



"Quality Living from The Team That Cares"

Referral Form

Date of referral:			
Customer Information			
Full Name:	Contact number:		
	NI number:		
	Which benefits are currently in place?		
Preferred Name:	NHS number:		
Current address / usual location:	Date of birth:	Age:	Gender:
	Ethnicity:	Religion/Faith:	
	Marital Status:	Dependents/children:	
How to make contact (e.g., via friend, meet at drop-in, probation appointment etc.) – best day and time			
Current housing situation			
Provide brief history of homelessness			
Nexus Housing is for people who have experienced long-term or repeated homelessness or who have a clear trajectory towards rough sleeping			
Explain why other homelessness services are not suitable			
Nexus Housing is for people for whom traditional homelessness services are not suitable or effective			
What does the customer want?			
Nexus Housing is for people who want a tenancy, and who want to work with the Nexus Housing team			
Are there any statutory duties (e.g., Care Act, homelessness duty, mental health care co-ordination)			

Multiple needs criteria – please provide details			
Nexus Housing is for homeless people with multiple needs			
Substance misuse		Mental health needs	
Offending		Physical health needs	
Experience of domestic abuse		Serially excluded from services	
Risk Information			
Risk	Yes	No	Details
To self			
To others			
From others			
Other Risks			
Accommodation needs:			
E.g., Does the customer need an adapted property or level access? Specific locations? Do they have a pet?			
Agencies involved	Contact Name		Contact number:
Housing Needs Officer			
Drug/alcohol service			
GP			
Probation			
Mental health			
Other			
Other			
Any other information			

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Date:

I agree to the above information being shared and discussed with Nexus Housing Ltd for the purpose of my referral.

Customer Signature:

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Referrer Information Name of referrer: Organisation/Agency name and address:	 Job Title:

Contact number(office):

Mobile number:

Email:

Referral discussed with Housing First champion (please state name):

Please complete all sections

Please send this completed referral form to Amk@nexushousing.net to be discussed at the next referral prioritising meeting

Contact the Nexus Housing team on 0121 688 1646 with any queries

