Bath and North East Somerset Council - Homelessness Reduction Act Referral Form (under s213b)

**Please forward all referrals to:** **DutyToRefer@BATHNES.GOV.UK**

**Housing Options – Telephone No: 01225 396296**

Please note: It is important for the customer or service user to consider whether they will be deemed by Bath & North East Somerset council to have a local connection. In order to have a local connection to the Bath & North East Somerset area you must have resided in the area for 6 out of the last 12 months or 3 out of the last 5 years. If you think you do not have a local connection to Bath & North East Somerset area you may approach any local authority you think you do have a connection with.

1. *Consent to release information: (to be signed by the customer)*

I agree for information on this form to be released to Bath & North East Somerset Council Housing Options service for the purpose of obtaining advice, homelessness assistance and support regarding my housing need and for them to make contact with me regarding this.

Signed: Date:

Or confirmation that the customer has given consent for referral 🞏 please tick

***2. Referring Public Sector or voluntary sector organisation details (to be completed by the referring organisation):***

|  |  |
| --- | --- |
| Customer Location (hospital ward, prison, social care location, school, probation location, GP practice, police location etc.): |  |
| *Name and contact details of Referrer: Email address Landline telephone number Mobile telephone number* |  |
| ***Contact details of advocate (if known)****Name and contact details of Advocate: Email address Landline telephone number Mobile telephone number* |  |

***3. Customers Details***

|  |  |
| --- | --- |
| ***Family Name:*** | ***Title:*** |
| ***Forename:*** | ***Preferred name:*** |
| ***Telephone Number:*** |  |
| ***DOB:*** | ***Gender:*** |
| ***NINO:*** | ***Preferred language?******Is an interpreter required? Y/ N*** |

4. Other household members

|  |  |
| --- | --- |
| ***Name:*** |  |
| ***Date of Birth:*** |  |
| ***NI Number:*** |  |
| ***Gender:*** |  |
| ***Relationship to applicant:*** |  |

***5. Accommodation***

|  |  |
| --- | --- |
| ***Current Address: (if applicable)*** | ***Tenure:*** |
| ***Post Code:*** | ***Area:*** |

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| ***Current Accommodation type: (tick most appropriate)****A. Owner Occupier □ B. Private Rented □ C. Council Tenant □**D. Housing Association □*  |
| ***Name of Housing Association:*** |
| *E. Living with parents □ F. Staying with friends / family □**G. Sleeping Rough □ H. Hostel □ I. Night Shelter □**J. Other (Please specify): □* |
| ***Name and Contact of Landlord*** |
| *What date is the customer due to be discharged from hospital, prison, probation accommodation or other?* |

 ***6. Does the customer have any links with Bath & North East Somerset Council’s area?***

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| ***Ticket all relevant boxes*** |
| *Currently resident in area: □ Details..* | *Previously resident: □ Details..* |
| *Parent or sibling in area: □ provide names/address* | *Other family association (describe): □* |
| *Employed in the area: □ give details* | *Rough sleeping in the area (sleeping where):* |
| *Other (please explain): □* |
| *Please provide address history:* |

***7. Benefits***

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| ***Is the customer in receipt of any benefits? Yes/No (please circle)*** ***Which benefits does the customer receive: Please list all below:*** |

*8. Medical information:*

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| *Please provide details of any on-going medical issues:**Drug and or Alcohol issues- please provide details**Mobility issues- please provide details**Medication – please provide details**Other – please provide details.* |

***9. Reason for referral to Bath & North East Somerset Council***

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| *E.g. current accommodation is unsuitable/customer is homeless upon discharge, please explain.* |

***10. Support needs identified for the customer***

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| *E.g. will the customer require floating support to help maintain a tenancy and why is this support required?* |

***11. Risk assessment***

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| *Has a risk assessment been done for this customer? If so by who and what risks have been identified?* |

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| **Internal Only:** **Date referral received ……………………………………………………………..****Referral received and actioned by……………………………… Date………………………**  |

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| **Additional information including action and outcome:** |