



ADUR DISTRICT COUNCIL



WORTHING BOROUGH COUNCIL



DUTY TO REFER FORM

Local Housing authority details	
Date of referral	
Please confirm the name of the local housing authority that the individual or household is being referred to	
Do they have a local connection to the receiving council (e.g. residence, employment, immediate family)? Please provide details	

Details of the person & organisation making the referral	
Referrer's name	
Role of person making the referral	
Name of public authority making the referral (e.g. prison, hospital etc)	
Phone number	
Address of public authority	
Email address	
Name & contact details of any other person or service to be contacted for further information.	

Details of the person or household being referred:

Name of person being referred	
Are they known by any other name? If so, please state:	
Date of birth	
National Insurance no.	
Gender	
Household composition (single person, couple, family with children or other adults)	
Current address	
Phone	
Email	

Household Details	Relationship to applicant	Do they live with the applicant?	Gender	Date of birth
Name of household member				

Why are they homeless or threatened with homelessness? Please provide full details of the circumstances which have led to this referral

--

Additional Information

What type of accommodation is the individual or household currently living in?	
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 provide the planned release or discharge date.	
Please provide information about any additional needs or risks that we need to be aware of (this might include history of rough sleeping, substance misuse)	
Please provide full details if the individual or household is at risk of violence or harm, and where this risk is likely to occur.	

<p>Please provide information about any physical or mental health needs affecting the individual or household member. Please include details of any treatment or support they receive for these health needs.</p>	
<p>Please provide the contact details for any other agencies or services that are currently working with the individual or household.</p>	
<p>Please provide any additional relevant information, including any known risks to staff or other service users.</p>	

CONSENT AND DECLARATION

Person being referred I,, consent to this information being passed to (Council name) and give them permission to obtain and share confidential information about me and my household, providing it is needed to investigate and assess my housing situation. I acknowledge that I am not making a homeless application by agreeing to this referral being made. I declare that all of the information given is true and correct in all respects. I have read the privacy notice and understand how my data will be processed

Signature..... *Date*.....

NOTE: The person being referred must give consent to the referral.

Please send this Referral form by email to the relevant Council as below:

- dutytorefer@adur.gov.uk
- dutytorefer@arun.gov.uk
- dutytorefer@chichester.gov.uk
- dutytorefer@crawley.gov.uk
- dutytorefer@midsussex.gov.uk
- dutytorefer@worthing.gov.uk

You will receive an acknowledgement within 48 hours.