

For office use:
Date received:



**Clackmannanshire
Council**

www.clacksweb.org.uk

HOUSING SUPPORT TEAM

REFERRAL FORM

Completed referral form should be sent to:

**Housing Support Co-ordinator
Rm 9, Lime Tree House
Alloa, FK10 1EX
Tel: 01259 452406
housingupportteam@clacks.gov.uk**

Please complete all sections of the referral fully. Please give as much information as possible in the additional information box on page 4. Incomplete forms will be returned to the referrer.

DETAILS OF REFERRAL:

NAME:			
DATE OF BIRTH:		NI NO:	
ADDRESS:			
POSTCODE:			
TEL NO:			
MOBILE NO:			

REFERRERS DETAILS:

NAME:	
POSITION:	
ADDRESS:	
TEL NO:	

Has the client agreed to this referral being made and are they aware of the information that has been provided?

YES NO

Permission must be sought from the client prior to making a referral.

1. REASON FOR REFERRAL

a. Prevention of homelessness

Notice of Repossession served? Yes No

Repossession/Conjoined decree granted Yes No

Upcoming court hearing Yes No

Date:

b. Resettlement

Has a tenancy been offered and accepted Yes No

c. Does the client have a date to quit their accommodation?

Yes No

Date:

Details:

2. Who else is living with, or will be housed with the client.

NAME	DATE OF BIRTH	RELATIONSHIP TO CLIENT

3. Please give details of any other agencies already providing support to the client such as social work; drug/alcohol agencies; mental health etc.

NAME	POSITION	ADDRESS/PHONE NO

4. Are accompanied visits advisable for any reason?

Yes

No

If yes, please give further details:

5. Additional information

Please give as much additional information as possible about the clients circumstances and why they may need a service from the housing support team.

Referrals that have no supporting information included will be returned to the referrer.

DATA PROTECTION

I/We give consent to the processing of my/our personal data in this referral form.

I/We understand that under the Data Protection Act 1988, I/We have the right to examine this data and amend it if it is not correct.

Please sign below to acknowledge that you understand this notice and give your permission for a referral to be made on your behalf to the Housing Support Team.

I understand and accept the information given in this notice.

Signed:_____ Date:_____

Signed:_____ Date:_____