**Appendix 2.1**

**Supporting Letter to Confirm Child Look After Status and to Request Inclusion on the Housing Needs Register**

* **To be submitted when placing the young person on the housing needs register**

|  |  |
| --- | --- |
|  | ***Children’s Services*** |
|  Housing Needs Register ADD COUNCIL NAME | **Brokerage Accommodation Team** |
|  |
|  |
| **Tel** |  |
|  |  |
| **Date** | **27 September 2021** |

*Dear Sir/Madam*

Reference

**Add Full Name, DOB, Placement Address and Address at Point of Becoming Looked After, Local Connection Housing Authority (and Host Housing Authority, if applicable).**

I would like to refer **ADD NAME** for inclusion on your housing needs register as a looked after child/care leaver.

***Legal status***

1. **(Add Full Name**) is ‘Looked After’ by Hertfordshire Children’s Services and is ‘Accommodated’ under Section 20 of the Children Act 1989.
2. **(Add Full Name**) is ‘Looked After’ by Hertfordshire Children’s Services and is subject to a Section 31 Care Order under the Children Act 1989.

Delete A or B as applicable

**(Add Full Name)** is an A) **‘Eligible’ child, or** B) a **‘Relevant’ child** as defined by the Care Planning, Placement and Case Review Regulations and Guidance 2010 (Revised 2015) and Planning Transition to Adulthood for Care Leavers (England) Regulations and Guidance 2010 (Revised 2015).

Delete A or B as applicable

***Current Accommodation/Placement***

**Add Full Name** became looked after on **Add Date** and is currently placed in (**Add Type of Placement).**

***Local Connection – Originating Authority***

**Add Full Name** became looked after in **Add Area** and as such has a ‘Local Connection’ in your local housing authority area.

***Local Connection – Host Authority***

**Add Full Name** became looked after in **Add Area** and was placed in your area on **Add Date** and as such should be considered has having a ‘Local Connection’ in your local housing authority area.

**Add Name and Contact Details** of social worker/personal adviser who should be contacted if the housing authority / registered provider require additional information.

Social worker/personal adviser to set out the links and networks that the young person has established if placing on a ‘host authority’ register.

If you require any further information, please do not hesitate to contact me.

Yours sincerely

Social Worker/Personal Adviser

**(Add Name)**