



COLLABORATIVE WOMEN UK Initial Housing Referral Form

Referrer's Name: _____
 Contact number: _____
 Email: _____
 Referring Agency: _____
 Date: _____

Applicant Name: _____ DOB:
 Current Address: _____
 Email: _____
 Contact Number: _____ Is it safe to call: Y N
 Reason being homeless: _____

Has this person got a homeless application open with a local authority? Y N

Please state which authority:	
Homeless officer name:	
Homeless officer number:	
Homeless officer email:	

*** Please note we are not able to process this application without this information / please call with queries*

ETHNIC ORIGIN	White British	<input type="checkbox"/>	British Caribbean	<input type="checkbox"/>	Asian	<input type="checkbox"/>
	British Asian	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>	Other	<input type="checkbox"/>
Is English 1st language?	<input type="checkbox"/> Y or <input type="checkbox"/> N		Preferred language:	<input style="width: 100%;" type="text"/>		

Applicants Housing Status?			
If homeless state reason:			
State applicants links to Trafford?			
Previous refuge stay Where & When?			
Right to work and reside in the UK?	<input type="checkbox"/> Y or <input type="checkbox"/> N	National Ins. Number:	<input style="width: 95%;" type="text"/>
Employment details:			
Benefits? Detail benefits and amount £:			
Any debts? Give details & amounts £:			
Detail use of Drugs :			
Detail use of Alcohol :			

Detail any Mental Health:	
Detail Disabilities:	
Detail Medication:	
Detail support services involved:	
Conviction History:	

Detail support needs ✓:	Abuse	Mental Health	Emotional
Budgeting	Cooking	Employment	Education and training
Social and community involvement	Household skills	Communication	Other

Any Children's details inc D.O.B:

Is the Applicant pregnant ? Y or N	DUE DATE:	
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Previous addresses		Date from & to
1.		
2.		
3.		

Domestic Abuse

Perpetrator name:		DOB:	
Perpetrator Address:			
Is perpetrator a Partner,relative, friend:			
Any relationship to children:			
Has perpetrator any issues relating to: please ✓	Mental Health?	Alcohol?	Drugs?

Return enquiry to: info@collaborativewomen.co.uk