If referring to the Council please email to: [welfarereferrals@croydon.gov.uk](mailto:welfarereferrals@croydon.gov.uk)

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| Gateway 3rd Sector ReferRal Form  All 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.** |
|  |  |
|  |  |
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|  |  |
| 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?* | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| 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 |  |  |  |  |
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| 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. REFErRAL  Please 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 | |
|  | |

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| --- |
| 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |