TO: Housing Welfare Section, Dublin City Council, Civic Offices, Block 1, Upper Ground Floor, Fishamble Street, Dublin 8
Tel: 222-2233; Fax 222-2699; Email housing.welfare@dublincity.ie

HOUSING WELFARE SECTION REFERRAL FORM

Referral for attention of: Patricia Cussen (Team A); Doone Taylor/ Eithne O'Donnell (Team B); Catherine Redmond (Team C); Anne Helferty (Travelling Team) (see footnotes below)

Name of Client:...........................................................................................................................

Address of Client..........................................................................................................................

Former address (if known).............................................................................................................

Phone contact number for client (if any)
.................................................................................................................................

Is client/ tenant aware of referral? Yes/No/ I don’t know

Main problem/ issue, as described by the client (if client aware of referral):

Additional comments, if any, by person making the referral:

1 Team A covers the Ballymun and Finglas areas
Team B covers the Ballyfermot, Crumlin, Inchicore/ Kilmainham, South Inner City, and South East areas
Team C covers the North Central, North East Inner City and North West Inner City areas
Travelling Team covers members of the Travelling community
Name of person making referral:

Title:
Office:

Phone:
Date of referral: (dd/mm/yyyy) / / 
Email:

What this referral can hopefully achieve:

Other contact person or agencies: