



Open Door rough sleeper referral form



If you are concerned about someone you've seen sleeping or living rough in the St Albans area, you can call us on 01727 859113 or complete as much detail as possible on the form below and email it to us at outreach@hpcha.org.uk. Please provide as much information as possible about the person and when and where you have seen them to help us make contact with them.

How can we identify this person?

Please describe the person sleeping rough to help us to identify them.

1. Gender
2. Skin colour
3. Describe any facial hair
4. Estimated age
5. Rough height
6. Describe any other distinguishing features including clothing

Sleeping site

Clearly describe where this person usually sleeps

1. Street name
2. Town/city
3. Clearly describe where the sleeping site is (eg in the car park by the ticket machine)
4. How long have they slept here?
5. When are they usually at this site?



Open Door rough sleeper referral form



Referrals from supporting organisations

If you work for a supporting agency please complete any further details about the rough sleeper that may be useful

1. Name of person _____
2. Do they know about this referral? Yes / No
3. Do they have any support needs (eg alcohol, drugs, mental health, physically vulnerable etc)?

4. Do they have a history of violence or anti-social behaviour?

Referrer's contact details

5. Referrer's name _____
6. Referrer's organisation _____
7. Contact telephone number _____

email your completed form to outreach@hpcha.org.uk