



**WELFARE BENEFITS AND MONEY ADVICE PROJECT REFERRAL FORM**

**Service User Details**

|  |  |  |
| --- | --- | --- |
| **Title** |  |  |
| **Forename** |  | **Surname** |
| **Home Address** |  |  |
| **Postcode** |  |  |
| **Telephone** | **Email** | **Mobile** |
| **Male Female Transgender** | | **Date of Birth** |

**Next of Kin/Carer/Point of Contact Details**

|  |  |  |
| --- | --- | --- |
| **Title** |  |  |
| **Forename** | **Surname** | **Relationship to client** |
| **Home Address** |  |  |
| **Postcode** |  |  |
| **Telephone** | **Email** | **Mobile** |

|  |
| --- |
| **Preferred Method of Communication? (Please state if contacting next of kin/family/carer would be preferred). Please state if there are particular times of day to call/not call.** |
| **Any communication or language difficulties?** |
| **Is a home visit required? Yes No** |

**Details of any risks the service needs to be aware of. Please provide details**

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**Nature of Impairment/Disability? Please provide details**

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|  |

**Does the service user have water debt to United Utilities? Please provide details (including any other known debts/arrears)**

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|  |

**Reason for referral to the Welfare Benefits and Money Advice service? Please provide details**

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| --- |
|  |

**Ethnicity**

|  |  |  |  |
| --- | --- | --- | --- |
| **White British** |  | **Asian British or Indian** |  |
| **White Irish** |  | **Asian British or Pakistani** |  |
| **White Other** |  | **Asian British or Bangladeshi** |  |
| **Mixed White and Black Caribbean** |  | **Black British or Black Caribbean** |  |
| **Mixed White and Black African** |  | **Black British or Black African** |  |
| **Mixed White and Asian** |  | **Other Black** |  |
| **Mixed White Other** |  | **Chinese** |  |
| **Other** | | | |

**Faith or Religion**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Buddhist** |  | **Christian** |  | **Hindu** |  | **Jewish** |  |
| **Muslim** |  | **Sikh** |  | **Other** |  | **None** |  |

**Sexual Orientation**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Bisexual** |  | **Heterosexual/Straight** |  | **Lesbian/Gay** |  |
| **Other** |  | **Prefer not to say** |  |  |  |

**Referrer Details**

|  |  |
| --- | --- |
| **Name** |  |
| **Organisation/Role** |  |
| **Telephone** |  |
| **Email** |  |
| **Date of referral:** | |

**Please return completed form to:** [**welfareadvice@gaddum.co.uk**](mailto:welfareadvice@gaddum.co.uk) **or fax to 0161 839 8573**