

Partner Referral Form under Section 213 B

This form is to be used to refer clients who appear to be Homeless or threatened with Homelessness in 56 days. This referral does not guarantee your client access to Housing but, is the first step to developing a Housing Plan which outlines the actions your client and the housing authority will take.

Prior to the referral please complete the Enhanced Housing Options Wizard with your client and where necessary assist them to make an appointment to see an Initial assessment Officer.

Link to the EHO; <https://www.gatewaytohomechoice.org.uk/EHOWizard/Add>

| | | | |
|---|---------------------------|--|-----------------|
| Referring Agency details | | Referrers name | |
| | | Telephone number | |
| | | Email address | |
| | | Organisations reference | |
| Reason for Referral/ Comments (include Advocate details if appropriate) | | | |
| Client details | | | |
| Name (preferred and Legal name) | National Insurance number | | Date of birth |
| Current address | | | |
| Contact details | Telephone number | | Email address |
| Household make up | | | |
| Homeless/ Threatened Homelessness | | | |
| Date; of potential homelessness Or if already homeless | | Reason for potential/actual homelessness | |
| At risk of Rough Sleeping | | Currently / Imminent if so why? | |
| Support Needs | | | |
| Identified Support needs | | | |
| Support Worker (if different from referrer) | Name | | Contact details |

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| Risk Assessments | | | |
|--|--|--------|----------|
| Potential risks to self | Y/N | Medium | Details: |
| Risk to others. | Y/N | High | |
| Key Medical Information (if relevant) | | | |
| Does your client have an identified Medical Health problem | Yes; please detail know medical condition and known medication | | |
| | No; are there test / results pending? | | |

Consent:

I grant Colchester Borough Homes, on behalf of Colchester Council, permission to make any enquiries needed to confirm the information given on this form and share the outcome of my Housing assessment with the referrer.

Signed _____
Customer

Date _____

Signed _____
Referrer

Date _____

Referrer; Please email a copy of this form to your local authority on the email address below and ensure that your client has agreed for their details to be passed on.

Your customer will need to bring the documentation outlined on the Enhance Housing Options Wizard to their first interview. If your customer does not bring in their documents that we need it will delay our assessment of their case and the help we can offer.

Please forward all referral forms to housing.solutions@cbhomes.org.uk through a secure email address or password protect the document you are sending.

If you require confirmation that the form has been received put 'read receipt' on the email.

If appointment through the Enhanced Housing Options Wizard has been made please include the date and time here:

Would you like to us to let you know the outcome and provide a copy of their PHP (subject to the clients consent)

Y/N

| District | Email |
|-----------|--|
| Basildon | housing.solutions@basildon.gov.uk |
| Braintree | housingoptions@braintree.gov.uk |
| Brentwood | housingneeds@brentwood.gov.uk |

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|---------------|--|
| Castle Point | Housingoptions@castlepoint.gov.uk |
| Chelmsford | housing.adviceemail@chelmsford.gov.uk |
| Colchester | housing.solutions@cbhomes.org.uk |
| Epping Forest | homelessness@eppingforestdc.gov.uk |
| Harlow | housing.options@harlow.gov.uk |
| Maldon | housingoptions@maldon.gov.uk |
| Rochford | housingoptions@rochford.gov.uk |
| Southend | housingsolutionsteam@southend.gov.uk |
| Tendring | housingoptions@tendringdc.gov.uk |
| Thurrock | HousingOptions@thurrock.gov.uk |
| Uttlesford | Housingoptions@uttlesford.gov.uk |