

# Homeless Person Unit

## Multi-agency referral form

Please try to address all issues raised on the referral form and forward to the Homeless Person unit as early as possible in order to facilitate an early assessment.

### Referrer details

<b>Name:</b>			
<b>Job title:</b>			
<b>Organisation:</b>			
<b>Address:</b>			
<b>Tel:</b>		<b>Fax:</b>	
<b>Email:</b>			

### Client details

<b>Surname:</b>		<b>Title:</b>	<b>Mr/Mrs/Miss/Ms</b>
<b>First name:</b>			
<b>Date of birth:</b>		<b>Telephone:</b>	
<b>Current/last address:</b>			
<b>Family composition:</b>			
<b>Income details:</b>	<b>Working:</b>  <b>Benefits:</b> Income Support/Job Seekers Allowance/ Incapacity Benefit/Pension Credit/ Tax Credits		

<b>Eligibility:</b>	<b>Vulnerability:</b>
<b>Is client a British Citizen?    Yes/No</b>	Please delete (Documentary evidence required)
<b>Does client have Right to Remain?    Yes/No</b>	<input type="checkbox"/> 16/17 year old/>60
<b>Documentary evidence required.</b>	<input type="checkbox"/> Vulnerable because of old age
	<input type="checkbox"/> Pregnant/has children
	<input type="checkbox"/> Physical/Mental illness
	<input type="checkbox"/> Physical/Learning Disability
	<input type="checkbox"/> Care leaver <21 years
	<input type="checkbox"/> Victim of Violence
	<input type="checkbox"/> Vulnerable on leaving institution i.e. prison/forces
	<input type="checkbox"/> Other (please specify)

## Reason for referral

(Homeless/Support Only)

### Housing need:

Do you consider client to be homeless? Please provide a brief summary of current situation.

## What support needs do you feel the client may have?

Please provide details

- Economic Wellbeing** – e.g. Benefits, Debts, Budgeting
- Enjoyment and Achievement** – e.g. Training/Education/work experience/family contact/leisure
- Health** – e.g. GP/Social Services/Drug&Alcohol services/Adaptations & Aids
- Safety:** - e.g. Tenancy Sustainment/Suitable Accommodation/ Compliance with Criminal Justice system
- Independence:** e.g. Form filling/correspondence/telephone calls
- Other:**

## Existing support

	Name	Contact Details
Social Worker		
Health Visitor		
GP		
Consultant		
CPN		
Probation Officer		
Connexions Officer		
Occupational Therapist		
Floating Support		
Drug/Alcohol Worker		
Psychiatrist		

**Medication**

Type	Dosage	Date prescribed

**Mental health diagnosis****Details of illness:**

Please enclose Psychiatric/OT/Risk Assessment reports if possible

**Physical/sensory health diagnosis****Details of illness:**

Please enclose medical/OT/Risk assessments if possible

## Substance misuse

**Details of substance misuse:**

Please enclose any reports

## Offending behaviour

**History of offending behaviour:**

Please include Pre Cons; Risk Assessment; Current sentence; release Date; Licence end date; any other relevant reports

## Learning Disability

**Details of disability:**

Please enclose reports/Risk Assessment if possible

**Any other relevant information****Documents included with referral**

Please tick:

- Risk Assessment
- OT report
- Care Plan
- Support Plan
- Pre Cons
- Parole Report

**Please post/fax completed form to:**

Resettlement Team Leader  
Homeless Persons Unit  
London Borough of Hounslow  
Lampton Road  
Hounslow  
Middlesex  
TW3 4DN

**Fax No:** 0208 583 4624or email to **mark.blomfield@hounslow .gov.uk****Signed:****Date:**

.....