**Duty to Refer a homeless person to a local authority - Referral Form**



This form is to be completed by a public body to refer to Watford Borough Council a person who is or is at risk of homelessness under Section 213B of Housing Act 1996 as amended by the Homelessness Reduction Act 2017. Please complete the form as fully as possible.

|  |  |
| --- | --- |
| **Referring Agency Details** | |
| Name of your organisation: | Click here to enter text. |
| Your full name: | Click here to enter text. |
| Your post or role: | Click here to enter text. |
| Email Address: | Click here to enter text. |
| Contact Number: | Click here to enter text. |

| **Details of the person being referred** | |
| --- | --- |
| Has the client below given you consent to refer them to Watford Borough Council[[1]](#footnote-1): | **YES**  **NO** |
| Your client’s full name: | Click here to enter text. |
| Your client’s date of birth: | Click here to enter text. |
| Is your client aged 16 or 17: | **YES**  **NO** |
| Your client’s gender: | Male  Female  Transgender |
| What is your client’s nationality? | Click here to enter text. |
| Your client’s address, including the post code: | Click here to enter text. |
| Your client’s National Insurance Number: | Click here to enter text. |
| Is your client currently homeless? | **YES**  **NO** |
| If you answered NO, when will your client be without accommodation? | Within 7 days of the date of this referral?  Within 8-28days of the date of this referral?  Within 29-56 days of the date of this referral? |
| If your client is currently homeless, do they have somewhere safe to stay tonight? | **YES**  **NO**  **Don’t Know** |
| Does your client currently live in the Watford Borough? | **YES**  **NO** |
| If you answered ***NO***, please explain why you are referring your client to Watford Borough Council: | Click here to enter text. |
| Please provide preferred the contact details here: | Mobile: Click here to enter text.  Landline: Click here to enter text.  Email: Click here to enter text.  Other: Click here to enter text. |
| Has your client been referred to another local authority as well as to Watford Borough Council? | **YES**  **NO** |
| If you ticked ***YES***, please supply details of the other local authorities you have referred your client to, including the LA’s name, the name of the referrer, their telephone number and email address | Click here to enter text. |
| Does your client want us to contact any other person as part of your referral to us, eg, a support worker, social worker, family member, other advocate? | **YES**  **NO** |
| If you ticked ***YES***, please supply contact details: | |
| Name of person supporting your client: | Click here to enter text. |
| What is their role in supporting your client? | Click here to enter text. |
| Their telephone number: | Click here to enter text. |
| Their email address: | Click here to enter text. |

| **Client Support Needs** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Is your client’s safety at risk: | | | **YES**  **NO** | | | |
| If you ticked ***YES***, please detail how their safety is at risk: | | | Click here to enter text. | | | |
| Is your client leaving one of these types of accommodation?  Care Services  Prison  Probation Hostel  Armed Forces  Hospital  Residential Care  Other | | | | | | |
| If you ticked ***OTHER***, pleasespecify the accommodation the client is leaving: | | | Click here to enter text. | | | |
| Please tick, if your client is experiencing any of the following situations: | | | | | | |
| Pregnancy | | Has dependent children | | | Has support needs | |
| Has physical support needs | | Has medical needs | | | Has a physical disability | |
| Has a mental disability | | Has mental health issues | | | Has a sight impairment issue | |
| Has a hearing disability | | History of substance misuse | | |  | Experienced domestic violence or abuse in the past or within the last 12 months |
|  | Experienced harassment or abuse in the past or within the last 12 months |  | | |  | |
| Give details of any relevant medical, health issues or special/support needs of your client: | | | Click here to enter text. | | | |
| How many people are in the household that you’re referring to us (including the applicant)? | | | No. of Adults | Click here to enter text. | | |
| No. of Children | Click here to enter text. | | |

|  |  |
| --- | --- |
| **Consent** | |
| I/We am/are referring the above person/household to Watford Borough Council as I/we believe they are or are at risk of homelessness within the next 56 days and confirm they have given their consent to this referral. | |
| Signature of person making referral on behalf the public body: |  |
| Client’s Signature |  |
| Date of referral: | Click here to enter a date. |

**Please make sure you attach copies of the following documents with your referral:**

|  |  |
| --- | --- |
|  | Proof of your referral’s identity, eg, photocopy of passport |
|  | Proof of your referral’s current address (if not in institution such as a hospital or prison) |
|  | Proof of your referral’s income |

If you are unable to provide the above documents please state below why

|  |
| --- |
| Click here to enter text. |

|  |  |
| --- | --- |
| **When completed please save or scan this form email it together with the documents required to:** | [dutytorefer@watford.gov.uk](mailto:dutytorefer@watford.gov.uk) |

1. Please Note: S.213B of the Housing Act 1996 as amended by the Homelessness Reduction Act 2017 requires a public body to request consent of the person they are referring to a local housing authority. [↑](#footnote-ref-1)