**Appendix 3.2**

**Hertfordshire County Council, Children’s Services - District/Borough Council**

**Intentionally Homeless Families with Children – Referral/Notification Protocol**

**Referral/Notification to Children’s Services under the Children Act 1989 and in line with the Housing Act 1996**

|  |  |
| --- | --- |
| **Referring/Notifying Housing Authority:** |  |
| **Referring/Notifying Officer:** |  |
| **Contact Details (E-mail, phone and address):** |  |
| **Date of Referral:** |  |
| **Youngest Child’s Name:** |  |
| **Number of Children:** |  |
| **Parent’s/Child’s Present Address:** |  |
| **Primary Carer’s Contact Number:**  |  |
| **Type of Accommodation (Current):** |  |

**Household Composition:**

|  |  |  |
| --- | --- | --- |
| **Name (parents/children)** | **Relationship** | **D.O.B.** |
|  |  |  |
|  |  |  |
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|  |  |
| --- | --- |
| **Reason for Referral/Notification:** |  |
| **Consent gained from family to refer to Children’s Services and share information including supporting documentation?** | **Yes/No (delete as appropriate)****(please attached a signed copy)** |
|  |  |
| **Supporting Documentation:****Please attach copy of decision letter and any other documents used to assess intentionality/impact on the family.****Please list all supporting documents being submitted with this Referral/Notification:** |  |
|  |  |
| **Actions taken to identify alternative accommodation and/or those undertaken to address factors leading to the intentionality decision:** |  |
|  |  |
| **Date Required to Vacate Current Accommodation:** |  |
| **Date Deemed Intentionally Homeless:** |  |
| **Breach of Tenancy (Anti-social behaviour):** |  |
| **Breach of Tenancy (Rent Arrears, Level of Arrears):** |  |
| **Date of Last/Next Court Hearing or Review (if appropriate):** |  |
| **SIGNED:.....................................****DATE:………………………….…****Name and Contact Details – Housing Contact for Children’s Services to Liaise with:………………………………….……………………………………………….………...** |