



REFERRAL FOR FLEXI CARE HOUSING

Name:	Date of Birth:
Permanent Address:	Temporary Address:
Phone number:	Phone number:
Next of Kin details :	
Name:	
Address:	
Post code:	
Telephone number:	
Email:	
Relationship:	
Present accommodation: (please tick as appropriate)	
DBC Tenant <input type="checkbox"/>	
Housing Association <input type="checkbox"/>	
Private Tenant <input type="checkbox"/>	
Owner/Occupier <input type="checkbox"/>	
Other (please specify)	
Flat <input type="checkbox"/> Bungalow <input type="checkbox"/> House <input type="checkbox"/>	
Other (please specify)	
If a flat, which floor it is on?	
Lifted?	

Has a housing application form been completed? Yes No
If 'No' please be advised that a move cannot proceed until this is completed
at <http://www.movingwithdacorum.org.uk/>

Has the applicants' present home been adapted for medical problems or a disability? Yes No

If yes, please describe:

Are you currently receiving care? Yes No

- Low (0-3hrs)
- Medium (3-10 hrs)
- High (10hrs and above)

Does the applicant have a social worker or other support worker?

If yes, please give details:

Has supporting information been received? Yes No

Please outline the applicants' support needs and why they would benefit from flexi care:

Has the referral been made with the tenants' consent? Yes No

Referral made by:

Name:
Address:

Relationship:
Phone number:

Signed:

Date:

Completed referral forms to be returned to:
**Paul Hunt, Dacorum Borough Council, The Forum, Marlowes,
Hemel Hempstead, Herts, HP1 1DN or
supported.housing@dacorum.gov.uk**