solace
HOUSING

Referral Form

Please complete all sections and email to our referrals inbox

1. Applicant details

Full name

Date of birth

Current address

Phone

Email

National Insurance no.

2. Referrer details

Referrer name

Organisation

Role

Phone

Email

3. Housing & support needs

Reason for referral

Current support needs

Health / mental health

Substance use

Income / benefits

4. Risk information

Risk to self

Risk to others

Offending history (if any)

Other agencies involved

5. Consent

Applicant consents to this referral and to information sharing (signature)

Date