

**St Peter's Court
Supported Accommodation
Referral Form**



| | |
|--|--|
| Name: | Ref Date: |
| Date of Birth: / / Age: | Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Address: | Contact Telephone Number: |
| | Do you Currently Serve in HMF Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Post Code: | Which Service: Army <input type="checkbox"/> Navy <input type="checkbox"/> RAF <input type="checkbox"/> |
| Type of Accom: e.g. barracks, private rent | Regiment: |
| Ethnicity: | Service No: |
| Place of Birth: | Immigration status/docs held: |
| N.I. Number: | First language: (state if interpreter needed): |
| Marital status and any children: (Detail where children are living, if relevant) | |
| Special needs: (allergies, diet, health, medication, registered disabled etc) | |

| Income | |
|--|--|
| main source of income: (If on benefits which ones) | |

| Referral Source | |
|-----------------------------------|--|
| Name of agency and worker: | Address & telephone number: |
| | |

| Support Needs/Presenting Issues/Summary of Reasons for Referral (Continue on additional pages if required) |
|--|
| |

| | |
|----------------------|--------------|
| Completed by: | Date: |
| | |

Please email completed form to: tina.burrell@shaid.org.uk

Address: St Peters Court Sacriston Co. Durham Tel: 0191 3719813 Fax: 0191 3719813
Single Homeless Action Initiative in Durham Ltd is a registered company, number 3659370 and a registered charity,
number 1074505