

Is this person(s) on or has been on the Local Authority Corporate Warning List?

Yes No Don't Know

If yes, why?
.....

Rent Arrears: (please indicate the level, if any, of the rent arrears at point of referral)

£

Access to the service:

Does the service user need information about our services in different formats, if yes, please tick appropriate box

In Audio Format In different languages (please state which language)

Does the service user need a home visit for their initial interview? Yes No

(We will only do home visits if the service user has mobility problems or any other issues that may cause difficulty in accessing their initial interview at The Bridge Housing Advice Centre.)

Ethnic Origin.....

The Bridge is governed by its confidentiality policy. This means that any information which you give, records we keep on file/or information given to us by another organisation, will not be disclosed to other people without your prior consent; unless it is in direct relation to your application for housing, rent account and/ or support. We will however, have to breach our confidentiality policy if you disclose information to us or we witness events when visiting you relating to child protection issues or criminal and/ or illegal activities.

Service User consent for the above to apply to this referral and for the duration of the support:

Name:

Signature:

Essential information for monitoring purposes:

Has the person above been repeat homeless in the last 2 years? (*Presented as homeless more than once at Charnwood BC or any other Housing Authority.*) Yes No

How long has the above person lived in Charnwood? (months/ years).....

If the referred person has lived outside of Charnwood in the last 6 months, please state the local housing authority area they lived in and length of time there.
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Please forward referral form to:

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Fax: 01509 260 505
E-mail: jo.helliwell@bridgehousingsservices.com