**Client Collect Christmas Referral Form 2018**

**To be completed if the family are collecting themselves.**

****

**All families accessing Wood Street Mission must be referred by a professional aware of their circumstances.**

**This referral form is for families who are going to visit Wood Street Mission to choose gifts for their Children.**

**For Children aged 14 years or younger, date of birth up to 31/12/2004**

**Forms must be submitted by 4.30pm Friday 16th November 2018.**

**Referrer Details: ­­­­­­­­­­­­­­­­­­­­­**

**Name of Worker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: ­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_**

**Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of agency: (please mark with ‘x’) Social worker Health Service School**

**Housing association Probation/Police Voluntary Other**

**Client Details:**

**Name of Parent 1 / Carer 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Disability**

**Name of Parent 2 / Carer 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Disability**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Best way to contact:­­­­ Post phone email**

**Details of Children (list all children aged 18 and under). Add additional lines if needed ­­­­**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Gender M/F** | **Date of Birth** | **Additional Needs (eg Disability)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Household Income (mark with x)**

**Low wages JSA Income Support ESA Universal Credit Asylum Support None Other**

**umber of Children ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ho**

**Family Circumstances (mark all that apply)**

**Benefit Changes/Delays Benefit Sanction Relationship Breakdown**

**Debt No Recourse to Public Funds Housing Crisis/Homeless**

**Domestic Violence Other (specify below) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Monitoring Form**

**Ethnic Origin of Parent Carer 1 (mark box with ‘x’)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **White** |  | **Black/Black British** |  | **Asian/Asian British** |  |
| British |  | African |  | Bangladeshi |  |
| Irish |  | Caribbean |  | Indian |  |
| Other white (please specify) |  | Other black(please specify) |  | Pakistani |  |
|  |  |  |  | Other Asian (please specify) |  |
|  |  |  |  |  |  |
| **Chinese** |  | **Mixed** |  | **Other** |  |
| Chinese |  | Asian/White |  | Arab |  |
|  |  | Black African/White |  | Any other(please specify) |  |
|  |  | Black Caribbean/White |  |  |  |
|  |  | Other mixed (please specify) |  |  |  |
|  |  |  |  |  |  |

**All completed referrals should be emailed to** [**referrals@woodstreetmission.org.uk**](mailto:referrals@woodstreetmission.org.uk) **or posted to Wood Street Mission, 26 Wood Street, Manchester, M3 3EF**