



Referral to Service Form

Our reference: Help the Homeless Leicester Charity Number: 1177629

By filling in this form you are requesting as the service user or on behalf of the service user for additional support with current circumstances relating to homelessness. Your individual case will be evaluated and a response devised within 10 working days as to how Help the Homeless Leicester can best assist the individual needs of this referral. This could be in a variety of ways, such as, material aid/nutrition/form filling/Platform, signpost, registration and referral into other agencies and services/advocacy, attending and making appointments/ helping to find and maintain suitable accommodation/ help to find suitable employment and other general support where possible and required.

Please make sure we have the latest and accurate service user details as this information will be used throughout our involvement:

Service User Details:

Name/AKA: *

DOB & Age: *

Gender: *

Address/Correspondence Address if any: *

Previous Address & Date Left:

Phone Number If Available: *

Email Address If Available:

*

Previous Stays in Hostels or Emergency Accommodation? *

Registered Homeless with Local Authority? Yes / No *

Date: *



Month Day Year

Details of Other Services/Agencies Involved *

Details of any Convictions/Probation Orders/Licence/Active: *

Date Became Homeless:

*



Month Day Year

Disclosure of any active addictions or recovery? Y / N *

Details: *

Currently Rough Sleeping? *

Medical Notes, illness? Mental Health? *

Any Biological Children? Any Contact/Access? *

Any supportive Family Relationships? *

Any Additional Information:

What Support are you Hoping to Gain from this Referral?

*

If this form was filled in by someone other than the service user please give additional details: *

Signature

Date *



Month Day Year