

 **REFERRAL TO WELFARE RIGHTS ADVISOR**

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| **Mr /Mrs/Miss/Ms** | **First Name:** | **Surname**: |
| **Address:** | **NINO:****DOB:**  |
| **Capital/Assets total value £** | **LAS ref:** |
| **Income details** | **HOUSING STATUS:** **Owner Occupier** **Council Tenant X****Private rented****Housing Association****Other)** |
| **Third Party Contact details:-**  | **MARITAL STATUS:**  |
| **Email address**: | **Disability Y/N** |
| **Telephone:** | **HB Ref:**  |
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| **Household members: (relationship)** | **referral for:** |
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| **Referrers details:** NameTel: Email: |
| **Reason for referral and include any risk assessment factors that we should** **be aware of:-**Has permission to refer and share information been given by the customer? Customers signature:………………………………………… |

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Please email form to:-

CouncilTenantsWBA@croydon.gov.uk