**AGENCY REFERRAL FORM**

**FOR**

**HOMELESS REDUCTION ACT DUTY TO REFER AGENCIES**

**FOR**

**HEREFORDSHIRE COUNCIL**

Under the terms of the Homeless Reduction Act, certain agencies are legally obliged to refer clients who are homeless or threatened with homelessness to the Local Housing Authority (Herefordshire Council). This form may be used to make the Referral if desired. However the Housing Solutions team will also accept referrals on other forms used by partner agencies. Please note that it is essential that all referrals are accompanied by a signed consent form from the client.

|  |  |
| --- | --- |
| Name of Client |  |
| Date of Birth |  |
| Contact phone or e-mail address |  |
| Current Address - if applicable |  |
| National Insurance Number if known |  |
| Other Household members |  |
| A **brief** explanation why it is believed that the client is homeless |  |

Information Sharing Consent

I, (print name), agree to this referral. I agree that I am in housing need, and I understand that the result of this referral will be contact from the Housing Solutions Team of Herefordshire Council, unless I am already engaged with them.

Signed

Dated

**Referral Agency Details**

|  |  |
| --- | --- |
| Agency name and address |  |
| Contact name |  |
| Contact address and phone number |  |
| Details of engagement with client and reason for referral |  |
| Date of referral |  |
| Signature of referring officer |  |

Please e-mail this form to [dutytorefer@herefordshire.gov.uk](mailto:dutytorefer@herefordshire.gov.uk)