

**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**

**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:  |