**Vulnerable Migrant Referral Form**

**We can assist with Asylum support matters, homelessness, destitution, disrepair matters and relocation requests. 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.**

|  |  |
| --- | --- |
| Client Name |  |
| Date of Birth |  |
| HO or Port Ref |  |
| National Insurance Number |  |
| Address |  |
| Immigration status |  |
| Nationality |  |
| Interpreter needed? Language required? |  |
| Health issues? |  |
| Dependants? (names and DoB and relationship) |  |
| Telephone number? |  |
| Email address |  |
| Immigration solicitor? Details if possible. |  |
| Health professional details (medical evidence is likely to be relevant in all matters)- include info of all medical professionals involved with client care: |  |
| Brief info of issue (disrepair? Relocation? Section 4 or 95 application? S.4 or 95 appeal? Asylum Support delay? Destitution? Homeless?) |  |
| Confirm client consent to refer and share confidential information? During Covid-19 restrictions we will not require their signature so simply confirm that you have obtained their consent to refer. |  |
| **Please attach all relevant documents to your referral email (if you don’t know yet what is relevant I can request these following triage of the case but include medical evidence and Home Office letters in each case)** | |