

Referral Application

Roscara Housing Association Ltd

C/o Brothers of Charity Offices, Lanesboro Street, Roscommon

Tel: (090) 6628500 Fax: (090) 6625350

Name: _____

Address: _____

D.O.B: _____

Telephone No: _____

Mobile No: _____

Next of Kin: _____

Contact No: _____

Medical Card/ R.S.I. No: _____

Source of Income: _____

Nature of Need (s): _____

Reason for application: _____

County Council Area: _____

On Housing Authority List: Yes _____ No _____

If so, how long? _____

Housing Need
Envisaged: Independent _____ Supported _____

Type of Support Required: _____

Housing Requirement:

Immediate 1 year 2 years 3 - 5 years

Type of accommodation desire to live alone/ with family, partners or with others: e.g.

G.P. Name: _____

Address: _____

Telephone No: _____

P.H.N. Name _____

Address: _____

Telephone No: _____

Other Health Care professional: _____

General Comments, safety issues etc: _____
(In brief, please rationalise support level envisaged)

Referred By: _____ **Role:** _____

Address: _____

Signed: _____ **Date:** _____