

Action Homeless Referral & Application Form

Person completing the referral:					
Referral Agency:					
Date:		Time:			
Referral to (please select as appropriate):					
Bridge House – females only <input type="checkbox"/>					
Accommodation Assist <input type="checkbox"/>					
Accommodation Plus <input type="checkbox"/>					
Applicant					
Name		Tel No;			
Gender		DoB			
Passport No		Ethnicity			
NINO YES		Address			
Local Connection		LA duty			
Child 1		DoB	Contact	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Child 2		DoB	Contact	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Child 3		DoB	Contact	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Child 4		DoB	Contact	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Reason for Application/Referral					
Family Break down	<input type="checkbox"/>	Rough Sleeping	<input type="checkbox"/>		
Relationship break down	<input type="checkbox"/>	Left hospital	<input type="checkbox"/>		
Evicted from Hostels	<input type="checkbox"/>	Left HMP	<input type="checkbox"/>		
Housing Options (no duty)	<input type="checkbox"/>	Fleeing Domestic Violence/ Abuse	<input type="checkbox"/>		
Left NASS Accommodation	<input type="checkbox"/>	Other	<input type="checkbox"/>		
Current Issues/ Other Agency Involvement					

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Mental Health	<input type="checkbox"/>	Physical Health	<input type="checkbox"/>
Offending/Probation	<input type="checkbox"/>	No Second Night Out	<input type="checkbox"/>
Homeless/ Support Outreach	<input type="checkbox"/>	GP	<input type="checkbox"/>
Y Day Centre	<input type="checkbox"/>	Drugs and Alcohol Services	<input type="checkbox"/>
Social Services	<input type="checkbox"/>	NACRO	<input type="checkbox"/>
SHARP	<input type="checkbox"/>	NASS Accommodation	<input type="checkbox"/>
Social Services – Adults	<input type="checkbox"/>	Social Services – Children	<input type="checkbox"/>
Family Support Services	<input type="checkbox"/>	Health Worker/ Midwife	<input type="checkbox"/>
DASH/MARAC agency	<input type="checkbox"/>	UAVA living without violence	<input type="checkbox"/>
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	<input type="checkbox"/>	Sex offence – Yes please give details	<input type="checkbox"/>
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			

[Empty form area]