****

**Wood Street Mission Referral Form - 2019**

**All families accessing Wood Street Mission must be referred by a professional aware of their circumstances. This referral form will allow families access to our projects for 12 months to get help with clothes, bedding, toiletries and toys. They can also attend our book clubs, Christmas, and Smart Start uniform projects at Wood Street.**

**Please provide the full address for the family: House no, Flat no, Street, Road etc, Area, Town and Post Code. Incomplete forms will be returned.**

 **If the family needs help in an emergency please contact the office 0161 834 3140.**

**Referrer Details: ­­­­­­­­­­­­­­­­­­­­­**

|  |  |
| --- | --- |
| **Name of Worker**  |  |
| **Name of Agency**  |  |
| **Full Address:**  |  |  **Postcode:** |  |
| **Tel:**  |  |  **Email:**  |  |

**Type of agency: (please mark with ‘x’)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Social Worker** |  | **Health Service** |  | **School** |  |
| **Housing Association** |  | **Police/Probation** |  | **Voluntary** |  |
| **Other (please specify)** |  |  |

**Client Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Parent 1 / Carer 1**  |  | **Disability****(Y/N)** |  |
| **Name of Parent 2 / Carer 2**  |  | **Disability****(Y/N)**  |  |
| **Address: Street(etc)** **Area** **Town** |  | **Postcode:** |  |
| **Tel:**  |  | **Email:** |  |

**Details of Children (list all children aged 16 and under). Add additional lines if needed ­­­­**

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

**Household Income (mark with x)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Low wage** |  |  **JSA**  |  | **Income Support** |  |
| **ESA** |  | **Universal Credit**  |  | **Asylum Support** |  |
| **None** |  | **Other (please specify)** |  |

**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 (please specify)**  |  |

**Monitoring Form**

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **White British** |  | **Asian** |  | **Chinese** |  | **Gypsy Roma Traveller** |  |
| **Irish** |  | **Asian British** |  | **Chinese Other** |  | **African Mixed** |  |
| **Other White** |  | **Asian White** |  | **Caribbean White** |  | **Caribbean Mixed** |  |
| **Black African** |  | **Bangladeshi** |  | **Other Mixed** |  |  |  |
| **Black Caribbean** |  | **Indian** |  | **White European** |  |  |  |
| **Black British** |  | **Pakistani** |  | **Black European** |  |  |  |
| **Other Black** |  | **Asian Other** |  | **Middle Eastern** |  |  |  |

**Baby Equipment Request**

**Baby equipment requests are restricted to 2 months prior to Birth and priority allocation will be given to families attending the Basics Project in person.**

**Please indicate which items the family needs. (Please note ALL items are subject to availability)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Safety Gate** |  | **High Chair** |  | **Moses Basket + Stand** |  |
| **Cot**  |  | **Pram/New Born Buggy** |  | **Buggy (1yr+)** |  |
| **Cot Bed** |  | **Umbrella Buggy (3yr+)** |  |  |  |
|  |  |  |  |  |  |

Please indicate whether you are collecting on the families behalf **YES** [ ]  **NO** [ ]

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