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**Referral Form – Winter Weather Provision**

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| **Referrer Details** | |
| Your name: |  |
| Referring Agency: |  |
| Contact number: |  |
| Email: |  |
| Date of referral: |  |

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| **Persons Details** | | | | | |
| Full name (inc title, Mr/Mrs/Miss): |  | | Gender: | |  |
| Alias (if applicable): |  | | Contact Number: | |  |
| Date of Birth: |  | | National Insurance Number: | |  |
| Current Income (Type and Amount): |  | | Sexuality: | |  |
| Current Sleep site: |  | | Length of time Rough Sleeping: | |  |
| Current or last known address including postcode: |  | | | | |
| Household composition: | Single  Single & Pregnant  Couple  Couple & Pregnant | | Pets: | Yes  No  If yes, please specify Name, Age, Sex and Breed: | |
| Nationality & Immigration Status (if applicable) |  | | Does the applicant have Recourse to public funds? |  | |
| Preferred Language: |  | | Does the person require support with English? |  | |
| **Next Of Kin:** | | | | | |
| Name: |  | | Address (Incl. postcode) |  | |
| Telephone Number: |  | | Relationship to you: |  | |
| **Support Needs:** | | | | | |
| |  | | --- | | Mental Health | | Sensory Disability | | Physical Health | | Substance Misuse | | Learning Disability | | Autism | | Offending History | | Armed Forces Veteran | | | |  | | --- | | History of Violence/Aggression | | Domestic Abuse | | Leaving care | | Prison release | | Harassment/ASB/ Fear of Violence | | ID documents | | Not registered with GP  Does not have own bank account | | Other | |  | | | | |
| Please provide further details for any support needs identified: |  | | | | |
| Additional information relevant to application including any known risks: |  | | | | |
| What people appreciate about me: |  | | | | |
| How best to support me: |  | | | | |
| What is important to me: |  | | | | |

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| **Current Agency Support:** | | | | |
| Is the person on the SIB? | Yes ☐ No ☐ | If yes, who is their support worker: | |  |
| Name of person | Agency they work for | Contact details | | |
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| **Other support networks (e.g. family members):** | | | | |
| Name of person | Relationship to you | | Contact details | |
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