



ADUR DISTRICT COUNCIL



WORTHING BOROUGH COUNCIL



DUTY TO REFER FORM

Details of organisation and person making the referral:

Organisation:

Name: Date:

Phone: Email:

1. Name of person being referred:

Are they known by any other name? If so, please state:

2. Current address:

.....

Phone: Email:

3. Details of the household:

Full name (Title, Forename, Surname)	Relationship to applicant	Do they live with the applicant?	Gender	Date of birth (Day, Month, year)
	Applicant			

4. What is their local connection to the receiving Council?

(e.g. residence, employment, immediate family)?

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5. Why are they homeless or threatened with homelessness?

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CONSENT AND DECLARATION	
<i>Person being referred</i>	I,
<ul style="list-style-type: none">- consent to this information being passed to (Council name) and give them permission to obtain and share confidential information about me and my household, providing it is needed to investigate and assess my housing situation.- declare that all of the information given is true and correct in all respects.	
Signature	Date

<p>Please send this Referral form by email to the relevant Council as below:</p> <p>dutytorefer@adur.gov.uk dutytorefer@arun.gov.uk dutytorefer@chichester.gov.uk dutytorefer@crawley.gov.uk dutytorefer@midsussex.gov.uk dutytorefer@worthing.gov.uk</p> <p>You will receive an acknowledgement within 48 hours.</p>
