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| **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** | Click here to enter your name. |
| **Public Body (name of organisation)** | Click here to enter your organisation. |
| **Section/department and location/base of referrer**  | Click here to enter your place of work |
| **Referrer Telephone** | Click here to enter your tel. | **Referrer E-mail** | Click here to enter your email. |
| **Service User Details** |
| **Name** | Click here to enter service user’s name. |
| **D.O.B** (dd/mm/yyyy) | Click here to enter date of birth. | **NI Number** | Click here to enter Nat Ins. |
| **Current Address** | Click here to enter their address. |
| **Tenancy Type** | Choose their tenancy type. |
| **Contact Telephone** | Click here to enter their tel. | **Contact Email** | Click here to enter their email. |
| **Other person to call** | Click here to add other contact. | **Other Telephone** | Click here to add other tel. |
| **Household Type**  | Choose their household make-up. |
| **Primary** **Reason for Homelessness/****Threat of Homelessness** | Choose primary reason. |
| **Secondary Reason for Homelessness/****Threat of Homelessness (if applicable)** | Choose secondary reason (if applicable). |
| **Support Needs 1** | Choose a support need. |
| **Support Needs 2** | Choose a support need. |
| **Support Needs 3** | Choose a support need. |
| **Support Needs 4** | Choose a support need. |
| **Support Needs 5** | Choose a support need. |
| **Identified Risks**  |
| **Risk** | **Details** |
| **Risk to Service User** | Type any risk to the service user here |
| **Risk to Professionals** | Type any risk to professionals here |
| **Risk to Community** | Type any risk to the community here |
| **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)  |
| Type any other relevant information to this referral here  |
| **Reason for referral to the chosen local authority** (eg current home, family connection, fleeing DV) |
| Please give details as to why the service user asked for the referral to be made to the chosen local authority. |
| **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** (electronic signature on email is acceptable) |  |
| **Date** | Add today’s date here. |
| **This referral form is not a homelessness application – the local authority will complete this with the service user when they contact them**. |
| **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.****Please attach any available supporting evidence (regarding the service user’s current circumstances/need).** |
| **Local Authority** | **Contact details** |
| Darlington Borough Council | e-mail: **housing@darlington.gcsx.gov.uk** web: www.darlington.gov.uk |
| Durham County Council | e-mail: **dutytorefer@durham.gov.uk**web: www.durham.gov.uk |
| Gateshead Council | e-mail: **dutytorefer@gateshead.gov.uk** web: www.gateshead.gov.uk |
| Hartlepool Borough Council | e-mail: **dutytorefer@hartlepool.gov.uk**web: www.hartlepool.gov.uk |
| Middlesbrough Council | e-mail: **dutytorefer@thirteengroup.co.uk**web: www.middlesbrough.gov.uk |
| Newcastle City Council | e-mail: **dutytorefer@newcastle.gov.uk**web: www.newcastle.gov.uk |
| North Tyneside Council | e-mail: **dutytorefer@northtyneside.gov.uk**web: [www.northtyneside.gov.uk](http://www.northtyneside.gov.uk) |
| Northumberland County Council | e-mail: **dutytorefer@northumberland.gov.uk**web: www.northumberland.gov.uk |
| Redcar and Cleveland Council | e-mail: **dutytorefer@redcar-cleveland.gov.uk**web: www.redcar-cleveland.gov.uk |
| South Tyneside Council | e-mail: **dutytorefer@southtyneside.gov.uk**web: www.southtyneside.gov.uk |
| Stockton-on-Tees Borough Council | e-mail: **dutytorefer@stockton.gov.uk**web: www.stockton.gov.uk |
| Sunderland City Council | e-mail: **dutytorefer@sunderland.gov.uk**web: www.sunderland.gov.uk |
| https://pbs.twimg.com/profile_images/739826802496000000/rOLwRNj9_400x400.jpgCouncil crest_ Colour (Large)SBC Logoimage001Northumberland County CouncilMiddlesbrough-council-LogoThirteen Group 2017 LogoLink to homepageHartlepool Councilcid:image001.jpg@01D43940.154683E0https://www.newcastle.gov.ukGH |

 **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.