If referring to the Council please email to: welfarereferrals@croydon.gov.uk

|  |
| --- |
| Gateway 3rd Sector ReferRal FormAll questions contained in this questionnaire are strictly confidential and will only be shared with other professional bodies involved in your support - your signing of the below form indicates your approval**Your Personal Details** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name  | Surname: | First Names: |  [ ]  M [ ]  F | **DOB:** |  |
| Address: |  | **NI:** |  |
| Marital status:  | [ ]  Single [ ]  Living with Partner [ ]  Married [ ]  Separated [ ]  Divorced [ ]  Bereaved |
| Immigration status: | [ ]  British Citizen [ ]  Refugee [ ]  Indefinite leave to remain [ ]  No recourse to Public Funds [ ]  Other*(please state):* |
| Email address: |  |
| Home Contact number: |  | **Mobile Contact Number:** |

**Partners**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Partners Name  | Surname: | First Names: | [ ]  M [ ]  F | **DOB:** |  |
| Address: |  | **NI:** |  |
| Immigration status: | [ ]  British Citizen [ ]  Refugee [ ]  Indefinite leave to remain [ ]  No recourse to Public Funds [ ]  Other*(please state):* |
| Email address: |  |
| Home Contact number: |  | **Mobile Contact Number:** |

|  |
| --- |
| **HEALTH HISTORY** |
| **Please list any disabilities or mental health issues you or any member of your household has?** |
| Disability or mental health issues | **Person affected/Relationship to you.** |
|  |  |
|  |  |
|  |  |
|  |  |
| Any other relevant information: Do you care for anyone? If so please provide details of the care you provide and who you help care for? |
| Any Support provided for care needs |
| *Please specify any other support you are currently receiving and who is providing this (e.g.; counselling – MIND)* |
|  |

**Income Details**

|  |
| --- |
| Customers income details |
| **Benefits**  |
| Are you in receipt of any of these benefits? | [ ]  Job seekers allowance [ ]  Employment and support allowance [ ]  Income support [ ]  Pension credit/guarantee credit [ ]  DLA Care [ ]  DLA Mobility [ ]  PIP high rate [ ]  PIP low rate[ ]  Child tax credits [ ]  Working tax credits [ ]  Carers Allowance [ ]  Other please state ……………………………… [ ]  Attendance Allowance [ ]  Occupational/Private pension  |
| Earned income  |
| [ ]  Employed  | **Contract hours;**  |  | **Gross earnings per week;** |  | **Name of Employer:**  |  |
| [ ]  Self-employed | **Contract Hours;**  |  | **Gross earnings per week;** |  | **Name of business;** |  |
| *If you are not currently in work would you like support to get employment?* |

|  |
| --- |
| Partners income details |
| **Benefits**  |
| Are you in receipt of any of these benefits? | [ ]  Job seekers allowance [ ]  Employment and support allowance [ ]  Income support [ ]  Pension credit/guarantee credit [ ]  DLA Care [ ]  DLA Mobility [ ]  PIP high rate [ ]  PIP low rate[ ]  Child tax credits [ ]  Working tax credits [ ]  Carers Allowance [ ]  Other please state ……………………………… [ ]  Attendance Allowance [ ]  Occupational/Private pension  |
| Earned income  |
| [ ]  Employed  | **Contract hours;**  |  | **Gross earnings per week;** |  | **Name of Employer:**  |  |
| [ ]  Self-employed | **Contract Hours;**  |  | **Gross earnings per week;** |  | **Name of business;** |  |
| *If you are not currently in work would you like support to get employment?* |

|  |
| --- |
| Housing Details  |
| *Please tick the boxes that apply to you* |
| What type of property do you currently occupy? | [ ]  Council Property [ ]  Housing Association [ ]  Private Tenant [ ]  Shared accommodation [ ]  Bed & Breakfast [ ]  Temporary Accommodation [ ]  Mortgage [ ]  Home owner no mortgage [ ]  Other please state…………………………………………………………………………………….  |
| Are you currently in rent arrears? | [ ]  No  | [ ]  Yes; *(If yes Please state ;)*  | **Amount;**  |  | **Weeks;** |  |

|  |
| --- |
| Household Compostion  |
| **This refers to all dependANts/Non-dep’s/Others currently living with you** |
|  | **Age** | **Sex** | **Name** | **Significant Health Problems** |
| Dependent Children ***(Under 18years)***  |  | [ ]  M[ ]  F |  |  |
|  | [ ]  M[ ]  F |  |  |
|  | [ ]  M[ ]  F |  |  |
|  | [ ]  M[ ]  F |  |  |
|  | [ ]  M[ ]  F |  |  |
|  | **AGE** | **SEX** | **Name** | **SIGNIFICANT HEALTH PROBLEMS** | **INCOME** | **Relationship to you** |
| Non-Dependent children or other adults/relatives/friends *(Over 18years)* |  | [ ] M[ ] F |  |  |  |  |
|  | [ ] M[ ] F |  |  |  |  |
|  | [ ] M[ ] F |  |  |  |  |
|  | [ ] M[ ] F |  |  |  |  |
|  | [ ] M[ ] F |  |  |  |  |
|

|  |
| --- |
| 1. REFErRAL  |
| Please state in the box below who needs to be referred and what service they require |
| Name of person(s) being referred; |  |
| “Entitled to” Budget Sheet Attached? | [ ]  No [ ]  Yes [ ]  Emailed |
|  |
| Name of service required;  |
|  |

|  |
| --- |
| 2. REFErRALPlease list complete the following if applicable |
| Please list names & contact details of any other agencies currently involved with supporting you; |
| “Entitled To” Budget Sheet Attached? | [ ]  No [ ]  Yes [ ]  Emailed |
|  |
| Please list any special requirements that you have  |
|  |

|  |
| --- |
| Declaration |
|  |
| In order to support you, we will need to store information about you. The law says that we must get your consent to do this. We may need to speak to other organizations or refer you to other services for this support and may mean sharing personal information. Anything you tell us will be treated confidentially and subject to the Data Protection Act. A sample of our files may be checked by an external auditor to ensure the quality of our service.Please ensure that you understand the above statement, resolving any queries before signing this form. I give my consent and Permit ………………………………………………………….. to record personal information about myself, and if necessary share and correspond this information with third parties on my behalf in accordance with our confidentiality policy.Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |