**Referral to Sandwell’s Big Foster Family Housing Project**

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| --- | --- |
| Name of applicant/s |  |
| DOB:(both applicants if a couple) |  |
| National Insurance Number: |  |
| Current Address: |  |
| Current Accommodation:Private housingHousing AssociationCouncil |  |
| How many bedrooms |  |
| What is required: New Housing Support with Private Housing Support with Housing Association Larger property (bedroom space) AdaptationsExtension  |  |
| Any medical needs to be considered |  |
| Are the applicants currently registered with Sandwell Housing? |  |
| If Yes – provide application number |  |
| Child Name |  |
| LCS Number |  |
| Child’s legal status |  |

**Summary of current circumstances**

**Social work assessment/analysis of the impact of the housing need on the child**

**Signed:**

**Dated:**

**Email to:** Fostering\_HousingReq@sandwellchildrenstrust.org

**Head Email**: Referral Sandwell Big Foster Family Housing Project