

## **Duty to Refer Referral Form**

Please insert the name of the local	
housing authority that the service	
user is being referred to.	

**NOTE:** Service users can chose which local housing authority they wish to be referred to. However, it is advisable for them to choose a local authority with which they have a local connection. In general, a service user is likely to have a local connection to an area if they live or have lived there, wok there or have a close family connection. However, a service user should not be referred to an area where they would be at risk of violence.

A <u>Guide to the Duty to Refer</u> includes advice on the duty to refer and local connection.

## (1A) Written Consent to share information

I agree to the information on this form being shared with the London Borough of Lewisham Council. I understand that the Council may use this information to contact me, and to help assess my needs for assistance with housing and that I am not making a homelessness application. I have read their privacy notice and understand how my data will be processed.

Signed:

Date:

**NOTE:** The service user must give consent to the referral. Referrers are advised to obtain signed consent to the referral; however, oral consent can be provided. The referrer must therefore complete box 1B.

## (1B) Oral Consent to share information

Having discussed the accommodation status of \_\_\_\_\_\_ (insert service user name) the service user, I can confirm that they provided me with oral consent to refer their case to London Borough of Lewisham Council. I explained to the Service User that the Council may use this information to contact them and to help assess their needs for assistance with housing and that this is not a homelessness application.

Signed Oral Consent	Public authority	Date

<b>Core information</b> Please note that sections 2 – 4 <u>must</u> be filled in.		
(2) Information about the service user b	eing referred	
Local Connection to Lewisham		
If Yes, what is the Local Connection?		
e.g. residence, family (father, mother,		
brother, sister who have lived in borough		
over 5 years), employment		
If No, why is this service user being referred		
to Lewisham?		
Has this service user approached another		
local authority?		
Main Reason for approach		
Please explain your answer (e.g. "they are		
facing eviction from their home")		

(3) Personal Information about the service user being referred		
Address for the service user being referred		

Address History	covering the last	t 5 years		
Address	Date the service user moved to the address	Date the service user left the address	Type of accommodation e.g. social housing, private renting, family/friends	Landlord / Family/ Friend contact details

(4) About the referring professional (to be completed by the professional)		
Public authority referring (e.g. prison,		
hospital, etc.)		
Role of person referring (e.g. social worker)		
Name of referrer		
Address of referrer		
Email address of referrer		
Phone number of referrer		
Name and contact details of any other		
person who could be contacted for further		
information, if not the referrer (e.g. a support		
provider)		

## **Additional information**

Please provide any additional information you are aware of which may help housing options officers support the individual.

(5) Current accommodation	
What type of accommodation is the individual currently living in?	
If the service user is threatened with homelessness, on what date are they likely to become homeless?	
If the service user is due to leave prison or hospital, or is leaving the armed forces, with no accommodation available, please state when the release/ discharge will take place.	

(6) Are there any additional needs/risks to be aware of?	
Additional needs/risks might include:	
<ul> <li>previous history of sleeping rough</li> </ul>	
<ul> <li>lack of support from family/friends</li> </ul>	
<ul> <li>history of substance misuse</li> </ul>	
<ul> <li>risk of domestic or other abuse</li> </ul>	
support needs	

(7) Relevant medical information	
Please provide information on any physical or mental health needs that the service user has, and any treatment that they are receiving	

(8) Other information	
Please provide any additional information. In particular, are there any known risks to staff visiting the service user at home or any	
other issues that we need to be aware of prior to initial contact?	