**Appendix 3.5**

***Hertfordshire County Council - District/Borough Council***

***Eligible Families with Children – Eligibility - Referral/Notification***

This household with dependent children was provided with support by Children’s Services due to having ‘No Recourse to Public Funds’ and as such were supported under Section 17 of the Children’s Act 1989 and were provided with accommodation and/or a weekly subsistence payment, whilst their leave to remain application was considered by the Home Office. A decision has now been reached and the household have been deemed to be entitled to public funds from **(ADD DATE)**. The duties owed to them under the Children’s Act 1989/National Assistance Act 1948 will therefore come to an end on **(ADD DATE)**. This referral is being made under the auspices of the Hertfordshire Joint Housing Protocol.

REFERRING AGENCY:

|  |  |
| --- | --- |
| Agency/department: |  |
| Name: |  |
| Job title: |  |
| Address: |  |
| Telephone number: |  |
| Email address: |  |

Has applicant given their consent for this referral to be made? Yes ☐ No ☐

APPLICANT / PARENT / MAIN CARER INFORMATION

|  |  |
| --- | --- |
| Full Name  |  |
| Date of Birth  |  |
| Address  |  |
| Date moved into address  |  |
| Telephone number  |  |
| Email address  |  |
| Immigration status & date granted  |  |
| National Insurance Number  |  |
|  |  |
| When does applicant need to leave current accommodation? |  |

Has applicant made an application to join the housing register? Yes ☐ No ☐

If yes, please provide application date or reference number …………………………………..

Has a claim been made for Housing Benefit? Yes ☐ No ☐

HOUSEHOLD COMOPOSITION

|  |  |  |  |
| --- | --- | --- | --- |
| Name  | D.O.B  | Relationship  | Immigration status  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

LOCAL CONNECTION

ACCOMMODATION PROVIDED BY CHILDRENS SERVICES (*Please list all accommodation/placements).*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Address including postcode*  | *Type of accommodation*  | *Moving in date* | *Date moved out*  | *Reason for leaving*  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

PREVIOUS HOUSING HISTORY (last 2 Years Prior to Children’ Services Accommodation/Placements).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Address including postcode*  | *In what capacity did they live there?*  | *Moving in Date*  | *Date moved out*  | *Reason for leaving*  | *Name and Address of Landlord*  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

ESTABLISHED CONNECTIONS

*What networks and connections has the family established in the area where they are currently living:*

PRESENT EMPLOYMENT/COLLEGE/BENEFIT INFORMATION

|  |  |
| --- | --- |
| Employer: |  |
| Workplace address: |  |
| Wages per week/month: |  |
| College: |  |
| Hours: |  |
| Training Allowance/Bursary: |  |
| Benefits – please list: |  |

FAMILY ASSOCIATIONS

Does the applicant have any family living in the district/borough? Yes ☐ No ☐

|  |  |  |
| --- | --- | --- |
| Name and Address including postcode  | Relationship  | Length of time lived in borough/district  |
|  |  |  |
|  |  |  |
|  |  |  |

ADDITIONAL INFORMATION

|  |  |  |
| --- | --- | --- |
| *Are there any known significant issues within the household to be considered*  | *Please provide details*  | *Details of supporting agencies*  |
| Physical health  | Yes ☐No ☐ |  |  |
| Mental health  | Yes ☐No ☐ |  |  |
| Learning disabilities  | Yes ☐No ☐ |  |  |
| Drug or Alcohol  | Yes ☐No ☐ |  |  |
| Offending behaviour  | Yes ☐No ☐ |  |  |
| Support needs  | Yes ☐No ☐ |  |  |
| Cultural/Religious/Lifestyle considerations  | Yes ☐No ☐ |  |  |
| Anything else /other | Yes ☐No ☐ |  |  |

**SIGNED:..................................... DATE:……………………………**