

# Duty to refer



**BOROUGH OF  
BROXBOURNE**

www.broxbourne.gov.uk

## Local Connection

Service users can choose which local housing authority they wish to be referred to. However, it is advisable for them to choose a local authority with which they have a local connection. In general, a service user is likely to have a local connection to an area if they live or have lived there, work there or have a close family connection. However, a service user should not be referred to an area where they would be at risk of violence.

A guide to the duty to refer includes advice on the duty to refer and local connection - [Duty to refer guidance](#)

**Consent** please note section 1A or 1B must be filled in.

### (1A) Written Consent to share information

I agree to the information on this form being shared with Broxbourne Council. I understand that the Council may use this information to contact me and to help assess my needs for assistance with housing and that I am not making a homelessness application. I have read Broxbourne's privacy notice and understand how my data will be processed – [privacy notice](#)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: The service user must give consent to the referral. Referrers are advised to obtain signed consent to the referral; however, oral consent can be provided. The referrer must therefore complete box 1B.

### (1B) Oral Consent to share information

Having discussed the accommodation status of \_\_\_\_\_ (*insert client name*), I can confirm that they provided me with oral consent to refer their case to Broxbourne Council. I explained to the Service User that the Council may use this information to contact them and to help assess their needs for assistance with housing and that this is not a homelessness application.

**Signed**

**Public authority**

**Date**

**Core information** Please note that sections 2, 3 and 4 must be filled in.

### (2) About the referring professional (to be completed by the professional)

Name of referrer	
Agency	
Email address of referrer	
Phone number of referrer	
Reason for working with the client	

### (3) Information and contact details for the service user being referred

Name	
Current address (if applicable) and housing status e.g. private rented, social housing, living with parents.	
How long have they lived at this address?	
How long have they lived in the borough of Broxbourne?	
Telephone numbers	

Email address	
Gender	
Date of birth	
Language and communication needs (identify)	
Household composition. e.g. (partner, children)	
Members of household names and date of birth	
<b>(4) Main reason for referral</b>	
What is the main reason you are referring the individual?	I believe they are homeless / I believe they are threatened with homelessness
What is the reason they are homeless or threatened with homelessness with 56 days? i.e. landlord has served notice, family/ friend has asked them to leave, unsafe to remain in home due to violence or poor living conditions.	
Does the client or any members of their family have any vulnerabilities? i.e. physical or mental health conditions, drug/alcohol, care leaver, financial problems, criminal convictions	
Are there any known risks to staff or a history of violence?	
<b>Additional information</b>	
Please provide any additional information you are aware of which may help housing officers support the individual.	
<b>(5) Current accommodation</b>	
What type of accommodation is the individual currently living in?	
If the service user is threatened with homelessness, on what date are they likely to become homeless?	
If the service user is due to leave prison or hospital, or is leaving the armed forces, with no accommodation available, please state when the release/ discharge will take place.	
<b>(6) Are there any additional needs/risks to be aware of?</b>	
Additional needs/risks might include: <ul style="list-style-type: none"> <li>any known risks to staff visiting the service user at home</li> <li>anything to be aware of before making first contact</li> <li>previous history of sleeping rough</li> <li>lack of support from family/friends</li> <li>history of substance misuse</li> <li>risk of domestic or other abuse</li> </ul>	
<b>(7) Relevant medical information</b>	
Please provide information on any physical or mental health needs that the service user has, and any treatment that they are receiving	
<b>(8) Other agencies</b>	
Are you aware of any other agencies involved with this client and/or their family members?	

## **Return the completed form to**

Please complete this form with your details and those of the service user being referred and send it to the Housing Team at Broxbourne Borough Council using this email address

[dutytorefer@broxbourne.gov.uk](mailto:dutytorefer@broxbourne.gov.uk)

A member of the team will contact the person you have referred to discuss their situation and provide further advice and assistance.

If you have any queries before sending this form you can contact a member of the team on the above email address.