



NCH Oldham Families Project
52 Cherry Avenue
Alt
Oldham OL8 2HS

Tel: Main office 0161 678 6377

Please keep a blank copy of this form, and take copies for future use.

Fax 0161 678 6651

NCH Oldham Families Project
Referral Form

Date of Referral

Referrer Details:

Name of Referrer

Referral Agency

Full postal address of Agency

.....

.....

Telephone Number

Family Details:

Name on Tenancy

Full postal address of Family

.....

.....

Telephone Number

Please ensure you complete all sections (or explain if not appropriate) of this referral, giving as much detail as possible. If you have any queries, please contact us on the above telephone number.

Legal Issues:

Has a NOSP been served? Yes / No

If yes, please give the date it was served:

Has an ASBO been issued to any member of the family? Yes / No

If yes, please give their name(s)
.....

Please give details of any other legal action:
.....
.....

Any rent arrears / rechargeable? Yes / No

How much is outstanding?

Is there any direct payment plan? Yes / No

If yes, please give details:
.....
.....

Other Agency Involvement:

Please detail any Education Welfare involvement with the family:
.....
.....

Please detail any Social Services involvement with the family:
.....
.....

Please detail any other relevant agency involvement, eg YOS / Probation etc:
.....
.....

Family's Expectations of the Project:

Has the project been fully explained, and are the family aware of the referral? Yes / No

Are the family in agreement with receiving support? Yes / No

What was the family's response to this referral being made?

.....
.....
.....

I /we agree to this referral, and to the information contained in this form being shared with Oldham Families Project. I / we understand that this will be treated confidentially, and only for the purpose of considering the referral.

Signature of Tenant Date

Name (please print)

NB If this section is **not** signed, please give reasons why not:

.....
.....

Where did you hear about our project?

.....
.....

Please note! Before sending in this referral, it is essential that you attach most recent reports (ie, Nuisance case file, Tenancy enforcement case file)

Thank you

Please return your completed referral form to:

Oldham Families Project
52 Cherry Avenue
Alt
Oldham
OL8 2HS

Or fax it to us on 0161 678 6651

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(NCH is registered under the Data Protection Act 1988)

