SHROPSHIRE COUNCIL HOUSING OPTIONS REFERRAL FORM

The Homelessness Reduction Act 2017 introduces a new duty on [specified public bodies](http://www.legislation.gov.uk/uksi/2018/223/made) in England to refer **consenting** people they think may be homeless or threatened with homelessness to a Councils Housing Options Service (for example, it is likely they will become homeless within 56 days). It is important that these organisations make these referrals to us so that we can prevent and relieve homelessness effectively.

A referral does not replace a homelessness application. The referred person(s) will still need to make an application if they wish to seek our help. However, following a referral, the Housing Options Team will contact the person to begin enquiries and decide if an application should be taken.

Before making a referral, the referring public body must:

* Have consent to the referral from the person(s) being referred
* Allow the individual to identify the housing authority in England which they would like to be referred
* Have consent that the service user’s contact details can be given so the housing authority can contact them regarding the referral

|  |  |
| --- | --- |
| Name of person **referring** |  |
| Organisation |  |
| Contact telephone number |  |

PERSON DETAILS

|  |  |
| --- | --- |
| Name of person **being referred** |  |
| Date of birth |  |
| Contact number |  |
| Email address |  |
| Gender |  |
| National Insurance number |  |
| Current address/accommodation |  |
| Reason for homelessness or threat of homelessness |  |
| When will applicant become homeless/roofless? |  |
| Has a previous homeless application been made? If so, to which Local Authority and what was the outcome? |  |

|  |  |
| --- | --- |
| Ethnic origin |  |
| Nationality |  |
| Sexual Orientation (heterosexual, gay/straight, other, prefer not to say) |  |
| Employment status (employed 30 hours or more, less than 30 hours, unable to work due to long term sickness, registered unemployed, student, other/refused) |  |
| Income details (please list any benefits claimed) |  |

HOUSHOLD DETAILS (IF APPLICABLE)

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Date of birth | National Insurance number (if applicable) | Relationship to applicant |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

DO ANY OF THE FOLLOWING APPLY? (Please provide further relevant information if available)

|  |  |
| --- | --- |
| Pregnant? |  |
| Mental health issues? |  |
| Physical health issues/disability? |  |
| Substance misuse issues/alcohol misuse issues? |  |
| Care leaver? |  |
| Current or former member of the Armed Forces? |  |

LOCAL CONNECTION TO SHROPSHIRE

Please detail any local connections to the Shropshire area. For example, family or friends live in the area, currently live in Shropshire, employed in Shropshire

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|  |

IDENTIFIED RISKS (if applicable) / ANY OTHER INFORMATION

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|  |

CONSENT (to be completed by applicant)

|  |  |
| --- | --- |
| Signed |  |
| Print name |  |
| Date |  |
| **If not signed**, how was consent given? |  |

**Please send completed form to** [housingoptions@shropshire.gov.uk](mailto:housingoptions@shropshire.gov.uk)