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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:** |
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| Mental Health[ ]   |
| Sensory Disability [ ]  |
| Physical Health[ ]  |
| Substance Misuse [ ]  |
| Learning Disability[ ]  |
| Autism [ ]  |
| Offending History [ ]  |
| Armed Forces Veteran [ ]  |

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| 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[ ]   |
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| 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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