**ADDRESS SENDING FROM**   
**ADDRESS SENDING TO** 

**Date**

To Whom It May Concern [insert allocated caseworkers name]

RE: [HOMELESS APPLICANT/PARENT’S NAME], of [ADDRESS]  
[HOMELESS REFERENCE NUMBER IF APPLICABLE/KNOWN]

[I/We] work as part of a multi-disciplinary discharge planning team facilitating the discharge from hospital of [Child/Young Person’s Name], the [son/daughter] of [Parent/s]. The purpose of this letter is to highlight the urgency of the family’s housing needs, including [Child/Young Person’s Name]’s critical health requirements, to assist [Council name] with identifying a suitable property to enable a safe and timely discharge from hospital.

[Child/Young Person’s Name] is currently an inpatient at [Hospital Name]. [He/She/They] has 24-hour care and supervision requirements and will be discharged home with an NHS Continuing Healthcare package to support [his/her/their] complex care needs. Due to [his/her/their] complex medical needs, **suitable housing must be arranged before [Child/Young Person’s Name] can safely be discharged home from hospital**.

**Expected Discharge Date:** [Insert expected discharge date here]

All of the following recommendations apply to both permanent and temporary accommodation.

**Housing Requirements**

[Child/Young Person’s Name] requires:

* An **exclusive bedroom** that accommodates overnight carers and essential medical equipment, ensuring it is a safe working environment. The bedroom must have sufficient space for [insert number] caregiver/s to work alongside [Child/Young Person’s Name]’s [cot/bed] to provide necessary care and interventions.
* Space for storage of medical equipment such as ventilators, suction units, and disposable supplies.
* [Step-free access / minimal steps] to allow for safe entry with [his/her/their] [buggy/wheelchair] and equipment.
* Safe entry and movement through the property with [Child/Young Person’s Name]’s [buggy/wheelchair].
* At least [inset number] double plug sockets in the bedroom for medical equipment

**Additional Information:**

[Child/Young Person’s Name] is unable to share a bedroom with [his/her/their] [parent/s and siblings] as [his/her/their] bedroom will need to be a working environment for [his/her/their] carers. An exclusive bedroom is also essential to ensure privacy and maintain [his/her/their] dignity during care. Additionally, it helps minimise disruption to the rest of the household caused by the noise from medical equipment and reduces the risk of infection.

The family’s current accommodation does not meet the requirements for [Child/Young Person’s Name] to be safely discharged from hospital. The property is unsuitable due to [insert specific reasons, e.g., overcrowding, lack of level access, insufficient bedroom space, or other relevant details].

Any potential properties being considered for the family will need to be assessed for suitability by healthcare professionals involved in [Child/Young Person’s Name]’s care and risk-assessed by [his/her/their] homecare providers. This must occur before the family can accept any offer of accommodation.

We appreciate your urgent attention to this matter to ensure the family’s housing needs are met promptly.

Yours faithfully,

[Signatory/Signatories]

**[Attachments:** It is important to attach any supporting clinical or medical letters that will strengthen the assessment for housing. These may include letters from consultants, community nurses, or other healthcare professionals involved in Child/Young Person’s care.]