

REVIVE REFERRAL FORM

Applicant First Names:	Surname:		
Address:			
	Postcode:		
Applicant Date of Birth:			
Telephone:			
Email:			
Ethnic Background:	Gender:		
<p>Is the applicant registered with one the local authorities listed below? <i>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.</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; border: none;"> <input type="checkbox"/> Bristol City Council <input type="checkbox"/> Broxbourne Borough Council <input type="checkbox"/> Chelmsford City Council <input type="checkbox"/> LB Barking and Dagenham <input type="checkbox"/> LB Camden <input type="checkbox"/> LB Croydon <input type="checkbox"/> LB Ealing <input type="checkbox"/> LB Enfield <input type="checkbox"/> LB Hackney <input type="checkbox"/> LB Hammersmith & Fulham <input type="checkbox"/> LB Haringey <input type="checkbox"/> LB Harrow <input type="checkbox"/> LB Hillingdon <input type="checkbox"/> LB Islington <input type="checkbox"/> LB Lambeth <input type="checkbox"/> LB Lewisham <input type="checkbox"/> LB Merton </td> <td style="width: 50%; vertical-align: top; border: none;"> <input type="checkbox"/> LB Newham <input type="checkbox"/> LB Redbridge <input type="checkbox"/> LB Tower Hamlet <input type="checkbox"/> LB Waltham Forest <input type="checkbox"/> LB Richmond <input type="checkbox"/> LB Wandsworth <input type="checkbox"/> Luton Borough Council <input type="checkbox"/> Manchester City Council <input type="checkbox"/> North Hertfordshire Council <input type="checkbox"/> Reading <input type="checkbox"/> Royal Borough of Greenwich <input type="checkbox"/> Royal Borough of Kensington and Chelsea <input type="checkbox"/> Royal Borough of Kingston Upon Thames <input type="checkbox"/> Slough Borough Council <input type="checkbox"/> Welwyn Hatfield Borough Council <input type="checkbox"/> Westminster City Council <input type="checkbox"/> Other, please inform: _____ </td> </tr> </table>		<input type="checkbox"/> Bristol City Council <input type="checkbox"/> Broxbourne Borough Council <input type="checkbox"/> Chelmsford City Council <input type="checkbox"/> LB Barking and Dagenham <input type="checkbox"/> LB Camden <input type="checkbox"/> LB Croydon <input type="checkbox"/> LB Ealing <input type="checkbox"/> LB Enfield <input type="checkbox"/> LB Hackney <input type="checkbox"/> LB Hammersmith & Fulham <input type="checkbox"/> LB Haringey <input type="checkbox"/> LB Harrow <input type="checkbox"/> LB Hillingdon <input type="checkbox"/> LB Islington <input type="checkbox"/> LB Lambeth <input type="checkbox"/> LB Lewisham <input type="checkbox"/> LB Merton	<input type="checkbox"/> LB Newham <input type="checkbox"/> LB Redbridge <input type="checkbox"/> LB Tower Hamlet <input type="checkbox"/> LB Waltham Forest <input type="checkbox"/> LB Richmond <input type="checkbox"/> LB Wandsworth <input type="checkbox"/> Luton Borough Council <input type="checkbox"/> Manchester City Council <input type="checkbox"/> North Hertfordshire Council <input type="checkbox"/> Reading <input type="checkbox"/> Royal Borough of Greenwich <input type="checkbox"/> Royal Borough of Kensington and Chelsea <input type="checkbox"/> Royal Borough of Kingston Upon Thames <input type="checkbox"/> Slough Borough Council <input type="checkbox"/> Welwyn Hatfield Borough Council <input type="checkbox"/> Westminster City Council <input type="checkbox"/> Other, please inform: _____
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<p>Are you registered with Homefinder UK? YES / NO Applicants can register at www.homefinderuk.org</p> <p>Please note we are not able to process a referral until your applicant is registered on Homefinder UK.</p>	<p>Please provide Homefinder UK ID number here:</p>		
<p>Who will be moving with you? Please provide date of birth and gender of children.</p> <p>Any other household member:</p>	<p>Child 1: Male / Female DOB:</p> <p>Child 2: Male / Female DOB:</p> <p>Child 3: Male / Female DOB:</p> <p>Child 4: Male / Female DOB:</p> <p>Gender: Male / Female DOB:</p> <p>Their relationship to you:</p>		

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		Other areas willing to consider:
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	
Referrer:		Date of referral:
Contact Telephone / email:		

Email this form back to: 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

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