



Supported Accommodation – Referral Form

1. Referring Organisation / Worker Details

Organisation Name: _____
Referrer Name & Job Title: _____
Phone Number: _____ Email: _____
Address: _____

2. Client Details

Full Name: _____
Date of Birth: ____ / ____ / ____
Gender (if relevant): _____
National Insurance / ID Number (if required): _____
Current Address or Location: _____
Phone Number: _____
Email (if available): _____

3. Housing Situation

- Homeless (no fixed address)
- Temporary accommodation / sofa surfing
- At risk of homelessness
- Leaving institution (prison, care, hospital, rehab)
- Other: _____

Brief description of current housing situation:

4. Reason for Referral

Please outline why supported accommodation is being requested:



5. Support Needs (tick all that apply)

- Independent living skills
- Mental health support
- Substance misuse support
- Employment / education support
- Benefits / financial management
- Physical health needs
- Domestic abuse support
- Offending history support
- Other: _____

6. Risks and Safeguarding Information

Please provide any relevant risk information (violence, self-harm, substance use, safeguarding concerns):

7. Criminal Convictions

Please provide details on any unspent criminal convictions and any conditions/restrictions currently in place:



8. Client Consent

I confirm that the client has given consent for this referral and for information to be shared with the Transitional Housing Program.

Client Signature: _____ **Date:** _____

Referrer Signature: _____ **Date:** _____

9. For Office Use Only

Date Received: _____

Outcome: Accepted for next stage Waitlisted Declined

Notes: _____
