

# ENABLE HOUSING ASSOCIATION and ECHS

## REFERRAL/ENQUIRY FORM



Enable Housing Association Ltd  
Enable Care & Home Support Ltd

Any information provided on this form will be kept strictly confidential

**Date Received:**

**Referral No :**

**Details of Referral/Enquiry :**

**Name of Person Being Referred :**

**County :**

**Current Address :**

**Contact Telephone :**

**Referrer Details :**

**REQUIRES** (Please tick all relevant boxes)

General Housing Accommodation	Housing Advice	<input type="checkbox"/>
Supported Accommodation	Registered Care	<input type="checkbox"/>
Day Services	Information	<input type="checkbox"/>
Other (please specify)		<input type="checkbox"/>

**DATA PROTECTION :** Please note that the information on this form will be stored on a Referral Database for a maximum of 2 years, after which it will be erased.

**FOR OFFICE USE ONLY**

<b>ACTION TAKEN :</b>	<b>Passed To</b>	
<b>Letter declining sent :</b>	<b>Date Passed on to above</b>	
<b>Other Action :</b>	<b>Input onto Database</b>	<b>Ref:</b>