**CLIENT DETAILS**

Justlife aims to help people’s experience of housing vulnerability be as short, safe and healthy as possible. We do this through supporting people with intensive support on a short to medium term basis, through a crisis, to get back on their feet and gain the skills and resilience to move on from homelessness.

Our Service:

Justlife are funded to provide support to the ‘hidden homeless’ living in unsupported temporary accommodation. Our priority is adults living in unsupported temporary accommodation. Through key work activities the frontline team support people to:

1. Improve their health and wellbeing.
2. Improve their social capital by engaging with services and community.
3. Improve their housing and financial opportunities.
4. Be part of systems change by creating a space for client voice and working towards wider policy change and UTA awareness.

Referral Process:

Referrals are prioritised from landlords of UTA, but we also accept referrals from any day centre, agency or self-referral.

Please complete as much information as you can on the form and email to [support@justlife.org.uk](mailto:support@justlife.org.uk) attaching a risk assessment and other relevant information. We aim to respond to all referrals within 2 working days.

|  |  |
| --- | --- |
| Name: | Referral date: |
|  |  |
| Date of birth: | Gender: |
|  |  |
| NHS number & NI number: | Mobile Number: |
|  |  |
| Address: | When did they move in? |
|  |  |
| Previous housing history (e.g. supported, PRS, RSL, rough sleeping): | Have they served in the forces? |
|  |  |
| Next of Kin details: | |
|  | |
| Has the client agreed to the referral? | Is there a risk assessment attached? |
| YES/NO | YES/NO (If no please complete ‘Known risks’ section below) |

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| --- |
| Which service are you referring the client for? |
| Frontline Work  Targeted Referrals Project  Unsupported Temporary Accommodation Action Group (UTAAG) |

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| What support does the client need? (For Frontline Work and Targeted Referrals please be as specific as possible) |
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| --- |
| What other support is the client receiving and from whom? |
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| --- |
| Known risks? (If no risk assessment attached) |
|  |

**REFERRER’S DETAILS**

|  |  |
| --- | --- |
| Name: | Agency: |
|  |  |
| Email address: | Phone number: |
|  |  |

**Please email to support@justlife.org.uk**