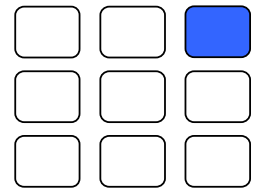


guildford action

Housing Support

Website: www.surreycommunity.info/guildfordaction

Email: gaf@guildfordaction.org.uk



Housing Support Referral Form

Referrer Details

Name: Address:	Team:
Telephone Number: Mobile Number: Email Address:	Job Title:
	Statutory/ Voluntary Sector *circle as appropriate

Referral Details

Address:	First Name:
	Surname:
	Previous Surnames (if applicable):
	Date of Birth:
	Number of Dependants:
Telephone Number: Mobile Number: Email Address:	

Reasons for Referral

Family Profile

Name	Relationship	Date of Birth	Male or Female (M/F)	Ethnicity



family support



drop in centre • 01483 533942



central office

Jacobs Yard, Woodlands Road, Guildford, Surrey, GU1 1YN

Registered Charity No. 1078721 Registered Company No. 3767533

Is this case open to your agency? _____

In your opinion does anyone in the home pose any risk to any GAF Worker?

Amount of rent arrears to date (date of statement if Poss) _____

Type of Tenancy Agreement Shorthold/ Assured etc _____

Housing Benefit Reference Number _____

Council Tax Reference Number _____

Homechoice Bidding Reference Number _____

Please give the following details of other agencies involved?

	Name	Telephone/ email	Address
Social Worker			
CPN			
Health Visitor			
GP			
Housing Officer			

What would the client like from the GAF?

Signed: _____ Date: _____

Please return to the GAF Manager, Jacobs Yard, Woodlands Road, Guildford, Surrey, GU1 1YN

GAF Use Only
1st Visit _____ Housing Support
Worker _____

Additional Needs Identified

Plan _____

 family support

 drop in centre • 01483 533942

 central office