 

Airbnb.org Referral Form

Please note: The project supports families coming from Ukraine to the UK. Starting in September 2022, it will aim to arrange temporary accommodation for a maximum of 30 days for each household. Housing Justice Cymru will do its best to find a property that matches the household’s needs. However, we cannot guarantee we will be able to find accommodation for all referrals.

Please return completed referral forms to: **Ukraine.Airbnb@Housingjustice.org.uk**

**Local Authority** (Please provide contact details for a **lead Local Authority contact**)**:**

|  |  |
| --- | --- |
| Name: | Telephone No: |
| Address: |  |
| Email address: |  |
| **Client details:** |  |
| Name: | Telephone No: |
| Email: | D.O.B.: |
| **Secondary adult(s) details:** |  |
| 1. Name: | Telephone No: |
| Email: |
| 2. Name: | Telephone No: |
| Email: |
| **Children (please state full name,** **DOB, and gender of each child):** |
| 1. ……………………………………………………………. D.O. B ……….……….…. F/M
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| 1. ………………………………………………………….… D.O. B ……….……….…. F/M
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| 1. ……………………………………………………………. D.O. B ………….…….…. F/M
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| 1. ………………………………………………………….… D.O. B ………………..…. F/M
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**Relationship between clients (e.g., parents with 2 children/mother with 1 child/cousins, etc.):**

**Is a cot needed?** Yes/No

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| **School details** (if children go to school in the UK): |
| Do children go to school? | Yes/No |
| If yes, please provide the details of school(s): |
| Name of school | Location |
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| --- | --- |
| **Accommodation dates** |  |
| From - To |  |
| Are these dates flexible?  | Yes/No |
| If yes, please, state date range: |  |
| How long is accommodation needed for?  |  |
| Provide details of the move-on plan: |  |
| Preferred location: | *(Please state 3)* |  |
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| Would the client consider a different location? |  | Yes/No |
| If yes, please provide details: |  |

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| **Additional information** |
| **Disability/accessibility requirements** |  |
| Any known disability/accessibility requirements? | Yes/No |
| If yes, please provide details: |  |
| Please also detail if access to a particular healthcare facility is required: |  |
| **Pets** |  |
| Any pets? | Yes/No |
| If yes, please provide details: |  |
| **Proof of ID** |  |
| Does lead client have proof of ID? | Yes/No |
| If yes, please provide details: |  |
| Please confirm that the client has consented to a copy of their ID being shared with HJC to book the accommodation:  | Yes/No |
| Any additional information: |  |

Please note that although we will make every effort to find accommodation as quickly as possible, it may take up to 48 hours for us to secure suitable accommodation for the guests.

Please contact our booking helpline **01654 550 888** if you have any questions regarding this project, or if you need any assistance completing this form.

Our helpline is operational 9am – 6pm Monday – Friday.

**For referrer to complete:**

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| **I understand that the Local Authority who made this referral retains responsibility for the referred individual(s) move-on plan. I confirm that we have completed a homelessness assessment for the guest and opened a housing duty.**  |
| Referrer’s Name: |  |
| Referrer’s Signature: |  |
| Date: |  |

**For HJC staff only:**

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| **HJC employee who received the referral:** |
| Name: |  |
| Date: |  |
| Time: |  |