## DUTY TO REFER North-East Housing Referral Form (s213b)

Please use this referral for any service users that may be homeless or threatened with homelessness within 56 days. If the referral is urgent, and/or the service user has no accommodation tonight, you may wish to make contact by telephone to the relevant authority.

Referrer Details					
Name of person completing form					
Public Body (name of organisation)					
Section/department and location/base of referrer					
Referrer Telephone		Referrer E-mail			
	Service User Details				
Name		T			
D.O.B (dd/mm/yyyy)		NI Number			
Current Address					
Tenancy Type					
Contact Telephone		Contact Email			
Other person to call		Other contact details			
	Household Typ	e (please tick ONE)			
Single (no children)		Couple (no children)			
Single & Pregnant		Couple & Pregnant			
Single Parent		Couple with dependent children			
Single Parent with non-dependent children		Couple with non-dependent children			
Reason for Homelessness/Threat of Homelessness (please tick no more than TWO)					
Domestic Abuse		Left Institution			
End of Private Tenancy (AST)		Non-racially motivated violence/harassment			
End of Private Tenancy (non-AST)		Mortgage repossession			
End of Social Rented Tenancy		Property disrepair			
Eviction from supported accommodation		Racially motivated violence/harassment			
Family no longer willing to accommodate		Relationship breakdown (non-violent)			
Fire, Flood, Emergency		Required to leave by the Home Office			
Friends no longer willing to accommodate		Other			
Left HM Forces					
Support Needs (please tick all that apply)					
Young person aged 16-17		Young person aged 18-25			
Young parent		Care leaver aged 18-20			
Care Leaver aged 21+		Physical ill health/ disability			
History of mental health problems		Learning disability			
At risk/experienced sexual abuse		Access to education/training/employment			
Drug dependency		Alcohol dependency			
Offending history		History of repeat homelessness			
History of rough sleeping		Former asylum seeker			
Old age		Served in HM forces			
At risk of/experienced domestic abuse		At risk of/experienced (	non-domestic abuse)		
Identified Risks					
Risk		De	etails		
Risk to Service User					
Risk to Professionals					
Risk to Community					
Reason for referral to the chosen local authority (eg current home, family connection, fleeing DV)					

This referral form is <u>not</u> a homelessness application – the local authority will complete this with the service user when they contact them.

## **Additional Information**

(including any assistance the service user may require when contact is made eg if they have a preferred language or require any special arrangements to discuss this referral)

## **Consent to Refer**

I can confirm that I have discussed this referral with the service user. They have given their consent for this referral including sharing any risk they may pose to themselves. They understand that enquiries may occur in accordance with part 7 of the Housing Act 1996 (as amended by the Homelessness Reduction Act 2017) but that their data will be used only in accordance with the Data Protection Act 2018. Any further information sharing will be discussed when the local authority contacts the service user. If they want more information about how we collect and retain their personal data, they can also look on the relevant Council's website.

Please forward the fully completed Referral Form to the Local Authority that the service user has chosen or, if not known/uncertain, to which the service user is most likely to have a local connection. Further information is available via the local authority websites.    Local Authority   Contact details	Signature of referrer				
if not known/uncertain, to which the service user is most likely to have a local connection. Further information is available via the local authority websites.    Local Authority   Contact details	Date				
Information is available via the local authority websites.  Local Authority  Darlington Borough Council  e-mail: housing@darlington.gcsx.gov.uk web: www.darlington.gov.uk web: www.darlington.gov.uk web: www.darlington.gov.uk web: www.darlington.gov.uk web: www.darlington.gov.uk web: www.darlington.gov.uk web: www.gateshead.gov.uk web: www.gateshead.gov.uk web: www.hartlepool.gov.uk web: www.hartlepool.gov.uk web: www.martlepool.gov.uk web: www.martlepool.gov.uk web: www.martlepool.gov.uk web: www.martlepool.gov.uk web: www.martlepool.gov.uk web: www.martlepool.gov.uk web: www.northryneside.gov.uk web: www.newcastle.gov.uk web: www.newcastle.gov.uk web: www.newcastle.gov.uk web: www.newcastle.gov.uk web: www.northtyneside.gov.uk web: www.northtyneside.gov.uk web: www.northumberland.gov.uk web: www.redcar-cleveland.gov.uk web: www.southtyneside.gov.uk web: www.southtyneside.gov.uk web: www.southtyneside.gov.uk web: www.southtyneside.gov.uk web: www.southtyneside.gov.uk	Please forward the fully completed Referral Form to the Local Authority that the service user has chosen or,				
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## **Guidance Notes**

The Homelessness Reduction Act 2017 (section 213b) sets out a duty for public authorities to refer households they consider homeless or threatened with homelessness to a local housing authority. Public bodies should refer all those they consider homeless or threatened with homelessness. If the public body is unsure whether there is a specific threat of homelessness within 56 days, they should still refer to the relevant local authority who can assess the circumstances and need, then determine whether a homeless application is required (to prevent or relieve homelessness). The service user may choose the local authority to be referred to but should be advised of the implications of being referred to an area where they have no local connection - that they may then be referred on to another local authority, if homeless (where they do have a connection).

When completing the risk details on the referral form, please consider the following:

- Has the person(s) been verbally abusive, threatened or been violent to professionals?
- Does the person(s) have a history of weapons, arson, offending or inappropriate sexual behaviour?
- Do you consider the person(s) to be a risk to themselves or have any of the following risk factors: history of suicide, mental health, self-harm, drug/alcohol issues or neglect?
- Describe recommended measures to control/minimise risk e.g. no lone visits, no female workers, visit with police, visits in a secure office environment etc.