

## Duty to refer referral form

Please forward all referrals to: [dutytorefer@havering.gov.uk](mailto:dutytorefer@havering.gov.uk)  
 Housing Solutions Team - 01708432824

Please note if the referral is urgent and being sent out of hours urgent telephone 01708433999 for assistance.

**NOTE:** Service users can choose 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, work 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 guide to the duty to refer 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 Havering 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 Havering 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 Havering 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	Public authority	Date

**Core information** Please note that sections 2 – 4 must be filled in.

### (2) 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)	
<b>(3) Information and contact details for the service user being referred</b>	
Name	
Household composition (e.g. single person, couple, family with X children/X adults)	
Current address (if applicable)	
Home telephone number	
Mobile number	
Email address	
Gender	
Date of birth	
Language and communication needs (identify any assistance the service user will need for an assessment to be completed)	
<b>(4) Main reason for referral</b>	
What is the main reason you are referring the individual?	I believe they are homeless / I believe they are threatened with homelessness
Please explain your answer (e.g. "they are facing eviction from their home")	
<b>Additional information</b>	
Please provide any additional information you are aware of which may help housing options officers support the individual.	
<b>(5) Current accommodation</b>	
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.	
<b>(6) Are there any additional needs/risks to be aware of?</b>	
Additional needs/risks might include: <ul style="list-style-type: none"> <li>• previous history of sleeping rough</li> <li>• lack of support from family/friends</li> <li>• history of substance misuse</li> <li>• risk of domestic or other abuse</li> </ul>	
<b>(7) Relevant medical information</b>	

Please provide information on any physical or mental health needs that the service user has, and any treatment that they are receiving	
<b>(8) Other information</b>	
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?	

Once completed please forward all referrals to: [dutytorefer@haverling.gov.uk](mailto:dutytorefer@haverling.gov.uk)  
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