



Client Referral Form - Supported Housing

Important Information: Please complete in as much detail as possible...

Referral Date:	
Placing Authority's Reference:	

Client Full Name:	
Service Required:	
Date of Birth:	
National Insurance No:	
Children's Act Section:	
Immigration Status:	

Social Worker (SW):	
SW Email:	
SW Contact No:	
Placing Authority (PA):	
PA Contact No:	
PA Address:	
Placement Start Date:	
Projected End Date:	

Solicitors:	
Solicitors Address:	
Solicitor Contact Number:	
Solicitor Email Address:	

Client History: Please complete in as much detail as possible...

1. Family	
2. Placement Reason:	
3. Placement History:	
4. Health Status: (Include any regular prescribed medication)	
5. Education:	
6. Employment/Training:	
7(a) Ethnicity:	
7(b) Religion:	
7(c) Communication Needs:	
8. Interests & Hobbies:	
9. Violent Incidents:	

10. Criminal Record:	
11. Pending Cases:	
12. Benefits or Income:	
13. Specific Requirements:	
14. Comments: (Any other relevant information)	

Service Fee Details:

Please complete in full

Accommodation Fee: (Specify Weekly or Nightly)	
Support Hours per Week	
Subsistence per Week	
Purchase Order No:	
Authorised By:	
Email Address:	
Contact Number:	
Invoice Address:	

Referrer:

Referring Officer:	
Signature:	
Date:	

OTCS Assessment Officer:	
Signature:	
Date:	