|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Person completing the referral: | | | |  | | | | | | | | |
| Referral Agency: | | | |  | | | | | | | | |
| Date: | | | | Time: | | | | | | | | |
| Referral to (please select as appropriate):  NSNO City  Bridge House  Accommodation Assist  Accommodation Plus  NSNO County | | | | | | | | | | | | |
| **Applicant** | | | | | | | | | | | |
| Name |  | Tel No; | | | |  | | | | | |
| Gender |  | DoB | | | |  | | | | | |
| Passport No |  | Ethnicity | | | |  | | | | | |
| NINO **YES** |  | Address | | | |  | | | | | |
| Local Connection |  | LA duty | | | |  | | | | | |
| Child 1 |  | DoB | | | |  | | Contact | Yes | | No |
| Child 2 |  | DoB | | | |  | | Contact | Yes | | No |
| Child 3 |  | DoB | | | |  | | Contact | Yes | | No |
| Child 4 |  | DoB | | | |  | | Contact | Yes | | No |
| **Reason for Application/Referral** | | | | | | | | | | | | |
| Family Break down | | |  | | Rough Sleeping | | | | |  | | |
| Relationship break down | | |  | | Left hospital | | | | |  | | |
| Evicted from Hostels | | |  | | Left HMP | | | | |  | | |
| Housing Options (no duty) | | |  | | Fleeing Domestic Violence/ Abuse | | | | |  | | |
| Left NASS Accommodation | | |  | | Other | | | | |  | | |
|  | | | | | | | | | | | | |
| **Current Issues/ Other Agency Involvement** | | | | | | | | | | | | |
| Mental Health | | |  | | Physical Health | | | | |  | | |
| Offending/Probation | | |  | | No Second Night Out | | | | |  | | |
| Homeless/ Support Outreach | | |  | | GP | | | | |  | | |
| Y Day Centre | | |  | | Drugs and Alcohol Services | | | | |  | | |
| Social Services | | |  | | NACRO | | | | |  | | |
| SHARP | | |  | | NASS Accommodation | | | | |  | | |
| Social Services – Adults | | |  | | Social Services – Children | | | | |  | | |
| Family Support Services | | |  | | Health Worker/ Midwife | | | | |  | | |
| DASH/MARAC agency | | |  | | UAVA living without violence | | | | |  | | |
| Other: | | | | | | | | | | | | |
| **Income** | | | | | | | If Yes – Amount | | | | | |
| Employed | | | | | | |  | | | | | |
| Benefits – UNIVERSAL CREDIT | | | | | | |  | | | | | |
| JSA | | | | | | |  | | | | | |
| ESA | | | | | | |  | | | | | |
| DLA | | | | | | |  | | | | | |
| Income Support | | | | | | |  | | | | | |
| Loan/Debt taken at source (HB) | | | | | | |  | | | | | |
| Child Benefit | | | | | | |  | | | | | |
| Working Tax Credit | | | | | | |  | | | | | |
| Maternity Allowance | | | | | | |  | | | | | |
| **Sanctions (Current or Historic)** If Yes, please detail | | | | | | | | | | | | |
| **Previous Housing History (3 years if possible)** | | | | | | | | | | | | |
| **History of Substance Misuse detail** | | | | | | | | | | | | |
| **History of Offending, Licences, Orders and Probation:** | | | | | | | | | | | | |
| **Arson – Yes please give details** | | |  | | **Sex offence – Yes please give details** | | | | |  | | |
| **Refugees and Migrant EU workers detail;**   1. **Habitual residency test (step) team at HB department completed and proof of required** 2. **Right to Remain paperwork** | | | | | | | | | | | | |
| **References available from previous landlords or housing support services contact details** | | | | | | | | | | | | |
| **Additional Support Service provided within accommodation: If yes please specify who will be supporting and how:** | | | | | | | | | | | | |
| **Further comments or information to support the application** | | | | | | | | | | | | |