|  |  |
| --- | --- |
| 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** |