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| --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Referral Panel Office use only |  | ApprovedOffice use only |  | DeclinedOffice use only |  | Pending Office use only |  |

Section 1 Reference Number

**This referral form Must be completed by a Support Worker or equivalent.**

**Please read the attached guidance before completing this form.**

Completed referrals should emailed to: referrals@woodstreetmission.org.uk or posted to Wood Street Mission. Incomplete referrals will be returned.

|  |  |
| --- | --- |
| Referral and Assessment Form 2024 |  |

|  |
| --- |
| Services requested |
| Family Basics |  | Christmas |  |
| Baby Equipment |  | School Uniform |  |
|  |  |  |  |

**Reason for referral**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Domestic Violence |  | Benefit Delay / Sanction |  | Debt. Please provide details on Section 4 Total Debt and Creditors |  |
| Relationship Breakdown |  | Low Wage |  | Other reason for referral, Family in Crisis, House fire ect. Please provide information on Section 3  |  |

|  |
| --- |
| Office use only |

|  |
| --- |
| **Referrers Details** |
| Name  |  | Email |  |
| Agency |  | Role |  |
| Address |  |
| Phone(s) |  |
| **Clients DetailsRole** | **Name** | **DOB** | **Gender** | **In Employment/School** |
| Main Carer |  |  |  |  |
| Partner |  |  |  |  |
| ClientAddress |  |
| Area |   |
| Post Code |  | Phone/mobile  | Clients phone number |
| Email |  |
|  |  |
| Preferred method of contact | Text message | Email | Post |

Parents / Carers Spoken / Written Language

****

**Section 3 Reference Number**

**Main Carer’s Ethnicity**

|  |  |  |  |
| --- | --- | --- | --- |
| White |  | Pakistani |  |
| English / Welsh / Scottish / Northern Irish / British |  | Bangladeshi |  |
| Irish |  | Chinese |  |
| Gypsy or Irish Traveller |  | Any other Asian background |  |
| Any other White background |  | Black / African / Caribbean / Black British |  |
| Mixed / Multiple ethnic groups |  | African |  |
| White and Black Caribbean |  | Caribbean |  |
| White and Black African |  | Any other Black / African / Caribbean background |  |
| White and Asian |  | Other ethnic group |  |
| Any other Mixed / Multiple ethnic background |  | Arab |  |
| Asian / Asian British |  | Any other ethnic group |  |
| Indian |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please List all Children** **Children’s Names** | DOB | Gender | **Disabilities** |
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**Section 3 Reference Number**

**Report**

|  |
| --- |
| Background/Brief History and current circumstances: |
|  |
| Help requested: |
| Wider Support in place: *(poverty reduction plan) other agencies, budgeting, training, forms etc)* |
| Referred to other Agency | Y/N | DateReferred | Reason for referral |
|  CAB or Similar  |  |  |  |
| Job Centre |  |  |  |
| College/training |  |  |  |
| Food Bank |  |  |  |
| Other: |

Other reason for referral, Family in Crisis, House fire ect. Please provide information on Section 3

**Section 4**

**Family Finances Form Reference Number**

**Please list an amount for all that apply. *monthly figures only – (Please Total income + expenses)***

|  |  |  |  |
| --- | --- | --- | --- |
| **Regular Income** | **Income (£)** | **Regular Costs** | **Expenditure (£)** |
| Net Salary |  | Rent/Mortgage |  |
| Partners net salary |  | Ground Rent/Service Charge |  |
| Maintenance-Child Support |  | Council Tax |  |
| Universal Credit |  | House Insurance |  |
| Housing Benefit |  | Water Rates |  |
| Council Tax Benefit |  | Gas |  |
| Income Support- net deductions |  | Electric |  |
| Employment and Support Allow. |  | Telephones (Home & Mob) |  |
| Working Tax Credit |  | TV licence and other TV |  |
| Child Tax Credit |  | Internet |  |
| Child Benefit |  | Food and Household |  |
| DLA/PIP (mobility) |  | Car Costs (fuel, tax, ins, loan) |  |
| DLA (care)/PIP (daily living) |  | Public Transport Costs |  |
| Carer’s Allowance |  | HP repayments |  |
| Attendance Allowance |  | Catalogue & Club repaymts |  |
| Asylum Support |  | Bank Loans and overdrafts |  |
| NRPF |  | Credit/Store Card repaymts |  |
| Other (please specify) |  | Other (specify) |  |
|  |  |  |  |
| **Total Income** |  | **Total Expenditure** |  |
| Date of the families last welfare benefits check?  |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Debts** | **Outstanding Amount** | **Any applications to cover these debts** |
| **Total Debt** |  | (EG Local Authority, or other Charity- please specify amount requested/outcome) |
| Further Information | 1 |  |
| Continue onto next page |
| 2 |  |
| 3 |  |

I confirm that all the above information is complete and accurate to the best of my knowledge.

Referrers Signature………………………………………………………….. Date…………………………….

Client Signature………………………………………………………………... Date…………………………….

**Confidentiality**

The personal data collected on this form will only be used for the purpose of processing your referral. All information provided will remain secure and confidential, in line with the Data Protection Act (1998) and GDPR (2018).

**Section 5 Reference Number**

**Further Information**