

## REFERRAL TO HOUSING WELFARE SERVICES

Please mark Private and Confidential and return to:

Housing Welfare Officer. County Hall, Marine food, Dun-Laoghaire. Co Dublin

### Referral Information

Nome & Title of Referrer: \_\_\_\_\_

Contact Details: Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Origination: \_\_\_\_\_

### Client Details

Name: \_\_\_\_\_ Dote of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ P.P.S.N. \_\_\_\_\_  
 \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Mobile: \_\_\_\_\_

Tenure Type:	Local Authority Tenant	YES	NO
(please circle)	IRAS	YES	NO
	Prlvote0ented	YES	NO
	Other (pleases pacify)	YES	NO

### Family Composition

Spouse / Partner \_\_\_\_\_ No. of Dependents \_\_\_\_\_

<i>Name</i>	<i>O.O.B.P.P.S.N.</i>	<i>Relationship to Client</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is client aware of the referral to Housing Welfare

Yes \_\_\_\_\_ No \_\_\_\_\_

Has the client consented to the referral being made on their behalf

Yes \_\_\_\_\_ No \_\_\_\_\_

Reason for referral

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Family History

Anti Social History: YES \_\_\_\_\_ No \_\_\_\_\_ (If yes, please give details)  
(if known)

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Are there any health and safety issues applicable to staff?

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Social Work YES \_\_\_\_\_ No \_\_\_\_\_

(if yes, please specify which Agency (e.g. HSE, Tusla) & contact details)

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Any other agencies (please supply contact details if known)

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Desired Outcome / Expectations of Referral to Housing Welfare Officer

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Additional information / comments, if any.

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Signed \_\_\_\_\_

Dole \_\_\_\_\_

