

REFERRAL TO HOUSING WELFARE SERVICES

Referrer's Details

Name	
Position and Organisation	
Address	
Phone Number	
Email address	
Client's Consent Signed	Yes <input type="checkbox"/> No <input type="checkbox"/>

Client's Details

Name			
Address			
Date of Birth			
Phone Number			
Email Address			
Current Accommodation	Local Authority	<input type="checkbox"/>	since
	RAS	<input type="checkbox"/>	since
	Private Rented	<input type="checkbox"/>	since
	HAP	<input type="checkbox"/>	since
	Other	<input type="checkbox"/>	since

Family Composition

Name	DOB	Relation to individual	Living with individual

Other agencies/supports involved

Agency/Organisation	Professional's Name	Phone Number	Email Address

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Reasons for Referral

Desired Outcomes/Expectations

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Additional information

- | | | | | | |
|-----------------------|--------------------------|----------------------|--------------------------|--------------------------|--------------------------|
| Challenging behaviour | <input type="checkbox"/> | Addiction | <input type="checkbox"/> | Language Barrier | <input type="checkbox"/> |
| Physical Disability | <input type="checkbox"/> | Mental Health Issues | <input type="checkbox"/> | Health and Safety Issues | <input type="checkbox"/> |
| Unwilling to engage | <input type="checkbox"/> | Poverty | <input type="checkbox"/> | Sensory Issues | <input type="checkbox"/> |
| Homelessness | <input type="checkbox"/> | Domestic Violence | <input type="checkbox"/> | Adult Safeguarding Issue | <input type="checkbox"/> |

Signature of the referring person:	
Date:	

Consent

I _____ give permission to _____
 (name of person completing the referral) to discuss and share information relating to my housing query with Dun Laoghaire – Rathdown County Council.

I also consent to Dun Laoghaire – Rathdown County Council to seek and share further information relating to my housing query with the above services.

This is in accordance with GDPR and Data Protection Act 2018. I understand that I can withdraw this consent at any point, but this may result in limitation of provision of services.

Date: _____

Signed: _____

Witnessed: _____

Applications without signed consent will not be processed.

Completed referral forms can be emailed to housingwelfare@dlrcoco.ie or posted to

Housing Welfare Officer, Dun Laoghaire Rathdown County Council, County Hall, Marine Road, Dun Laoghaire A96K6C9