

**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**

<b>Name of person completing form</b>			
<b>Public Body (name of organisation)</b>			
<b>Section/department and location/base of referrer</b>			
<b>Referrer Telephone</b>		<b>Referrer E-mail</b>	

**Service User Details**

<b>Name</b>			
<b>D.O.B (dd/mm/yyyy)</b>		<b>NI Number</b>	
<b>Current Address</b>			
<b>Tenancy Type</b>			
<b>Contact Telephone</b>		<b>Contact Email</b>	
<b>Other person to call</b>		<b>Other contact details</b>	

**Household Type (please tick ONE)**

Single (no children)	<input type="checkbox"/>	Couple (no children)	<input type="checkbox"/>
Single & Pregnant	<input type="checkbox"/>	Couple & Pregnant	<input type="checkbox"/>
Single Parent	<input type="checkbox"/>	Couple with dependent children	<input type="checkbox"/>
Single Parent with non-dependent children	<input type="checkbox"/>	Couple with non-dependent children	<input type="checkbox"/>

**Reason for Homelessness/Threat of Homelessness (please tick no more than TWO)**

Domestic Abuse	<input type="checkbox"/>	Left Institution	<input type="checkbox"/>
End of Private Tenancy (AST)	<input type="checkbox"/>	Non-racially motivated violence/harassment	<input type="checkbox"/>
End of Private Tenancy (non-AST)	<input type="checkbox"/>	Mortgage repossession	<input type="checkbox"/>
End of Social Rented Tenancy	<input type="checkbox"/>	Property disrepair	<input type="checkbox"/>
Eviction from supported accommodation	<input type="checkbox"/>	Racially motivated violence/harassment	<input type="checkbox"/>
Family no longer willing to accommodate	<input type="checkbox"/>	Relationship breakdown (non-violent)	<input type="checkbox"/>
Fire, Flood, Emergency	<input type="checkbox"/>	Required to leave by the Home Office	<input type="checkbox"/>
Friends no longer willing to accommodate	<input type="checkbox"/>	Other	<input type="checkbox"/>
Left HM Forces	<input type="checkbox"/>		<input type="checkbox"/>

**Support Needs (please tick all that apply)**

Young person aged 16-17	<input type="checkbox"/>	Young person aged 18-25	<input type="checkbox"/>
Young parent	<input type="checkbox"/>	Care leaver aged 18-20	<input type="checkbox"/>
Care Leaver aged 21+	<input type="checkbox"/>	Physical ill health/ disability	<input type="checkbox"/>
History of mental health problems	<input type="checkbox"/>	Learning disability	<input type="checkbox"/>
At risk/experienced sexual abuse	<input type="checkbox"/>	Access to education/training/employment	<input type="checkbox"/>
Drug dependency	<input type="checkbox"/>	Alcohol dependency	<input type="checkbox"/>
Offending history	<input type="checkbox"/>	History of repeat homelessness	<input type="checkbox"/>
History of rough sleeping	<input type="checkbox"/>	Former asylum seeker	<input type="checkbox"/>
Old age	<input type="checkbox"/>	Served in HM forces	<input type="checkbox"/>
At risk of/experienced domestic abuse	<input type="checkbox"/>	At risk of/experienced (non-domestic abuse)	<input type="checkbox"/>

**Identified Risks**

<b>Risk</b>	<b>Details</b>
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 not 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.

**Signature of referrer**

**Date**

**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
 Darlington Borough Council	e-mail: <a href="mailto:housingoptions@darlington.gov.uk">housingoptions@darlington.gov.uk</a> web: <a href="http://www.darlington.gov.uk">www.darlington.gov.uk</a>
 Durham County Council	e-mail: <a href="mailto:dutytorefer@durham.gov.uk">dutytorefer@durham.gov.uk</a> web: <a href="http://www.durham.gov.uk">www.durham.gov.uk</a>
 Gateshead Council	e-mail: <a href="mailto:dutytorefer@gateshead.gov.uk">dutytorefer@gateshead.gov.uk</a> web: <a href="http://www.gateshead.gov.uk">www.gateshead.gov.uk</a>
 Hartlepool Borough Council	e-mail: <a href="mailto:dutytorefer@hartlepool.gov.uk">dutytorefer@hartlepool.gov.uk</a> web: <a href="http://www.hartlepool.gov.uk">www.hartlepool.gov.uk</a>
 Middlesbrough Council	 e-mail: <a href="mailto:dutytorefer@thirteengroup.co.uk">dutytorefer@thirteengroup.co.uk</a> web: <a href="http://www.middlesbrough.gov.uk">www.middlesbrough.gov.uk</a>
 Newcastle City Council	e-mail: <a href="mailto:dutytorefer@newcastle.gov.uk">dutytorefer@newcastle.gov.uk</a> web: <a href="http://www.newcastle.gov.uk">www.newcastle.gov.uk</a>
 North Tyneside Council	e-mail: <a href="mailto:dutytorefer@northtyneside.gov.uk">dutytorefer@northtyneside.gov.uk</a> web: <a href="http://www.northtyneside.gov.uk">www.northtyneside.gov.uk</a>
 Northumberland County Council	e-mail: <a href="mailto:dutytorefer@northumberland.gov.uk">dutytorefer@northumberland.gov.uk</a> web: <a href="http://www.northumberland.gov.uk">www.northumberland.gov.uk</a>
 Redcar and Cleveland Council	e-mail: <a href="mailto:dutytorefer@redcar-cleveland.gov.uk">dutytorefer@redcar-cleveland.gov.uk</a> web: <a href="http://www.redcar-cleveland.gov.uk">www.redcar-cleveland.gov.uk</a>
 South Tyneside Council	 e-mail: <a href="mailto:dutytorefer@southtyneside.gov.uk">dutytorefer@southtyneside.gov.uk</a> web: <a href="http://www.southtyneside.gov.uk">www.southtyneside.gov.uk</a>
 Stockton-on-Tees Borough Council	e-mail: <a href="mailto:dutytorefer@stockton.gov.uk">dutytorefer@stockton.gov.uk</a> web: <a href="http://www.stockton.gov.uk">www.stockton.gov.uk</a>
 Sunderland City Council	e-mail: <a href="mailto:dutytorefer@sunderland.gov.uk">dutytorefer@sunderland.gov.uk</a> web: <a href="http://www.sunderland.gov.uk">www.sunderland.gov.uk</a>

#### 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.