

Homelessness duty to refer form

Referrals should be made on this form for Brighton & Hove City Council and either scanned and emailed to dutytorefer@brighton-hove.gov.uk or posted to Duty to Refer, Housing Options, Brighton & Hove City Council, Bartholomew House, Bartholomew Square, Brighton, BN1 1JP.

Service users can choose which local housing authority they wish to be referred to. However, please ensure you advise them to choose a local authority with which they have a local connection. In general, a service user will only have a local connection to Brighton & Hove City Council if they live or have lived in the city for six out of the last 12 months or three out of the last five years, or if they work here or have a close family who have lived here for five years or more.

A guide to the duty to refer includes advice on the duty to refer and local connection. Please see the guidance here: [A guide to the duty to refer - GOV.UK](#)

(1A) Written Consent to share information

I agree to the information on this form being shared with Brighton & Hove City 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 this privacy notice and understand how my data will be processed.

Signed: _____ Date: _____

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. The referrer must therefore complete box 1B.

(1B) Oral Consent to share information

Having discussed the housing situation with _____ (*insert service user name*), I can confirm that they provided me with oral consent to refer their case to Brighton & Hove City Council. I explained to them that the council may use this information to contact them and to help assess their needs for assistance with housing and that this is not a homelessness application.

Signed	Public authority	Date

Core information Please note that sections 2 – 4 **must** be completed.

(2) About the referring professional (to be completed by the professional)

Public authority referring (eg prison, hospital, etc)	
Role of person referring (eg 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 be contacted for further information, if not the referrer (eg a support provider)	
(3) Information and contact details for person to be referred (please complete all below)	
Name	
Household composition (eg single person, couple, family with X children/X adults)	
Current address (if applicable)	
Home telephone number	
Mobile number	
Email address	
Gender	
Date of birth	
National Insurance Number	
Language and communication needs (please identify any assistance the service user will need for an assessment to be completed)	
<p>(4) What links does your client or service user have with Brighton & Hove? Please tick any that apply:</p> <p>Please note that previous residence or family links with towns in the area of East and West Sussex should be referred directly to their councils using their duty to refer. We only cover the area of Brighton & Hove.</p> <p>We must have evidence of a local connection before proceeding with an application – if you can provide detail of</p>	<input type="checkbox"/> Currently resident in Brighton & Hove and for six of the last 12 months <input type="checkbox"/> Currently resident in Brighton & Hove and for three of the last five years <input type="checkbox"/> Past resident for six of the last 12 months <input type="checkbox"/> Past resident for three of the last five years <input type="checkbox"/> No residence here now or in past

an address history for the last five years, it would help your client's application to be dealt with more quickly

Details of addresses:

Parent or sibling in Brighton & Hove for five or more years

Other family resident in Brighton & Hove – please specify:

Currently employed in Brighton & Hove

(4) Main reason for referral

What is the main reason you are referring the individual? Please provide as much detail about their circumstances and why they may become or have become homeless:

Additional information

Please provide any additional information you are aware of which may help housing officers support your client.

(5) Current accommodation

What type of accommodation are they living in? Please indicate as appropriate.

It will help to supply as much info as you can about their current tenancy or landlord/agent etc:

- Owner Occupier
- Privately Rented
- Council Tenant
- Housing Association
- Living with Family or Friends
- Hostel or night shelter?
- Supported Accommodation project
- Other (please state):

What date are they likely to become homeless?

If about to leave your services (eg a prison or hospital, armed forces, etc), with no accommodation available, please state when the release/ discharge will take place.

(6) Please provide any information you have about welfare benefits being claimed:

(7) Are there any additional needs/risks to be aware of (please state)?

Additional needs/risks might include:

- previous history of sleeping rough
- lack of support from family/friends
- history of substance misuse
- risk of domestic or other abuse
- any history of risk to staff
- any specific risks to the public

(8) 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. You can attach any relevant documents as scans or photographs.	
(9) Other information	
<p>Please provide any additional information. In particular, are there any known risks to staff visiting the service user at home or any other issues that we need to be aware of prior to initial contact?</p> <p>Are there any adaptations or reasonable adjustments we must consider if visiting your client, inviting them to an interview, providing accommodation?</p>	

If you have any supporting evidence, please attach and/or scan/photograph and include with this referral.

Documents that could help speed up this referral might be id, income proof, tenancy documents, medical information, risk information or risk assessments, previous contact with your service, etc.