|  |  |  |  |
| --- | --- | --- | --- |
| **Referrer’s name:** |  | **Date of referral:** |  |
| **Agency/contact details:** |  | | |

**Client details**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Forename(s):** |  | | **Surname:** | |  | | **D.O.B.** |  |
| **Gender:** |  | **NINO:** |  | | **Ethnicity:** |  | **Sexual Orientation** |  |
| **Contact details:** | Tel:  Mob: | | | Email: | | | **Cohort group:** |  |

**Part 1: Eligibility**

|  |  |
| --- | --- |
| What address/ location did you stay at last night? |  |
| What was your last settled address? |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Are you **currently** rough sleeping? | | Yes  No | | Have you **ever** slept rough before? | | ☐ Yes ☐ No |
| Are you going to be street homeless tonight? | Yes  No | | Why? | |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you claiming any benefits? | Yes  No | If ‘no’, why not? |  | | |
| Are you currently making a homeless application? | | Yes  No | Where? | |  |
| Are you requesting assistance as a single person? | | Yes  No | Who else? |  | |

**Part 2: Typology**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. Have you been to prison in the last 2 years? |  |  |
| 1. Have you recently suffered from a one-off or unusual life event which has significantly affected your ability to cope? |  |  |
| 1. Have you recently experienced violence, or threats of violence, from a partner or family member? |  |  |
| 1. Have you recently experienced violence, or threats of violence, from anyone else? |  |  |
| 1. Have you been formally evicted from a property in the last 2 years? |  |  |

|  |  |  |
| --- | --- | --- |
| 1. Do you have family members, friends or other people in your life that you have asked for help/could ask for help? |  |  |
| 1. Are you currently experiencing serious mental or physical health issues? |  |  |
| 1. Are you currently experiencing drug and / or alcohol misuse issues? |  |  |
| 1. Have you ever been homeless in the past? |  |  |

**If you have answered ‘yes’ to any of the questions in Part 2, please include details in the box below:**

|  |
| --- |
|  |

**Part 3: Making the referral** (Please complete the following eligibility criteria table before making the referral)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | Unsure | Comments |
| Single person? |  |  |  |  |
| Local connection? |  |  |  | *Which borough?* |
| Claiming benefits? |  |  |  | *Which main benefits (JSA/ ESA/ UC/Other)?* |
| Sleeping/ slept rough? |  |  |  |  |
| CHAIN registered? |  |  |  |  |

**Part 4: Client consent** (Please read the following statement and ask the client to confirm they understand)

|  |  |
| --- | --- |
| *By making this referral, your personal details will be shared with No First Night Out. They will process and store your information to be able to assist with your housing situation.* | |
| **I, the client, confirm my details can be shared with No First Night Out** |  |

**PLEASE SEND ALL REFERRALS TO:** [**NFNO.team@cityoflondon.gov.uk**](mailto:NFNO.team@cityoflondon.gov.uk)