

# London Gypsy and Traveller Unit Accommodation Advice Service Referral Form

**Is the client** (Tick all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Vulnerable elderly (age 55 years +)          | <input type="checkbox"/> Unable to manage in home  |
| <input type="checkbox"/> Person with mental health problems           | <input type="checkbox"/> Fleeing domestic violence |
| <input type="checkbox"/> Person with learning difficulties            | <input type="checkbox"/> Person with HIV/AIDS      |
| <input type="checkbox"/> Person with a physical or sensory disability | <input type="checkbox"/> Refugees/asylum seekers   |
| <input type="checkbox"/> Person with alcohol problems                 | <input type="checkbox"/> Person with drug problems |
| <input type="checkbox"/> Offender or person at risk of offending      | <input type="checkbox"/> Other (please state)      |

**If you have not ticked any and are sure that this person should be referred to LGTU, contact Geraldine on 020 8533 2002 for advice**

**What support needs does the client have?** (Tick all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Alcohol (mis) use (current)              | <input type="checkbox"/> Language/literacy              |
| <input type="checkbox"/> Alcohol (mis) use (previous)             | <input type="checkbox"/> Mild mental health problems    |
| <input type="checkbox"/> Basic life skills                        | <input type="checkbox"/> Mild learning difficulties     |
| <input type="checkbox"/> Befriending/loneliness/isolation         | <input type="checkbox"/> Never lived independently      |
| <input type="checkbox"/> Budgeting debt/money advice              | <input type="checkbox"/> Offending history              |
| <input type="checkbox"/> Personality/behavioural disorder         | <input type="checkbox"/> Drug (mis) use (current)       |
| <input type="checkbox"/> Relationship breakdown                   | <input type="checkbox"/> Drug (mis) use (previous)      |
| <input type="checkbox"/> Sexuality issues                         | <input type="checkbox"/> Move-on into sheltered housing |
| <input type="checkbox"/> History of neighbour nuisance            | <input type="checkbox"/> Victim of violence/harassment  |
| <input type="checkbox"/> Homeless/transient accommodation history | <input type="checkbox"/> Assistance with tenancy        |
| <input type="checkbox"/> Other _____                              | <input type="checkbox"/> Mobility/Physical Disability   |

## Section 2 General Details

Please give as much information as you can about the person you are referring.

Date of referral \_\_\_\_\_

Full name of tenant \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Post Code \_\_\_\_\_

Telephone No. \_\_\_\_\_

Type of tenancy Secure  Assured

Date of Birth \_\_\_\_\_

Ethnicity \_\_\_\_\_

First Language \_\_\_\_\_

Interpreter required? Yes  No

Has the tenant agreed to the referral Yes  No

If not, please state reason \_\_\_\_\_

Last contact with tenant \_\_\_\_\_

**Housing Officer (Name)** \_\_\_\_\_ **Telephone** \_\_\_\_\_

### Section 3 Support Issues

What are your *immediate* concerns and reason for this referral?

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If you want to add more details about the tenant's additional support needs (e.g. physical/sensory disability, mental health needs etc?) use this section

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What other support does the tenant receive (e.g. do they have a social worker, community psychiatric nurse, GP; family/friends/carers?)? Please give contact details.

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### Section 4 Risk

Is the tenant at risk of losing their home? If so, why?

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Is the Landlord taking legal action against them?

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Is the tenant a risk to themselves or others? (i.e. Do they have a history of falls, challenging behaviour or self-harm? )

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**Other/Additional information**

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## Section 5 Referral Details

Name of person making the referral: \_\_\_\_\_

Job title: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Section 6 To be completed by the Service Provider

Date received: .....

Date Assessed.....

Referral Accepted Yes  No

If not, please state  
why.....

### PRIORITY

A1	A2	B1	B2	C
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Please return to: Geraldine Lindsay, London Gypsy and Traveller Unit, 6  
Westgate Street, Hackney E8 3RN,  
Fax to: 020 8533 7110 or email to [glindsay@lgtu.org.uk](mailto:glindsay@lgtu.org.uk)