DUTY TO REFER North-East Housing Referral Form (s213b)				
Please use this referral for any service users that may be homeless or threatened with homelessness within 56 days.				
If the referral is urgent, and/or the service user has no accommodation tonight, you may wish to make contact by				
telephone to the relevant authority.				
Referrer Details				
Name of person completing form		Click here to enter your name.		
Public Body (name of organisation)		Click here to enter your organisation.		
Section/department and location/base of referrer		Click here to enter your place of work		
Referrer Telephone	Click here to enter your tel.	Referrer E-mail	Click here to enter your email.	
	Service Us	er Details		
Name	Click here to enter service user's	name.		
D.O.B (dd/mm/yyyy)	Click here to enter date of birth.	NI Number	Click here to enter Nat Ins.	
Current Address	Click here to enter their address.			
Tenancy Type	Choose their tenancy type.			
Contact Telephone	Click here to enter their tel.	Contact Email	Click here to enter their email.	
Other person to call	Click here to add other contact.	Other Telephone	Click here to add other tel.	
Household Type		Choose their household make-up.		
Primary Reason for Homelessness/		Choose primary reason.		
Threat of Homelessness	5			
Secondary Reason for H	lomelessness/	Choose secondary reason (if applicable).		
Threat of Homelessness (if applicable)				
Support Needs 1		Choose a support need.		
Support Needs 2		Choose a support need.		
Support Needs 3		Choose a support need.		
Support Needs 4		Choose a support need.		
Support Needs 5		Choose a support need.		
Identified Risks				
Risk	Details			
<b>Risk to Service User</b>	Type any risk to the service user here			
<b>Risk to Professionals</b>	Type any risk to professionals here			
Risk to Community	Type any risk to the community h	ere		
Additional Information				
(including any assistance the service user may require when contact is made eg if they have a preferred language or				
require any special arrangements to discuss this referral)				
Type any other relevant information to this referral here				
	erral to the chosen local authority			
Please give details as to why the service user asked for the referral to be made to the chosen local authority.				
Consent to Refer				
I can confirm that I have discussed this referral with the service user. They have given their consent for this referral				
including sharing any risk they may pose to themselves. They understand that enquiries may occur in accordance with				
part 7 of the Housing Act 1996 (as amended by the Homelessness Reduction Act 2017) but that their data will be used				
only in accordance with the Data Protection Act 2018. Any further information sharing will be discussed when the				
local authority contacts the service user. If they want more information about how we collect and retain their personal data, they can also look on the relevant Council's website				
data, they can also look on the relevant Council's website.				
Signature of referrer				
(electronic signature on email is acceptable) Date		Add to day is data b	oro	
This referral form is <u>not</u> a homelessness application – the local authority will complete this with the service user				
when they contact them.				

Please forward the fully completed Referral Form to the Local Authority that the service user has chosen or, if not known/uncertain, to which the service user is most likely to have a local connection. Further information is available via the local authority websites.

Please attach any available supporting evidence (regarding the service user's current circumstances/need).			
Local Authority	Contact details		
Darlington Borough Council	e-mail: housingoptions@darlington.gov.uk		
	web: www.darlington.gov.uk		
Durham County Council	e-mail: dutytorefer@durham.gov.uk		
	web: www.durham.gov.uk		
Gateshead Council	e-mail: dutytorefer@gatesheadhousing.co.uk		
	web: www.gateshead.gov.uk		
Hartlepool Borough Council	e-mail: dutytorefer@hartlepool.gov.uk		
	web: www.hartlepool.gov.uk		
Middlesbrough Council	e-mail: dutytorefer@thirteengroup.co.uk		
	web: www.middlesbrough.gov.uk		
Newcastle City Council	e-mail: dutytorefer@newcastle.gov.uk		
	web: www.newcastle.gov.uk		
North Tyneside Council	e-mail: dutytorefer@northtyneside.gov.uk		
	web: www.northtyneside.gov.uk		
Northumberland County Council	e-mail: dutytorefer@northumberland.gov.uk		
	web: www.northumberland.gov.uk		
Redcar and Cleveland Council	e-mail: dutytorefer@redcar-cleveland.gov.uk		
	web: www.redcar-cleveland.gov.uk		
South Tyneside Council	e-mail: dutytorefer@southtyneside.gov.uk		
	web: www.southtyneside.gov.uk		
Stockton-on-Tees Borough Council	e-mail: dutytorefer@stockton.gov.uk		
	web: www.stockton.gov.uk		
Sunderland City Council	e-mail: dutytorefer@sunderland.gov.uk		
	web: www.sunderland.gov.uk		
	Middlesbrough moving forward School Control Co		
Borough Council	Northumberland		

Stockton-on-Tees

**BOROUGH COUNCIL** 

County Counci

Sunderland

**City Council** 

## **Guidance Notes**

South Tyneside Council

The Homelessness Reduction Act 2017 (section 213b) sets out a duty for public authorities to refer households they consider homeless or threatened with homelessness to a local housing authority. Public bodies should refer all those they consider homeless or threatened with homelessness. If the public body is unsure whether there is a specific threat of homelessness within 56 days, they should still refer to the relevant local authority who can assess the circumstances and need, then determine whether a homeless application is required (to prevent or relieve homelessness). The service user may choose the local authority to be referred to but should be advised of the implications of being referred to an area where they have no local connection - that they may then be referred on to another local authority, if homeless (where they do have a connection).

Gateshead

When completing the risk details on the referral form, please consider the following:

Newcas

North Tyneside Council

South

Tyneside

- Has the person(s) been verbally abusive, threatened or been violent to professionals?
- Does the person(s) have a history of weapons, arson, offending or inappropriate sexual behaviour?
- Do you consider the person(s) to be a risk to themselves or have any of the following risk factors: history of suicide, mental health, self-harm, drug/alcohol issues or neglect?
- Describe recommended measures to control/minimise risk e.g. no lone visits, no female workers, visit with police, visits in a secure office environment etc.