

Why are they homeless or threatened with homelessness? Please provide full details which has led to this referral

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Additional Information

What type of accommodation is the individual or household currently living in?	
What date are they likely to become homeless?	
Are they due to leave prison/hospital/armed forces? If so please specify and provide the planned release or discharge date.	
Any additional needs or risks that we need to be aware of? (rough sleeping, substance misuse, known risk to self/others, risk of violence)	
Please provide information about any physical or mental health needs affecting the individual or household member. Please include details of any treatment or support they receive.	
Please provide the contact details for any other agencies working with the individual or household.	

CONSENT AND DECLARATION

I, consent to this information being passed to Pendle Borough Council and give them permission to obtain and share confidential information about me and my household. I declare that all of the information given is true and correct.

Signature.....Date:.....

NOTE: The person being referred must give consent to the referral