

**REFERRAL FORM**

**CLIENT INFORMATION**

**Before a referral can be made, please ensure the client has valid proof of ID e.g. passport, birth certificate, drivers' licence or DWP letter.**

Client First Name	
Client Family Name	
Prison Number	
Telephone No	
Email Address	
Current Address	
DOB	
Gender	
NI	

**FURTHER INFORMATION**

Service Number	
Force	
Rank	
Unit	
Length of service	
Leave Date	

**OFFENDER HISTORY**

Prison Number	
Current Prison	
Actual Release Date	
Earliest Release Date	
Length of sentence	
Offences	

## CLIENT HOUSING HISTORY

**PLEASE PROVIDE THE CLIENT HOUSING HISTORY FOR THE LAST FIVE YEARS.**

Address.	Accommodation Type.	Start Date.	End Date.	Reasons for leaving.

Please State here any specific needs your client has with regards to suitable accommodation (please state location, size needs, health requirements and restriction orders that impacts on the type of property the client can be offered)

## CLIENT INCOME

Is the client on receipt of benefits? YES  NO

If yes, please state all benefits clients is currently in receipt of?

How much benefits the client is currently in receipt of (please state amount for each benefit currently receiving)?

Is the client working? YES  NO

If the client is working, that type of employment contract has the client got (permanent, zero hours, fixed term)?

What is the client income from employment?

Has the client got any debts?

## CLIENT NEEDS

In each section, please state past and current known issues and current engagement with support services or support required to engage with support services, including any risks.

Physical Health
Mental & Emotional Health
Substance Misuse
Learning Needs
Cultural & Religious Needs.

Social Engagement Needs
Employment & Education.
Institutional & Offering History.
Debt & Finance.
Other:

## OTHER SUPPORT CONTACTS.

First Name	
Family Name	
Organisation	
Job Title	
Telephone No	
Email Address	
Nature of support provided to client	

First Name	
Family Name	
Organisation	
Job Title	
Telephone No	
Email Address	
Nature of support provided to client	

### CONSENT TO REFERRAL.

- I confirm that I the referral to Rhondda Hub for Veterans has been explained to me.
- I understand that I can withdraw from this referral at any time.
- I consent to Rhondda Hub for Veterans being provided with relevant information required to assess my needs and support me with housing.

Signed: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

### Signatures

Referring Officer:

Organisation:

Position:

Signature:

Date:

*I hereby give permission for the above organisation to share relevant information about me with **Rhondda Hub for Veterans.***

Applicant's Name:

Signature:

Date:

Approved for processing by:

Organisation:

Position:

Signature:

Date:

**NOTE:** This form will not be processed without approval or applicants' signature. Please return form

Rhondda Hub for Veterans

Crown Building

River View

Tonypandy

CF40 1QF

Please email back to: info@rhonddahub.org.uk

### **EQUAL OPPORTUNITIES.**

**Rhondda Hub for Veterans** wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equal Act 2010 and building an accurate picture of those receiving our support.

Completing this form is not essential and information provided is confidential and not used in the assessment of your suitability to access our services.

**Gender:** Man,  Woman  Intersex  Non-Binary  Prefer not to say   
If you prefer to use your own term, please specify here .....

**Are you married or in a civil partnership?** Yes,  No  Prefer not to say

**Age:** 16-24  25-29  30-34  35-39  40-44  45-49  50-54  55-59  
60-64  65+  Prefer not to say

**What is your ethnicity?**

**Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box.**

White

English  Welsh  Scottish  Northern Irish  Irish  British

Gypsy or Irish Traveller  Prefer not to say

**Mixed/Multiple ethnic groups:**

White & Black Caribbean  White & Black African  White & Asian  Prefer not to say

**Any other mixed background, please write in**

.....

**Asian/Asian British**

Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say

**Any other Asian backgrounds, please write in?**

.....

**Black/African/Caribbean/Black British**

African      Caribbean      Prefer not to say

**Any other Black/African/Caribbean background please write in?**

.....

**Another Ethnic Group**

Arab  Prefer not to say

**Any other ethnic group, please write in?**

.....

**Do you consider yourself to have a disability or health condition?**

Yes  No  Prefer not to say

**What is your sexual orientation?**

Heterosexual  Gay woman/lesbian  Gay man  Bisexual

Prefer not to say

