

## Independent Living – Referral Form

### Applicants Details

Name:

Address

Phone number:

Date of birth:

Does the applicant have any vulnerability that would need considering when arranging a visit, such as registered blind, requiring a family member present?  
Please give details:

### Referrers Details:

Name:

Address

Phone number:

Relationship to applicant:

### Reason for Referral

Please return completed forms to the Independent Living Team,  
Wakefield and District Housing, Whistler Drive, Castleford WF10 5HX.