**Consent to Access and Share Information for Housing Support**

**Purpose of the Consent**

This consent form allows staff at the **[Insert Trust]** to request information related to your housing case from Local Housing Authorities and other relevant third parties, such as solicitors or Citizens Advice. The information collected will be used solely by our service to assist with discharge planning and support your housing application.

**Details of the Individual/Family**

|  |
| --- |
| **Applicant 1** |

|  |  |
| --- | --- |
| Name |  |
| Date of Birth  |  |
| Address |  |

|  |
| --- |
| **Applicant 2** |

|  |  |
| --- | --- |
| Name |  |
| Date of Birth  |  |
| Address |  |

**What Information Will Be Requested and Shared?**

The information we may request from Local Housing Authorities and third parties involved in your housing case may include, but is not limited to:

* Details of your housing application, including current status and case history
* Relevant documentation or correspondence related to your housing case
* Information about decisions, actions, or progress on your housing application
* Details of support provided by third parties, such as Citizens Advice or solicitors, in relation to your housing case

This information will be used solely to assist with the discharge planning process and support your housing needs.

**Consent Declaration**

I confirm that I have read and understood the purpose of this consent form. I give permission for staff at the **[Insert Trust]** to:

Request information from Local Housing Authorities and other relevant services regarding my housing application.

* Share necessary information with third parties directly involved in supporting my housing application.

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_