

Leicester City Council - Homeless Reduction Act Referral Form for Duty to Refer Agencies



Please send completed referral forms securely* to: dutytorefer@leicester.gov.uk

*It is the referrer's responsibility to ensure data is shared with the customer's consent, and in a manner that protects the data from unauthorised access.

Suggested methods:

- Password protect the document and provide password separately, or
- Send to dutytorefer@leicester.gcsx.gov.uk from your own secure e-mail address.

Please note: It is important for the customer or service user to consider whether they will be deemed by Leicester City Council to have a local connection. In order to have a local connection to Leicester you must have resided in the City for 6 out of the last 12 months or 3 out of the last 5 years, be employed in the City, or have very strong family connections. If you think you do not have a local connection to Leicester you may approach any local authority you think you do have a connection with.

1. Consent to release information: (to be signed by the customer after form complete)

I agree for information on this form to be released to Leicester City Council's Housing Options Service for the purpose of obtaining advice, homelessness assistance and support regarding my housing need and for them to make contact with me regarding this.

If you want to know more about how Leicester City Council will process and store your data, please see our privacy notices available at <https://www.leicester.gov.uk/your-council/how-we-work/our-website/privacy/>

Signed: Date:

2. Referring Public Sector or voluntary sector organisation details (to be completed by the referring organisation): **Please note that this form is only to be used by one of the named public bodies.**

Customer Location right now (e.g. hospital ward, prison, police station etc.):

Name and contact details of Referrer (Please include e-mail address and telephone number):
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3. Customers Details

Title:

Forename:

Surname:

DOB:

Gender:

NI:

Preferred language:

Is an interpreter required? Yes or No:

4. Accommodation:

Current Address (if applicable):

Postcode (if applicable):

Current Accommodation type:

What date is the customer likely to become homeless?

Telephone:

Email:

Please note: If the customer/service user is at risk of sleeping rough or is already sleeping rough or you have reason to believe they are; please additionally signpost them to the homelessness service at the Customer Service Centre in York House, Granby Street, Leicester, LE1 6FB.

Opening times:

Monday 8.30am - 5pm

Tuesday 8.30am - 5pm

Wednesday 8.30am - 5pm

Thursday 8.30am - 5pm

Friday 8.30am - 4.30pm

For out of hours service, please contact us on 0116 221 2770 for assistance.

5. Agreed reason for referral (e.g. /customer is homeless upon discharge, please explain.)

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6. Risk assessment (e.g. Has a risk assessment been done? If so by who and what was decided?)

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7. Medical information, or other relevant information: (Please provide details of any on-going medical issues / medication prescribed / aids, adaptations, facilities):

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