# SDCC logo

# SOUTH DUBLIN COUNTY COUNCIL

# HOUSING WELFARE SOCIAL WORK SECTION

# REFERRAL FORM

# PLEASE TYPE OR PRINT IN BLOCK LETTERS AND COMPLETE ALL SECTIONS OF THE FORM

# *Please note that the housing welfare social work section is available to tenants of South Dublin County Council only.* Housing Welfare do not work with applicants {nor homeless applicants}, HAP recipients nor Approved Housing Body tenants {AHB tenants should be directed to their allocated AHB Housing Officer for assistance}.

# *A) Basic Information*

# 1) Client Name: 2) Address:

|  |  |
| --- | --- |
|  |  |

# 3) Contact Phone Number: 4) P.P.S Number:

|  |  |
| --- | --- |
|  |  |

# 5) D.O.B: 6) Housing Status (i.e. Sole or Joint Tenant)

|  |  |
| --- | --- |
|  |  |

# 7) Next of Kin: 8) Rent A/C No: (if known)

|  |  |
| --- | --- |
|  |  |

# 8) OCCUPANTS

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Relationship | DOB | PPS number |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# B) *Referral Summary*

# 1) Date of Referral: 2) Referred By & Job Title [PLEASE PRINT]:

|  |  |
| --- | --- |
|  |  |

# 3) Referrer’s Contact Number: 4) Email Address: [PLEASE PRINT]

|  |  |
| --- | --- |
|  |  |

# 5) Referral Category (Please tick the relevant category)

# SDCC Tenant with complex needs that affect their ability to manage their tenancy [ ]

# SDCC Tenant in rent Arrears [ ] / SDCC Tenant purchaser in loan arrears [ ]

# Other as per special request from SDCC management (Please Detail Below) [ ]

# 6) Details regarding referral and presenting issue

|  |
| --- |
|  |

**8) Is there any potential risk to staff (e.g. violence, aggression)?**

**Please detail:**

|  |
| --- |
|  |

**9) Please explain the nature of your involvement with this tenant(s):**

|  |
| --- |
|  |

**10) Other agencies involved:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Name** | **Organisation** | **Address/Phone Number** | **Nature of involvement** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**11) Tenants request for support and consent to information storage:**

**I agree to the following statements:**

* Staff from the Housing Welfare Section can contact me and/or the referrer to discuss referral.
* Housing Welfare Section staff can share and receive information about me with relevant section within the council/ senior management and/ or other agencies that are involved (or may need to be involved) in my case for the purpose of addressing my housing needs
* Housing Welfare Section can store information about me on their secure database as per the South Dublin County Council data retention policy

**Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please return via email to:** **dutysocialworker@sdublincoco.ie** **or by post to:** Duty Social Worker, Housing Welfare Section, South Dublin County Council, County Hall, Tallaght, Dublin 24.

**Referrals for Housing Welfare/Social Work Service are only accepted from other agencies and services (i.e. clients cannot refer themselves).**

***Incomplete referral forms cannot be accepted. Housing Welfare can only engage when informed consent from the tenant is provided.***