

Housing Referral

Please send completed referrals to: referrals@brighter-futures.org.uk

Post to: Housing Management, Brighter Futures, Three Counties House, Festival Way, Hanley, Stoke on Trent, ST1 5QE

Please forward up to date risk assessment/care plan with referral to reduce delays. **Referrals will not be accepted without up-to-date risk assessment.** Self-referrals will be contacted to complete an assessment with a Brighter Futures Housing Officer.

Housing Requirements									
90 Hope Street		Furlong Court			Single Accommodation		Shared Accommodation		
Preferred location (Single accommodation only):					Any specific requirements (ground floor, etc):				
Pets (this will limit accommodation offer)									
Current Accommodation Status: (please select below)									
Temporary/ Emergency	Rough Sleeping	Hostel	Supported	Friends/ Family	Tenancy	Home Owner	Prison	Hospital	Other

Customer Information		
Full Name		
Preferred Name		
Home Address		
Date of Birth		
NI Number		
Contact Number		
Significant Contact (family/friend/carer)		
Gender		
Ethnicity		
Religion		
Is English 1 st Language	Yes	No: Please specify
Communication Needs		

Marital Status				
Dependents/Children				
Area of Origin	Stoke on Trent	North Staffs	Staffs	Other
Are you involved in college/volunteering?	Yes		No	
Benefits/Income			If working, how many hours?	
Arrears (Please indicate any debts with other Housing Associations/Council and if these are being addressed)				

Support Needs		
Agencies Involved	Contact Name	Contact Number
Consultant		
GP		
Community Nurse/CPN		
Social Worker		
STR Worker		
Other		
Other		

Offending Issues Please give details of any previous ASB/Evictions/Convictions
Drug/Alcohol Issues Please state substance and what steps are being taken to address this.
Mental Health Diagnosis (please give details)

Physical Health Needs (please give details)
Any physical health issues, i.e. mobility.

Current Support Arrangements
Please detail what support arrangements are in place and if these will continue if accepted.

Declarations	
Customer: I confirm that the details given on this referral are accurate to the best of my knowledge. I give my consent for the details of my referral to be discussed with the referrer and relevant services within Brighter Futures. I give consent for my details to be stored on Brighter Futures referral database.	
Customer Signature:	Date:
Referrer: I confirm that the details given on this referral are accurate to the best of my knowledge.	
Referrer Signature:	Date:
Name of Referrer:	
Job Title & Scheme:	
Contact Details:	
How long have you known the customer:	

For Office Use	
Date Referral Received:	
Risk Assessment Included:	

Date of Assessment:	
Accepted/Declined:	