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			
Public Body (name of organisation)			
Section/department and location/base of referrer			
Referrer Telephone		Referrer E-mail	
Service User Details			
Name			
D.O.B (dd/mm/yyyy)		NI Number	
Current Address			
Tenancy Type			
Contact Telephone		Contact Email	
Other person to call		Other contact details	
Household Type (please tick ONE)			
Single (no children)		Couple (no children)	
Single & Pregnant		Couple & Pregnant	
Single Parent		Couple with dependent children	
Single Parent with non-dependent children		Couple with non-dependent children	
Reason for Homelessness/Threat of Homelessness (please tick no more than TWO)			
Domestic Abuse		Left Institution	
End of Private Tenancy (AST)		Non-racially motivated violence/harassment	
End of Private Tenancy (non-AST)		Mortgage repossession	
End of Social Rented Tenancy		Property disrepair	
Eviction from supported accommodation		Racially motivated violence/harassment	
Family no longer willing to accommodate		Relationship breakdown (non-violent)	
Fire, Flood, Emergency		Required to leave by the Home Office Other	
Friends no longer willing to accommodate		Other	
Left HM Forces Support Needs (please tick all that apply)			
		Young person aged 18-25	
Young parent		Care leaver aged 18-20	
Care Leaver aged 21+		Physical ill health/ disability	
History of mental health problems		Learning disability	
At risk/experienced sexual abuse		Access to education/training/employment	
Drug dependency		Alcohol dependency	
Offending history		History of repeat homelessness	
History of rough sleeping		Former asylum seeker	
Old age		Served in HM forces	
At risk of/experienced domestic abuse		At risk of/experienced (non-domestic abuse)	
Identified Risks			
Risk		Details	
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 <u>not</u> 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.

#### 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.

information is available via the local authority websites.			
Local Authority	Contact details		
Darlington Borough Council	e-mail: housing@darlington.gcsx.gov.uk		
DARLINGTON BIOMONIC CONC.	web: www.darlington.gov.uk		
Durham County Council	e-mail: dutytorefer@durham.gov.uk		
County Council	web: www.durham.gov.uk		
<b>Gateshead</b> Gateshead Council	e-mail: dutytorefer@gatesheadhousing.co.uk		
Council I I I I I I I I I I I I I I I I I I I	web: www.gateshead.gov.uk		
Hartlepool Borough Council	e-mail: dutytorefer@hartlepool.gov.uk		
Hartlepool Borough Council	web: www.hartlepool.gov.uk		
Middlesbrough thirteen	e-mail: dutytorefer@thirteengroup.co.uk		
Middlesbrough moving forward Council Managing and building homes	web: www.middlesbrough.gov.uk		
Newcastle 🔐 Newcastle City Council	e-mail: dutytorefer@newcastle.gov.uk		
City Council	web: www.newcastle.gov.uk		
North Tyneside Council	e-mail: dutytorefer@northtyneside.gov.uk		
North Tynaide Ciantil	web: www.northtyneside.gov.uk		
Northumberland Northumberland County	e-mail: dutytorefer@northumberland.gov.uk		
Council Council	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 South Tyneside	e-mail: homefinder@southtyneside.gov.uk		
South Tyneside Council Boot Provide Council	web: www.southtyneside.gov.uk		
Stockton-on-Tees Borough Council	e-mail: dutytorefer@stockton.gov.uk		
Stockton-on-Tees Borough council	web: www.stockton.gov.uk		
Sunderland City Council	e-mail: dutytorefer@sunderland.gov.uk		
City Council	web: www.sunderland.gov.uk		

#### **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.