|  |  |  |  |
| --- | --- | --- | --- |
| **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**