of information**

I/We grant Wyre Forest District Council permission to make any enquiries needed to confirm the information given on this form.

Wyre Forest District Council may get information about you from others, or we may give information to them. If we do, it will only be as the law permits to check accuracy of information; prevent or detect crime; or to protect public funds. We may check information we receive about you with information in our records. This can include information provided by you as well as by others such as government departments, and agencies. If false or of inaccurate information is identified, details will be passed to fraud prevention agencies for the prevention of further fraud and money laundering. For more information, visit

For further information on how the council will use your data, please visit the website.

I agree to share my details with Wyre Forest District Council for the purpose of obtaining advice, homelessness assistance and support regarding my housing need.

Name:

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_