|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Applicant First Names:**  **REVIVE REFERRAL FORM** | | | **Surname:** | |
|  | | |  | |
| **Address:** | | | | |
| **Postcode:** | | | | |
|  | | | | |
| **Applicant Date of Birth:** | | | | **Telephone:** |
| **Email:** | | | | |
| **Ethnic Background:** | | | | **Gender:** |
| **Is the applicant registered with one the local authorities listed below?**  *Please note that the list below is the list of LA’s we are currently working with. If the applicant lives in a borough area which is not displayed below, we will need to contact the relevant borough to gain the support for our scheme in order to work with their applicants.* | | | | |
| Bristol City Council  Broxbourne Borough Council  Hertsmere Council  LB Barking and Dagenham  LB Camden  LB Croydon  LB Ealing  LB Enfield  LB Hackney  LB Hammersmith & Fulham  LB Haringey  LB Harrow  LB Hillingdon  LB Islington  LB Lambeth  LB Lewisham  LB Merton | LB Newham  LB Redbridge  LB Tower Hamlet  LB Waltham Forest  LB Richmond  LB Wandsworth  Luton Borough Council  Manchester City Council  North Hertfordshire Council  Reading  Royal Borough of Greenwich  Royal Borough of Kensington and Chelsea  Royal Borough of Kingston Upon Thames  Slough Borough Council  Welwyn Hatfield Borough Council  Westminster City Council  Other, please inform: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Are you registered with Homefinder UK? YES / NO**  **Applicants can register at** [**www.homefinderuk.org**](http://www.homefinderuk.org)  Please note we are not able to process a referral until your applicant is registered on Homefinder UK. | | | | **Please provide Homefinder UK ID number here:** |
| **Who will be moving with you?**  Please provide date of birth and gender of children.  **Any other household member:** | | **Child 1:** Male / Female **DOB**  **Child 2:** Male / Female **DOB:**  **Child 3:** Male / Female **DOB:**  **Child 4:** Male / Female **DOB:**  **Gender:** Male / Female **DOB:**  Their relationship to you: | | |
|  | | |  | |
| **Reason for Referral**  **Please provide as much information as you can here:** | | | | |
| |  |  | | --- | --- | | Domestic Abuse |  | | Relationship Breakdown (partner) |  | | Gang Violence |  | | Trafficking |  | | Grooming |  | | In refuge needs accommodation |  | | Care leaver |  | | | | | |
| **Does the applicant have a support worker? YES / NO**  If so, please complete the information below: | | | | |
| |  |  | | --- | --- | |  | **Name, telephone and email address** | | **IDVA** |  | | **Mental Health Support Worker** |  | | **Social Worker** |  | | **Probation Officer** |  | | **Housing Support worker** |  | | **Any other agencies** |  | | | | | |
| **Is this applicant a MARAC case? Yes / No** | | | | |
| If Yes, please provide details of when the last MARAC meeting was? | | | | |
| **Areas applicant is willing to move to** | | | | |
| |  |  | | --- | --- | | NORTH EAST OF ENGLAND |  | | NORTH WEST OF ENGLAND |  | | WEST MIDLANDS |  | | EAST MIDLANDS |  | | SOUTH WEST OF ENGLAND |  | | SCOTLAND |  | | PLEASE NOTE WE DO NOT HAVE STOCK SUPPLY IN LONDON VERY OFTEN | x |   **Other areas willing to consider:** | | | | |
| **Referrer:**  **Contact Telephone / email:** | | | | **Date of referral:** |

**Email this form back to:** [**revive@homefinderuk.org**](mailto:revive@homefinderuk.org) **If you need to speak to someone on the REVIVE Team please call 0207 823 1072 or you can visit our website** [**www.homefinderuk.org**](http://www.homefinderuk.org)

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| **For HFUK office use only:** | **Case Manager:** | **Date received:** |