

Date of Referral Panel Office use only		Approved Office use only		Declined Office use only		Pending Office use only	
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Section 1

Reference Number

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

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

<h1>Referral and Assessment Form 2022</h1>	
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<table border="1"> <tr> <td colspan="4">Services requested</td> </tr> <tr> <td>Family Basics</td> <td></td> <td>Christmas</td> <td></td> </tr> <tr> <td>Baby Equipment</td> <td></td> <td>School Uniform</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Services requested				Family Basics		Christmas		Baby Equipment		School Uniform						Office use only
Services requested																	
Family Basics		Christmas															
Baby Equipment		School Uniform															

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.
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Clients Details

Role	Name	DOB	Gender	In Employment/School
Main Carer				
Partner				
Client Address				
Area	City			
Post Code		Phone/mobile		
Email				

Preferred method of contact	Text message	Email	Post
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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 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 Continue onto next page	1	<i>If none, write "none" here.</i>	
	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