



Migrant Impact Access to Housing Referral Form

Name of Referrer (self/agent)			
Organisation:		Contact No:	
Address:			
Date of Referral:		Allocated Case Number:	

About You				
First Names:			Family Name:	
NI No:			Contact No:	
Age:		Gender:		Date of Birth:
Address:				
				Postcode:
Languages: spoken/written			Interpreter needed:	Y N
Country of Origin:		Ethnicity:		Religion:
Refugee Status: If appropriate (ILR, LLR, Humanitarian etc)			Date status granted:	

Other people in your household:				
Name:	Relationship:	DOB:	Age:	Gender:

Migrant Impact Access to Housing (MIAH)

Your Details			
Economic Status	Full Time Employed <input type="checkbox"/>	Part Time Employed <input type="checkbox"/>	Govt training/New deal <input type="checkbox"/>
Job Seeker <input type="checkbox"/>	Retired <input type="checkbox"/>	FT Education <input type="checkbox"/>	Child under 16 <input type="checkbox"/>
Unable to work:		Other:	

Benefits /Income	In receipt of	Awaiting decision	Not claimed		In receipt of	Awaiting decision	Not claimed
NASS Support				Incapacity Benefit			
Job Seekers Allowance				Disability Living Allowance			
Income Support				Wages/salary			
Housing Benefit				Pension			
Child Benefit				Integration Loan			
Tax Credits				Other (detail):			
Social Funds				None:			

Other Support Agencies	Contact Name	Telephone No
GP		

Accommodation Status (e.g. Where did the client stay last night?) Please tick one box			
Bed & Breakfast <input type="checkbox"/>	Staying with Friend <input type="checkbox"/>	Rough Sleeper <input type="checkbox"/>	Staying with Relative <input type="checkbox"/>
Housing Association <input type="checkbox"/>	Hostel <input type="checkbox"/>	Council <input type="checkbox"/>	NFA/Sofa Surfing <input type="checkbox"/>
Private Rented <input type="checkbox"/>	Supported Accommodation <input type="checkbox"/>	Prison <input type="checkbox"/>	NASS <input type="checkbox"/>

How long has the client been living in Plymouth area? years months days
If less than 6 months, which area did they live in?			
How long did the client live in this area? years months days

Current Tenancy Details			
Landlord/Accom. Provider		Contact No	
Tenancy Start Date		Tenancy Type	
Total Income Exc. Housing Benefit	£	Rent per wk/month	£
		Housing Benefit	£
Rent Arrears?	£	Top Up	
Housing Benefit received/pending – Provide details			
Has the Local Authority been approached for housing?			Y / N
Is the Client amenable to hostel/shared housing?			Y / N

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Risk Assessment – to accompany referral form

The following questions are relevant to the Health and Safety of both the client and the worker. The information given on this risk assessment will be used to inform the workers practice. If you are uncertain about the answers or simply do not know, please state 'don't know' in the relevant box.

Thank you for taking the time to complete this.

Please note if you are a MENTAL HEALTH PROFESSIONAL employed by the PCT or a SOCIAL WORKER in the statutory sector completing this application, the Refugee Housing Support Service will require a current PCT Care Programme Approach (CPA) with a recent risk assessment or a current Social Services assessment of need/risk.

Name of person being referred:

Current address:

Environmental: state of accommodation, locality
Is there a risk to visitors visiting the property?
Is the environment safe to visit (e.g. good access to and from property, street lighting etc)?
Please describe any concerns:
Threat to Safety: From others, to others
Has the person being referred been harassed by neighbours?
Has racial abuse been cited by the person being referred?
Please describe any concerns:
Health: Mental health, Physical health, worries, anxieties
Are there any issues causing distress or anxiety to the person being referred?
Do you know of any mental or physical health issues, which the Refugee Housing Support Service needs to be aware of in order to work with this client in their home?

Signed:

Referring Agency:

Name:

Date:

Please return, completed, with accompanying referral form