
## Referral Form for Pre Tenancy Support

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| Name:  | **Ref No:****(office use)** |  |  |  |  |  |  |
| **Date of Birth:** / / **Age:** | **Ref Date:** |
| **Address:** | **Gender:** **[ ]  Male** **[ ]  Female** **[ ]  Other** |
| **Contact Telephone Number:** |
| **Post Code:** | Do you Currently Service in HMF Yes [ ]  No [ ]  |
| **Ethnicity:** | Have you Service in HMF Yes [ ]  No [ ]  |
| **N.I. Number** |  |  |  |  |  |  |  |  |  |
| Marital status and any children:(Detail where children are living, if relevant) |  |
| Religion: |  |
| Immigration status/docs held: |  |
| First language:(state if interpreter needed): |  |
| Special needs: (allergies, diet, health, medication, registered disabled etc) |  |

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| Referral Source |
| **Name of agency and worker:** |
| **Address & telephone number:****E-Mail:** | **Length of time known to agency:** |

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| Support Needs/Presenting Issues/Summary of Reasons for Referral (Continue on additional pages if required) |
|  |
| **Does the client consent to sharing this information with other agencies** Yes [ ]  No [ ]  |

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| **FOR OFFICE USE ONLY** |
| **RECEIVED BY :** |  | **DATE RECEIVED:** |  **/ /** |
|  |
|  |
| **SERVICE REQUIRED**  | **A&I □** | **FS □** | **NH □** |
|  |
| **ACTION TAKEN:** | **INFORMATION GIVEN****□** | **INFORMATION SENT****□** | **APPOINTMENT MADE****□** | **REFERRED TO EXTERNAL AGENCY****□** | **NO FURTHER ACTION****□** |
|  |
| **DATE & TIME OF APPOINTMENT****IF APPLICABLE:**  |  | **INFORMED****REFERRER:** | **□** |

Please email completed form to: info@shaid.org.uk

Address: 94a Front Street Stanley Co. Durham DH9 0HU Tel: 01207 238241 Fax: 01207 233840

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