

**DUTY TO REFER**

**PUBLIC BODIES REFERRAL FORM**

*Please complete all relevant sections on this form. We need open and honest information so that we can provide the best help and support. Please send referrals to* *Dutytorefer@royalgreenwich.gov.uk* *for any further information please call 0208 921 2863*

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| **1. Has the service user given consent to this referral?** | **YES**  |  | **NO**  |  |
| **2. Preferred Local Authority?** |  |
| **3. Referring Agency Details:** |
| **Service Name:** *Please tick the area that apply to you* |  Prisonsb) t with the wider public services identified below. into col now have a duty to refer at risk households to local authorit |  Social service authority |
|  Youth offending institution |  Jobcentre Plus |
|  Secure training centre |  Urgent treatment centre |
|  Secure college |  Emergency department |
|  Youth offending team |  Hospital in their function of providing inpatient care |
|  Probation service (including community rehabilitation companies) |  The Secretary of State for Defence  *(The Royal Navy, the Royal Marines, the regular army and the Royal Air Force.)* |
| **Worker Name:**  |  |
| **Worker Contact detail:** | 🖃 Email Address: |
| 🕿Telephone Numbers: |
| **4. Service User Details:** |

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| **First Name:** |  | **Last Name:** |  |
| **Gender**  |
|  Male Female Transgender Prefer not to say Other/ not known  |

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| **Date of birth:** |  | **Age:** | **National Insurance Number:** |
| **Pregnant:** |  **Y N** | Expected Due Date: |  |
| **Contact detail:** | 🖃 Email Address: |
| Current addressPost Code: |
| 🕿Telephone Numbers: |
| **Next of Kin:** |
| Name: | Address: | 🕿Telephone numbers: |
| Relationship: |
| **Best way to make contact?**  |
|  Telephone call Text Email Support Worker No Preference Next of kin |

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| **Address:** | **Please tick** which best describes status at **last settled/permanent address:**  |
| Main or last permanent home if different from above?  | * *Owner/Buying with a mortgage*
* *Shared Ownership*
* *Private rented*
* *Private rented lodgings (not with family or friends)*
* *Council tenant*
* *Housing Association Tenant*
 | * *Looked after child placement*
* *Social rented or supporting housing or hostel*
* *Tied to Employment*
* *HM Forces Accommodation*
* *Living with Family / Friends*
* *No fixed abode*
* *Other:*
 |
| Date moved in? |
| **5. Previously approached The Housing Inclusion Service?** | **YES**  |  | **NO**  |  |

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| If **YES**, please provide details  |
| **6. Which of the following best describes current circumstances?** |
| Mortgage Repossession/Arrears |  | Non-racially motivated / other motivated violence or harassment |  |
| End of private rented tenancy – assured shorthold tenancy  |  | Left prison or are on remand with no accommodation available  |  |
| End of private rented tenancy – not assured shorthold tenancy (resident Landlord) |  | Left HM Forces  |  |
| Caravan / houseboat |  | Student accommodation |  |
| End of council or housing association tenancy  |  | Required to leave accommodation provided by Home Office as Asylum support |  |
| Rent arrears in Private, Council or housing association home |  | Leaving or have left hospital  |  |
| Eviction from supported housing |  | Loss of tied accommodation |  |
| Family or friend no longer willing or able to accommodate |  | Sleeping rough |  |
| Leaving or have left local authority care (looked after child) |  | You are sofa surfing |  |
| Property disrepair |  |
| Relationship with partner ended (non-violent breakdown) |  | Other (Please specify): |
| Experiencing domestic abuse |  |
| Racially motivated violence or harassment |  |

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| **7. Please provide details of the circumstances which led to homelessness or risk of homelessness.** |
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| **8. Date became homeless:** |
| **Household details**Include anyone who may be part of the household? Please give details below: |
| Family Name | Date of Birth | Age | SexM/F | National Insurance No  | Relationship to service user |
| Ethnicity |
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| **9. Support Needs** *(Please tick as many that apply to service user)* |
| No support needs |  | At risk of/has experienced abuse (non-domestic abuse) |  |
| Young person aged 16-17 years |  |
| Young person aged 18-25 years requiring support to manage independently  |  | Drug dependency needs |  |
| Young parent requiring support to manage independently  |  | Alcohol dependency needs |  |
| Care leaver aged 18-20 |  | Offending History |  |
| Care leaver aged 21+ years |  | History of repeat homelessness |  |
| Physical ill health and disability |  | History of rough sleeping |  |
| History of mental health problems |  | Former asylum seeker |  |
| Learning disability |  | Old age |  |
| At risk of/has experienced sexual abuse/exploitation  |  | Served in HM Forces |  |
| At risk of/has experienced domestic abuse |  | Access to education, employment or training |  |
| Other please specify: |

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| **10. Communication:** |
| Language interpreter or a signer needed? Yes NoIf yes, what language?  |
| Information in any other format, like Braille or large print? Yes No Please say which format: |
| Help with reading, writing or completing forms required? Yes No  |

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| **11. Status:**  |
| Is the service user or members of the household British or Commonwealth citizens? Yes No  |
| Please tick the description that best describes the service user (S-U) / partner’s nationality: |
|  | **S-U** | **Partner** |  | **S-U** | **Partner** |  | **S-U** | **Partner** |
| UK NATIONAL |  |  | HUNGARIAN |  |  | SLOVENIAN |  |  |
| UK NATIONAL (returning from abroad or in UK for 1st time)  |  |  | IRISH |  |  | OTHER EEANATIONAL |  |  |
| LATVIAN |  |  |
| BULGARIAN |  |  | LITHUANIAN |  |  | NON EEA NATIONAL |  |  |
| CZECH REPUBLIC |  |  | ROMANIAN |  |  |
| CROATION |  |  | POLISH |  |  | Not Known |  |  |
| ESTONIAN |  |  | SLOVAKIAN |  |  |  |  |  |
| Other: *(please describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| **Eligibility** |
| Has the service user or anyone on the referral ever lived outside the UK? Yes No  |
| When did they / household member arrive in the UK? |
| Are they / the partner/ other household members subject to immigration control Yes No  |
| Please give details below: |
| **12. Work, education, and training**  |
| **Are they / partner / other household member currently in employment or education?** Yes No **If YES**, they *will be asked to provide information to support this.* |
| Please tick all that apply: | **Service user** | **Partner** **(if known)** | **Other household member please give name(s)** |
| Don’t Know/Refused |  |  |  |
| Working: 30 hours a week or more |  |  |  |
| Working: less than 30 hours a week |  |  |  |
| Training Scheme/Apprenticeship |  |  |  |
| Not working because of long term sickness or disability |  |  |  |
| Registered unemployed |  |  |  |
| Not registered unemployed but seeking work |  |  |  |
| At home/not seeking work (including looking after the home or family) |  |  |  |
| Retired (including retired early) |  |  |  |
| Full-time student |  |  |  |
| Other  |  |  |  |
| **13. Financial information:** |
| **Please provide details of income and/or Welfare Benefit you received below:** |
| **Household Income** | **Benefits** |
| Please advise if weekly (per week) or monthly (per month) | Amount received |  | Amount received |
| Wages |  | Attendance Allowance |  |
| Partner’s wages |  | Bereavement Benefit |  |
| State pension |  | Carers Allowance |  |
| Private pension |  | Child Benefit |  |
| Student loan |  | Child Disability Living Allowance |  |
| Student grant |  | Disability Living Allowance (PIP) |  |
| Maintenance |  | Employment Support Allowance |  |
| Money from anyone who they live with |  | Employment Support Allowance with ESA Support Component |  |
| Insurance payments |  | Income Support |  |
| Rent from lodgers |  | Industrial Injuries Benefit |  |
| Jobseeker’s Allowance |  | No Benefits Claim made |  |
| Housing Benefit |  | Working Tax Credit |  |
| Pension Credit |  | Child Tax Credit |  |
| Universal Credit |  | War Widow/er Pension |  |
| Benefits refused or sanctions, please give details: |

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| **14. DATA PROTECTION STATEMENT****Has the below been read and understood?** *(Please read and explain to service user)* | **YES**  |  | **NO**  |  |

**Personal Information**

The information which has been supplied to the housing inclusion team will be used to make contact with the service user to verify the type of housing support required. The information is gathered in accordance with housing legislation.

**The categories of the information that we collect, process, hold and share include:**

* personal information (such as name and address)
* characteristics (such as ethnicity and health information)

The Housing Inclusion Service will contact relevant organisations /third parties for information, for the purpose of assessing the service user and support needs. Personal data may be shared with:

* Revenue & Benefits Department, Children’s Services, including the housing procurement team (HACTRAC), other directorates within this Council and other Local Authorities.
* Department of Work & Pensions and other third party agencies and organisations.

This may include referrals to organisations who offer support, such as housing providers (including private landlords), health organisations, money/debt advice agencies, employment and training services etc.

## The lawful basis on which we use this information

Currently the The Housing Inclusion Service will collect and use this information under the Data Protection Act 1977. As from 25 May 2018 they will collect and use this information under public task - GDPR Article 6(1)(e): permits processing where necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller and Article 9(2)(b) – for social protection purposes - 2018.

**Requesting access to personal data**

Under data protection legislation, service users have the right to request access to information that we hold, and also have the right to:

* object to processing of personal data that is likely to cause, or is causing, damage or distress
* prevent processing for the purpose of direct marketing
* in certain circumstances, have inaccurate personal data rectified, blocked, erased or destroyed; and
* claim compensation for damages caused by a breach of the Data Protection regulations

If there is concern about the way we are collecting or using personal data, we request that this is raised with us in the first instance. Alternatively, contact the Information Commissioner’s Office at <https://ico.org.uk/concerns/>

**Access and Storage**

Personal information will be held by the Housing Inclusion Service for a period of 6 years.