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

Section 1 Reference Number

**This referral form should be completed by a Support Worker in conjunction with the family.**

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

|  |  |
| --- | --- |
| Referral and Assessment Form2022 | \\WOODSERVER\Shared Folders\Company\Communications\Logos\JANET'S WOOD STREET MISSION LOGO 2018.png |

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

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

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

|  |
| --- |
| **Referrers Details** |
| Name  |  | Email |  |
| Agency |  | Role |  |
| Address |  |
| Phone(s) |  |

|  |  |  |
| --- | --- | --- |
| Support Worker to collect  |  | Support Workers will be contacted to arrange an appointment as soon as the referral is approved. |

**Clients Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Role** | **Name** | **DOB** | **Gender** | **In Employment/School** |
| Main Carer |  |  |  |  |
| Partner |  |  |  |  |
| ClientAddress |  |
| Area |  City |
| Post Code |  | Phone/mobile  |  |
| Email |  |
|  |  |
| Preferred method of contact | Text message | Email | Post |

****

**Section 2**

 **Reference Number**

|  |  |  |  |
| --- | --- | --- | --- |
| **Please List all Children** **Children’s Names** | DOB | Gender | **Disabilities** |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |

**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 |  |  |  |

**Reason for referral**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Domestic Violence |  | Benefit Delay / Sanction |  | Other reason for referral, Family in Crisis, House fire ect. Please state. |
| Relationship Breakdown |  | Low Wage |  | Parents / Carers Spoken / Written Language |

**Section 3**

 **Reference Number**

**Report**

|  |
| --- |
| Background/Brief History: |
| Current Circumstances: |
| Help requested: |
| The impact help will have: |
| Wider Support in place: *(poverty reduction plan, other agencies, budgeting, training, forms etc)* |

**Section 4**

**Family Finances Form Reference Number**

**Please list an amount for all that apply.** *Choose weekly or monthly figures*

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |  |
|  |  | Credit/Store Card repaymts |  |
| Other (please specify) |  | Other (specify) |  |
|  |  |  |  |
| **Total Income** |  | **Total Expenditure** |  |
| Date of the families last welfare benefits check?  |  |
| No recourse to public funds? |  |

|  |  |  |
| --- | --- | --- |
| **Debts** | **Outstanding Amount** | **Any other applications to cover these debts** |
| **Total Debt** |  | (EG Local Authority, or other Charity- please specify amount requested/outcome) |
| Further Information | 1 | *If none, write “none” here.* |
| 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**