

## 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 |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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](mailto:info@shaid.org.uk)

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

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