A blue and green logo

Description automatically generated with medium confidence

**SINGLE HOMELESS REFERRAL FOR ARC**

**Please complete this form with as much detail as you can. Full and accurate information will enable Arc to process your application quickly. Once completed, please send to** [**referrals@arcinspire.co.uk**](mailto:referrals@arcinspire.co.uk)

**Referring Agent’s Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Agency Name |  | Worker’s Name |  |
| Contact Number |  | Date of Referral |  |
| Email Address |  |  |  |

**Applicant’s Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | Date of Birth |  |
| Contact Number |  | Gender |  |
| Email Address |  | National Insurance Number |  |
| Nationality |  | Is an interpreter required? |  |
| Ethnic Origin |  | Does the applicant go by any other name? |  |
| Is the applicant leaving care? |  | Is the applicant an armed service veteran? |  |

**Applicant’s Current Housing Details**

|  |  |
| --- | --- |
| Do they have a local connection to the area? | Yes / No (Delete as appropriate) |
| If yes, please explain: | |

|  |  |  |  |
| --- | --- | --- | --- |
| Are they currently: (Please tick) | | | |
| Homeless (Rough Sleeping) |  | Living in a Council Property |  |
| Homeless (Sofa Surfing) |  | Living in Housing Association Accommodation |  |
| Living in Supported Housing |  | In Private Landlord Accommodation |  |
| Living with Family |  | In Prison |  |
| Other (Please explain) | | | |

|  |  |
| --- | --- |
| How long have they been homeless for? |  |
| If they are not already homeless, when do they expect to become homeless? |  |
| Please give the reasons the applicant is homeless: | |

|  |  |  |  |
| --- | --- | --- | --- |
| Previous accommodation details: | | | |
| Date From | Date To | Type and Location of Accommodation | Reasons for Leaving |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Income**

|  |  |
| --- | --- |
| Are they currently claiming any benefits? | Yes / No |
| If yes, please state what they are claiming: | |
| Date/s of next payment/s: | |

|  |  |
| --- | --- |
| Do they have any debts / rent arrears? | Yes / No |
| If yes, please give details: | |

|  |  |
| --- | --- |
| Do they have any savings? | Yes / No |
| If yes, please give details: | |

**Health and Support Needs**

|  |  |
| --- | --- |
| Do they have any physical health or accessibility needs? | Yes / No |
| If yes, please give details: | |

|  |  |
| --- | --- |
| Do they have a history of, or any current mental health issues? | Yes / No |
| If yes, please give details: | |

|  |  |
| --- | --- |
| Do they have a history of, or current substance misuse? | Yes / No |
| If yes, please give details: | |

|  |  |
| --- | --- |
| Do they have a history of violence or aggressive behaviour? | Yes / No |
| If yes, please give details: | |

|  |  |
| --- | --- |
| Do they have any history of Criminal Offending or Custodial Sentences? | Yes / No |
| If yes, please give details: | |

|  |  |
| --- | --- |
| Are they engaging with Social Services? | Yes / No |
| If yes, please give details: | |

|  |  |
| --- | --- |
| Are they engaging with any Support Services? | Yes / No |
| If yes, please give details: | |

|  |  |
| --- | --- |
| Are they registered with a GP? | Yes / No |
| If yes, which practise are they registered with? | |

|  |  |
| --- | --- |
| Are they on any medication? | Yes / No |
| If yes, please give details: | |

|  |  |
| --- | --- |
| Do they have any pets? | Yes / No |
| If yes, please give pet’s details: | |

**Any Other Information**

|  |
| --- |
| Please give any other information which may help us to find the right accommodation and support for their needs: |