

# Refugee Housing Support Service



Office Use only
Date Received:
Path ID No:
RHSS No:

## Referral Form

1. Your Details:									
First Names:			Family Name:						
Contact Address:									
Email:		Contact Number:							
Date of Birth:		Age:		Gender:					
Marital Status:			Does your family live with you in the UK?				Y	N	
National Insurance Number:									
Country of Origin:		Ethnicity:		Religion:					
Languages: Spoken / Written:			Interpreter Needed:			Y	N		
2. Your Immigration Details:									
Type of <i>Status</i> granted:			Date <i>Status</i> was granted:						
Date arrived in UK:		Home Office Ref. No:		Name of Case-Owner:					
3. Where you did you stay last night?									
NASS Accommodation <input type="checkbox"/>		NFA/Sofa Surfing/Friend <input type="checkbox"/>		With Family <input type="checkbox"/>		Bed & Breakfast <input type="checkbox"/>			
RSL/LA social housing <input type="checkbox"/>		Private Rented <input type="checkbox"/>		Other:					
How long have you been living in Plymouth?			years		months		days		
If less than 6 months, where did you live before? How long did you live there?									
4. Further Information: please answer the following questions as fully as possible:									
Reason for referral:									
Are there any known risks associated with this referral?									

**Housing:** Where are you living now?

Is this accommodation temporary? Y / N

Are there rent arrears? Y / N

Has an eviction order been issued? Y / N

Date of eviction?

**Members of your family who live with you in the UK:**

Name:	Relationship to you:	Gender:	Date of Birth:	Age:

**Money, Income and Benefits:** What support is needed?

Are you currently in receipt of: (a) NASS Support  (b) Benefits: JSA, ESA etc.

Do you have a bank account? Y / N

Do you have any debt issues? Y / N

I am: (a) looking for work  (b) have a Job - Full-Time  Part-Time  Or, (c) in FT Education

**Health:** please detail any health issues or concerns?

Are you registered with a GP? Y / N If so, Name of Doctor/Surgery:

Do you see any other medical professionals? Please give any details:

**Any other information:** Legal issues, family reunion, community links?

*By signing this form, I consent to this information being presented to the RHSS team.*

**Client signature:**

**Date:**

<b>Name of Referrer:</b>	
<b>Organisation:</b>	<b>Contact No:</b>

*This referral form will be presented at the next RHSS allocations meeting; each Thursday 3.30pm. A decision will be made at this meeting regarding this referral. The prospective client will be notified of our decision within two working days of this meeting.*

Please scan and email the completed form to: [rhssreferral@gmail.com](mailto:rhssreferral@gmail.com)

Or, fax the completed form to: 01752 668826

Or, send to/ hand in at: **START, Unit 4, HQ Building, 237 Union Street, Plymouth, PL1 3HQ**