**Referral to DASS Destitution Adviser**

|  |  |
| --- | --- |
| **DASS will assist destitute asylum seekers with intensive and structured holistic advice in how to address their needs.**  **Where case evidence that has not previously been considered is indicated, clients will be referred to the legal project so that a full assessment can be made and research can be undertaken in support of a fresh asylum claim.** |  |

**Date:**

**Referral Organisation:**

**Contact Number:**

|  |  |
| --- | --- |
| **Client’s Details** |  |

**Name**:

**Asylum Support / H.O. Ref Number**:

**Date of Birth:**

**Gender:** Male [ ]  Female [ ]  If other, please specify …………………………………………..

**Family Status:** Married [ ]  Single [ ]  No. of children ………………………..

**Nationality:**

**Language**: **Interpreter:** No [ ]  Yes [ ]  More Complex Issues [ ]  Not Known [ ]

**Contact Number:**

**Address:**

|  |  |
| --- | --- |
| **Immigration Status** |  |

**Date of Arrival in the UK:**

**Asylum Status**: Appeal Rights Exhausted [ ]

**Type of asylum support last received:** Section 95 [ ]  Section 4 [ ]

**Date Support Stopped:**

**Current Solicitor / Legal Representative:**

|  |  |
| --- | --- |
| **Destitution & Vulnerability** |  |

**Where are you living?** Street Homeless [ ]  Staying with Friends [ ]  Couch Surfing [ ]  Night Shelter [ ]  Fasgadh [ ]  Other...........................

**Physical & Mental Health:** (Please detail any relevant information)

**Reason for Referral:** (What are the client’s expectations?)

**Type of Support Offered by Other Agencies Involved:** (Please detail any relevant information)

**Support from Family, Friends and other Social Connections:** (Please detail any relevant information)

 **Other Relevant Information:** (Please detail any relevant information)