# Housing & Care Options referral form

Please return completed forms to HOOP@manchester.gov.uk

|  |  |
| --- | --- |
|  |  |
| **Referral by:** |  |
| Agency name |  |
| Date |  |
| Referrers name |  |
| Email |  |
| Phone |  |
|  |  |
| **Over 50’s client** |  |
| Name |  |
| D.O.B |  |
| NINO (national insurance number) |  |
| Gender |  |
| Address |  |
|  |  |
|  |  |
| Postcode |  |
| Telephone |  |
| Email |  |
| Present housing tenure. E.g. social housing, owner, private rented, homeless |  |
| Language/other communication requirements |  |
| Any disabilities |  |
|  | |
| **Contact person if different from older person** | |
| Name |  |
| Address |  |
|  |  |
|  |  |
| Postcode |  |
| Telephone (home) |  |
| Telephone (work) |  |
| Mobile |  |
| Email |  |
| Relationship to older person(s) |  |
| Power of Attorney /other legal information |  |
|  | |
| **Housing and/or Care Option requirements – please give details below.** | |
|  | |
| **Please state any known risk information regarding client/other people associated to this client.** | |
| **OFFICE USE ONLY** | |
| Housing & Care Options Advisor |  |
| Date |  |
| Outline of conclusion | |