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| Referral Date:  **COLLABORATIVE WOMEN UK - Initial Housing Referral Form**  Return enquiry to: info@collaborativewomen.co.uk |  |

|  |  |  |
| --- | --- | --- |
| **Applicant Name:** | **Address:** | **DOB: :** |
| **Email:** | **Contact Number *[note if safe to call?]* :** | **Post Code:** |

|  |  |  |  |  |  |
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| **ETHNIC ORIGIN:** |  |  |  |  | **Speaks English**?  **Y** or **N** |
| White British |  | Asian | British Caribbean |  | **Preferred language:** |
| British Asian |  | Black Caribbean | Other |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Links to Trafford?** | **Housing Status?** | **Drugs?** | **Alcohol?** | **Mental Health?** |
| **Stayed in refuge previously? Where & When?** | **Open to other services? Who?** | **Any debts? Give details:** | | **Employed or Benefits? List any benefits:** |
| **Right to work and reside in the UK? Y** or **N** | | **National Ins. Number:** | |  |

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| --- | --- | --- | --- |
| **Any Children’s details inc D.O.B:** | | | **Applicant pregnant ?** |
|  | | | **DUE DATE:** |
|  |

|  |  |  |
| --- | --- | --- |
| **Referring Agency:** |  | **PREV REFERRAL TO CW\_Y or N?** |
| **Referrer’s Name:** |  |
| **Contact number & email:** |  |

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| **DA** | PERPETRATOR/PARTNER NAME: | | CURRENT or EX partner / RELATIVE |
| DOB: | ADDRESS: | RELATIONSHIP TO ANY CHILDREN: |
| Drugs? | Alcohol? | Mental Health? |

**Reason for homelessness include date:**

|  |  |
| --- | --- |
| ***For CW Official use:*** |  |
| REFERRAL TAKEN BY (print name): |  |
| Interview Arranged for: |  |
| Full Client Profile Completed: |  |