Name of local authority

*Address and branding to be included*

Date:

Reference number:

Dear

On {*Insert date*} you approached the Council for assistance with regard to your housing situation.

This letter sets out the advice and assistance we discussed to assist you in resolving your housing need. You may wish to take this letter to other agencies or organisations who are supporting you so that they are aware of the advice you have been given.

1. **Your situation**

From our basic assessment we believe your situation to be as follows:

1. **Homelessness application**

***Option 1:*** *The Council has considered a homelessness application from you. The Council has concluded that it is not under a duty to accommodate you under the provisions of homelessness legislation and I would refer you to our letter that was sent to you on [date] in which the Council outlined the reasons for its decision. The letter informs you of your right to request a review of the decision.*

***Option 2:*** *Based on our initial assessment, we advised you that an application for assistance under the provisions of homelessness legislation was not the most appropriate way to resolve your housing situation because {insert reason}. You are still entitled to make a formal application for homelessness assistance.*

1. **Meeting your immediate housing need**

Having discussed your current circumstances with you, the table below sets out the actions that need to be taken to resolve your immediate housing issue (including remaining within your current accommodation if appropriate) and other related needs:

|  |  |  |  |
| --- | --- | --- | --- |
| **Action to be taken** | **Date of action** | **By whom** | **Other Agency actions**  |
| *IE Referral to Private Rented Scheme (include specific details)* | *Immediate referral. Follow up on 12/12/12* | *Housing Options* |  |
| *Attend appointment with supported accommodation provider.* | *12/12/12* | *Insert name of homeless person* |  |
|  |  |  |  |

You have given us consent to contact other agencies on your behalf.

|  |
| --- |
| You have follow up appointments with:{*Insert details of time, location, agency name, individual name and contact details*} |

1. **Preventing rough sleeping**

The actions outlined above will address your housing need both in the short and medium term. The advice and assistance given, if followed, should ensure that your homelessness is prevented or resolved and that you do not therefore have to sleep rough.

Following our discussion today and the actions taken you will be staying in the following location tonight:

|  |
| --- |
|  |

1. **Longer term housing needs**

In order to address your longer term housing needs and to prevent future homelessness we have agreed that the following steps need to be taken:

|  |  |  |  |
| --- | --- | --- | --- |
| **Action to be taken** | **Date of action** | **By whom** | **Other Agency actions**  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **On-going support and an update review of the advice and assistance you have received**

Should you wish to discuss your case further with regard to changes in your circumstances or if any of the above is unclear is, your named contact is: {*insert name and appropriate contact details*}

The complaints procedure if you are not happy with the advice you have received today is:

{*insert details*}

A copy of this letter will be kept by the local authority in case you lose this copy or you have cause to come back, so we may consider the steps that have been taken and any further action that is necessary to prevent you being homeless.

Yours sincerely,