**Referral to DASS Destitution Adviser**

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| --- | --- |
| **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)