

Referral Hub Acceptance / Refusal form

Service user Details

Name	
DOB	

Service Provider Details

Name of Service	
Address of Service	

Details

Please complete either of the sections below according to whether you are able to accept the service user or are having to decline their application

Provider Acceptance

Date Service provider received Referral Hub application	
Date Service has accepted	
Expected moving in date	

Provider Refusal

Date Service provider received Referral Hub application	
Date service has refused	

Reason for refusal (Please specify one reason)

Alcohol user		Applicant refused for other reason		Arson Convictions	
At risk of self harm		Client did not engage/lost contact		Client Refused	
Criminal Offences		Dependents		Drug User	
History of Violence		Living arrangements not suitable		No vacancies	
Other		Pets		Physical access problems	
Referred to another type of service		Support needs to high		Support needs to low	
Support not needed		Too expensive		Wrong client group	

Signed:

Date:

Once completed please sign and return to the Referral Hub either by Fax on 01803 208282, Email - Referralhub@torbay.gov.uk, or by Post - Referral Hub, Pearl Assurance House, 101 - 107 Union Street, Torquay. TQ1 3DW

