**Ripleyville Closure Referral**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Accent Officer** | **Ziyaa Ur Rahmaan** | | | **Contact Number** | | 0345 678 0555 |
| **Applicant’s Details** | | | | | | |
| **Applicant’s Name** | |  | | | | |
| **Address** | |  | | | | |
| **DOB** | |  | **National Insurance No.** | |  | |
| **Phone** | |  | **Email** | |  | |
| **Pregnant?** | | **Yes / No** | **If yes, due date?** | |  | |
| **Partner Name:** | |  | **Partner Dob:** | | **Partner Nino:** | |
|  | |  |  | | | |
| **Resident Children? Names and DOB** | | |  | | | |
| **Nationality of Customer**  **Nationality of Partner (if applicable)**  **\*\*\* eligibility checks may be required in some cases with residency visas \*\*\*** | | |  | | | |
|  | | |  | | | |
| **Scheduled demolition date for this block** | | |  | | | |
|  | | |  | | | |
| **Are they under any existing NTQ or Possession Proceedings for other reasons?** | | |  | | | |
|  | | |  | | | |
| **What is their economic status**  Worker, state benefits, other | | |  | | | |
| **What is their income?** | | |  | | | |
|  | | |  | | | |
| **Do they consider themselves as disabled?** | | | **Yes / No** | | | |
| **Any current adaptions in their property?**  **Would adaptions be required in any new accommodation?**  **Please advise on what type** | | |  | | | |
|  | | |  | | | |
| **Are you aware of or are there any self declared issues relating to any of the following:** | | |  | | | |
|  | | |  | | | |
| **Physical Health** | | | **Yes / No** | | | |
|  | | |  | | | |
| **Mental Health** | | | **Yes / No** | | | |
|  | | |  | | | |
| **Substance Misuse** | | | **Yes / No** | | | |
|  | | |  | | | |
| **Domestic Abuse** | | | **Yes / No** | | | |
|  | | |  | | | |
| **Offending behaviour** | | | **Yes / No** | | | |
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| **Client Consent** | | | | | | |
| **“I have checked the information on this form and agree that it is accurate. I understand and consent to the information on this form to be shared with other organisations and services which may be able to assist me and support me with my housing and support needs.”** | | | | | | |
| **Signature:** | | | **Date:** | | | |

Please complete in full, obtain the customer’s consent and return to:

[housingoptions@bradford.gov.uk](mailto:housingoptions@bradford.gov.uk)

Housing Options Service

Britannia House

Hall Ings

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