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**Asylum Seeker/Unsettled Migrant Referral Form**

We may be able to assist with Asylum Support matters, homelessness, destitution, disrepair and relocation requests. We cannot provide asylum or immigration advice or casework.

We may not be able to help in every case, but we will assess every referral and let you know what next steps we can take. We aim to respond to referrals within 5-10 working days.

If you are unable to complete parts of this form, please indicate that you do not have this information in the relevant box.

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| **Client name** |  | | | |
| **Email address** |  | | | |
| **Telephone number(s)** |  | | | |
| **Which methods can we use to contact your client?** | **Phone call  Text message/WhatsApp  Email**  **Any notes on contacting your client:** | | | |
| **Address**  Please include flat or room numbers where possible. | **Postcode:** | | | |
| **Current housing provider** |  | | | |
| **DOB** |  | | | |
| **Home Office reference number** |  | | | |
| **Port reference number** |  | | | |
| **Asylum support reference number** |  | | | |
| **National insurance number, if applicable** |  | | | |
| **Immigration status**  (If you or the client are unsure, please provide as much immigration history as possible) |  | | | |
| **Nationality** |  | | | |
| **Languages spoken** | **Does your client need an interpreter?  Yes  No** | | | |
| **What is your client’s gender?** | **Female  Male  Prefer not to say**  **Prefer to self-describe:** | | | |
| **Does your client have any health issues?**  Please include physical and mental health issues including any treatment they are receiving and medication they are taking. Medical evidence is likely to be relevant in all matters. |  | | | |
| **Please provide details of all medical professionals working with your client.** |  | | | |
| **Does your client have any dependents?** | **Name** |  | **DOB** | **Gender** |
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| **Does your client have an immigration solicitor?**  If yes, please provide contact information. |  | | | |
| **Please explain your client’s housing issue e.g. disrepair, relocation, Asylum Support application, Asylum Support appeal, Asylum Support delay destitution, homelessness.** |  | | | |
| **Please confirm your client has given their consent for you to refer and share their confidential information.**  **Yes  No** | | | | |
| **Referrer’s name** |  | | | |
| **Referrer’s job title and organisation** |  | | | |
| **Date of referral** |  | | | |

**Please attach all relevant documentation to this referral. Always include Home Office and medical evidence/documentation including bail forms, decision letters, GP patient summaries and appointment letters.**

**Please return this form to** [**housing@vauxhalllawcentre.org.uk**](mailto:housing@vauxhalllawcentre.org.uk)**.**