

REVIVE REFERRAL FORM

| Applicant First Names: | Surname: | | | | |
|--|---|--|--|--|--|
| Address: | | | | | |
| | Postcode: | | | | |
| Applicant Date of Birth: | Telephone: | | | | |
| Email: | | | | | |
| Ethnic Background: | Gender: | | | | |
| Is the applicant registered with one the I | ocal authorities listed below? | | | | |
| | 's we are currently working with. If the applicant lives in a borough | | | | |
| _ | ed to contact the relevant borough to gain the support for our | | | | |
| scheme in order to work with their applicants. | | | | | |
| | | | | | |
| ☐ Bristol City Council | LB Newham | | | | |
| ☐ Broxbourne Borough Council | □LB Redbridge | | | | |
| ☐ Chelmsford City Council | LB Tower Hamlet | | | | |
| ☐ LB Barking and Dagenham | ☐ LB Waltham Forest | | | | |
| □LB Camden □LB Croydon | □ LB Richmond | | | | |
| □LB Croydon □LB Ealing | □LB Wandsworth | | | | |
| ☐ LB Enfield | ☐ Luton Borough Council☐ Manchester City Council | | | | |
| ☐LB Hackney | □ North Hertfordshire Council | | | | |
| ☐ LB Hammersmith & Fulham | Reading | | | | |
| ☐LB Haringey | ☐ Royal Borough of Greenwich | | | | |
| ☐LB Harrow | ☐ Royal Borough of Kensington and Chelsea | | | | |
| □LB Hillingdon | ☐ Royal Borough of Kingston Upon Thames | | | | |
| ☐LB Islington | ☐Slough Borough Council | | | | |
| □LB Lambeth | ☐ Welwyn Hatfield Borough Council | | | | |
| ☐ LB Lewisham | ☐Westminster City Council | | | | |
| ☐LB Merton | ☐Other, please inform: | | | | |
| Are you registered with Homefinder UK? | YES / NO Please provide Homefinder UK ID number | | | | |
| Applicants can register at www.homefin | | | | | |
| | | | | | |
| Please note we are not able to process a | referral until | | | | |
| your applicant is registered on Homefinde | | | | | |
| your applicant is registered on fromelinat | ET OK. | | | | |
| | | | | | |
| | | | | | |
| Who will be moving with you? | Child 1: Male / Female DOB | | | | |
| Please provide date of birth and gender | Child 2: Male / Female DOB: | | | | |
| of children. | Child 3: Male / Female DOB: | | | | |
| | Child 4: Male / Female DOB: | | | | |
| Any other household member: | Gender: Male / Female DOB: | | | | |
| | | | | | |
| | Their relationship to you: | | | | |
| | | | | | |



| Please prov | | on for Refe | rral ion as you can | horo: |
|---|---------------|-------------|------------------------|------------------------|
| Domestic Abuse | ide as illuc | | ion as you can | nere. |
| 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: | | | | |
| ii so, please complete the information | below. | Name, tele | ohone and email a | nddress |
| | | | | |
| IDVA | | | | |
| Mental Health Support Worker | | | | |
| Social Worker | | | | |
| Probation Officer | | | | |
| Housing Support worker | | | | |
| Any other agencies | | | | |
| Is this applicant a MARAC case? | | | | |
| If Yes, please provide details of who | en the last M | 1ARAC meet | ing was? | |
| Areas | applican | t is willin | g to move to |) |
| NORTH EAST OF ENGLAND | | Other area | as willing to co | nsider: |
| 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 | х | | | |
| PLEASE NOTE WE DO NOT HAVE STOCK | х | | Date of referr | al: |
| PLEASE NOTE WE DO NOT HAVE STOCK SUPPLY IN LONDON VERY OFTEN | х | | Date of referr | al: |
| PLEASE NOTE WE DO NOT HAVE STOCK SUPPLY IN LONDON VERY OFTEN Referrer: | | ruk.org If | | |
| PLEASE NOTE WE DO NOT HAVE STOCK SUPPLY IN LONDON VERY OFTEN Referrer: Contact Telephone / email: | homefinde | | you need to sp | peak to someone on the |