

Please return this form to [dutytorefer@harrogate.gov.uk](mailto:dutytorefer@harrogate.gov.uk)

## DUTY TO REFER REFERRAL FORM

**Please insert the name of the local housing authority that the service user is being referred to.**

Harrogate Borough Council

**NOTE:** Service users can chose 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 from having lived or worked somewhere, or having close relatives in the area. However, a service user should not be referred somewhere they would be at risk of violence.

### (1A) Written Consent to share information

I agree to the information on this form being shared with Harrogate Borough 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 Harrogate Borough Council's 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, using box (1B) below.

### (1B) Oral Consent to share information

Having discussed the accommodation status of \_\_\_\_\_  
(*service user name*) the service user, I can confirm they provided me with oral consent to refer their case to Harrogate Borough Council.

I explained to the Service User that the Council may use this information to contact them and help assess their needs for assistance with housing, but that this is not a homelessness application.

<b>Signed</b>	<b>Public authority</b>	<b>Date</b>

### (2) Core information (Please note that sections 2 – 4 must be filled in)

**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 provide further information	

<b>(3) Information and contact details for the service user being referred</b>	
Name:	
Household composition: <i>(e.g. single person, couple, family with X children/X adults)</i>	
Current address: <i>(if applicable)</i>	
Home telephone number:	
Mobile number:	
Email address:	
Gender:	
Date of birth:	
National Insurance Number:	
Language and communication needs: <i>(identify any assistance the service user will need for an assessment to be completed)</i>	
Has the referee displayed any symptoms or had any known infections of Coronavirus?	
<b>(4) Main reason for referral</b>	
What is the main reason you are referring the individual?	<input type="checkbox"/> I believe they are homeless <input type="checkbox"/> I believe they are threatened with homelessness
Please explain your answer: <i>(e.g. "they are facing eviction from their home")</i>	
<b>(5) Additional information</b>	
Please provide any additional information you are aware of which may help housing options officers support the individual.	
<b>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.	

**(6) Are there any additional support needs to be aware of?**

Additional needs might include:

- previous history of sleeping rough
- lack of support from family/friends
- care history
- armed forces history
- history of substance misuse
- risk of domestic or other abuse

*(Risks posed to others in Section (9) below)*

**(7) Relevant medical information**

Please provide information on any physical or mental health needs that the service user has, and any treatment that they are receiving.

**(8) Criminal offence history**

Please provide information on the criminal offence history of the service user, and any known prior prison history.

**(9) Risk information**

Are there any known risks posed to specific groups or people by the applicant?

Are there risks to staff visiting the service user in the community, or any other risk factors that we need to be aware of prior to initial contact?