

# SMARTMOVE REFERRAL FORM

Registered Charity No. 1071945 ~ Limited Company No. 3635743  
Exeter Homeless Action Group, The Palace Gatehouse, Palce Gate, Exeter Ex1 1HX  
Tel: 01392 430228



Please complete this form as **fully as possible with your client**, and forward it to SmartMove. Please also complete the attached Risk Assessment. We will use the information to decide whether to interview your client. We will contact them either way. Completion of this form does not indicate acceptance on to the scheme. *Thank you.*

**Date** ...../...../..... **Worker** .....

**Agency** ..... **Agency tel** .....

## APPLICANT DETAILS

**Name** ..... **DOB** ...../...../..... **Age** .....

**NI No** .....-.....-.....-..... **Telephone Number** .....

**Current Accommodation** Address, dates, type of tenancy, rent, why do you need to move?

**Accommodation History** Details of last 5 years, including type of tenancy, dates, reasons for leaving, rent arrears.

**Financial** Details of employment, net weekly income, length of employment. Or type and weekly amount of benefits received. Are your finances likely to change?

**Tell us about your savings.**

**Have you been in any form of debt?** How much? How did you deal with this, are there still outstanding debts?

**Have you ever been in rent arrears?** Why? How much? How did you deal with this, do you still have arrears?

**Physical Health** Give details of past or current health problems, including any treatments and medication.

**Mental Health** Details of past or current problems or diagnosis. Do you or have you experienced depression, anxiety, self harm etc? Have you had contact with mental health services, CPN, support services? Where, when and for how long?

**Drugs and Alcohol** Do you, or have you ever used drugs or alcohol? Did you receive help or support?

**Social Support** Do you have family/friends/partner? Is there contact?

**Legal Position** Detail involvement with police, courts, probation and prison with dates. List any convictions and outstanding matters.

**Please use this space to provide any other information you would like us to know.**

**Do you agree with us contacting any other agency working with you for information, if we feel this is necessary? YES  NO**

Who can we contact? Please provide name and contact details.

**Declaration**

I authorise the disclosure of any information which may be reasonably asked for in connection with my application to SmartMove. All the answers and information I have given on this form are true to the best of my knowledge.

**Signed** ..... (client)

**For monitoring purposes only, we would be grateful if you would answer the following questions. These will not be used in the assessment process. You do not have to answer.**

**How would you describe your ethnic origin:**

**How would you describe your sexuality:**