

HOUSING SURGERY

Liquid Logic ID :

Name/s Child/ren :

Name of Parent/s :

Address :

Private landlord/Agent/Housing Association Name :

Presenting Housing Issue or Potential issue :

Signed Consent Form attached Y/N

Additional Information :

Has this family been to Early Help Panel, if so when?

Surgery Only :

If signed consent :

DHC Number :

Bedroom Need :

Bidding :

Open Homeless Application :