

**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:** |
| |  |  | | --- | --- | | **Household members: (relationship)** | **referral for:** | |  |  | |  |  | |  |  | |  |  | |  |  |  |  | | --- | | **Referrers details:** Name  Tel: 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:………………………………………… | | | |

Please email form to:-

[CouncilTenantsWBA@croydon.gov.uk](mailto:CouncilTenantsWBA@croydon.gov.uk)