



THE ROYAL BOROUGH OF  
**KENSINGTON  
AND CHELSEA**

## DUTY TO REFER

**all sections in bold must be completed**

**Referring Public Sector or voluntary sector organisation details (to be completed by the referring organisation):**

**Name and position of Referrer:**

**Email address:**

**Telephone number:**

**Mobile telephone number:**

**Will you continue to have contact with this client post referral? Yes/No** (please circle)

Contact details of advocate or key contact if different to above:

**Name and position of Advocate:**

**Email address:**

**Telephone number:**

**Mobile telephone number:**

**Client Details:**

<b>First name:</b>	<b>Last name:</b>	
<b>Title:</b>	<b>Date of birth:</b>	
<b>Telephone number:</b>	<b>Email address:</b>	
<b>Preferred method of contact?</b>		
National Insurance Number:	Preferred language? Is an interpreter required? Y/ N	
Client's current location (full name and address of hospital ward, prison, social care location, institution, school, probation location, GP practice, police location etc.):		
Date due for discharge, release etc. (if applicable):		
1. Current residential address (or last known residential address if currently homeless):		
2. Please describe their current or most recent residential accommodation. For example, do they have a tenancy or are they staying with family or friends? If so who?		
Current Accommodation type (please circle):		
Owner occupier	Private renter	Council tenant
Housing association tenant (provide name of housing association) _____		
Living with parents	Staying with friends/family	Sleeping rough
Hostel	Night shelter	
Other (please specify) _____		

3. Is your client homeless or at risk of losing their home; if so why?

4. Describe the issues that they are experiencing in their current accommodation and any steps they have taken to try to resolve this.

5. What support would they like to receive from the Council? For example, a rent deposit to secure private rented accommodation, or a referral to a hostel for workers?

6. Does your client, or anyone else who would normally live with them have any needs that affect the type of property that they can live in? For example, do they need somewhere with a lift or minimal stairs to access the property?

7. Are there any support needs that we should be aware of? For example, do they need language support or support to manage money including benefits?

8. Why have they chosen to be referred to this local authority?

Please indicate if any of the following are relevant:

Current resident

Previous resident (provide address): \_\_\_\_\_

Other family association (describe): \_\_\_\_\_

Parent or sibling in area (provide details of relationship to client and address):

\_\_\_\_\_

\_\_\_\_\_

Rough sleeping in area (sleeping where):

\_\_\_\_\_

Employed in the area (provide employer's name and address):

\_\_\_\_\_

\_\_\_\_\_

Other (please explain): \_\_\_\_\_

\_\_\_\_\_

9. Is the client in receipt of any benefits? Yes / No (please indicate which ones, including any PIP payments)

**Consent to release information: (to be signed by the client)**

**I agree for information on this form to be released to Kensington and Chelsea Council's Housing and Homelessness Assessment Team for the purpose of obtaining advice, homelessness assistance and support regarding my housing needs.**

**I agree to the Council contacting me regarding this.**

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Returning the form:**

Please send this form securely to [dutytorefer@rbkc.gov.uk](mailto:dutytorefer@rbkc.gov.uk)

If you do not have automatic encryption or a secure email address you will need to send this form with password protection and then send a second email with the password. Please make it very clear which referral your password relates to if you are sending multiple referrals.

Alternatively, you can post it to the following address:

Duty to Refer – Housing and Homelessness Assessment Team  
Royal Borough of Kensington and Chelsea  
Town Hall  
Hornton Street  
London W8 7NR

Telephone number: 020 7361 3982

Opening times: Monday to Friday 9am to 5pm

Internal Only:

Date referral received:

Referral received and actioned by:

Matter Closed (insert date):