|  |
| --- |
| **Eligibility Criteria Check Point** |
| Client’s consent for referral | Click to select  | Barnet resident | Click to select  |
| Claiming means-tested benefits | Click to select  | Aged 55 and over  | Click to select  |
| Savings & capital less than £16,000 | Click to select  | Having financial problems | Click to select  |

**Client’s Details**

|  |  |
| --- | --- |
| Title |  Click to select |
| First Name |  | Family Name |  |
| Date of Birth |  | Gender | Click to select |
| Address |  | Landline no. |  |
|  |  | Mobile no. |  |
| Postcode |  | Email |  |
| Living arrangement | Click to select  | Have a carer? | Click to select  |
| Ethnicity | Click to select  | Nationality |  |
| Main Language |  | Interpreter needed? | Click to select  |

|  |
| --- |
| **Communication Needs** Please provide more information if the client has communication problems related to sensory impairments (including speech, hearing and visual impairments etc) and cognitive impairments (including memory problems, mental health problems and learning difficulties and disabilities etc). |

**Client’s Next of Kin**

|  |  |
| --- | --- |
| Title | Click to select |
| First Name |  | Family Name |  |
| Date of Birth |  Click for calendar | Gender | Click to select |
| Address |  | Landline no. |  |
|  |  | Mobile no. |  |
| Postcode |  | Email |  |
| Relationship |  | Provide care? | Click to select  |

**Reason for referral**

|  |
| --- |
| Please provide a brief account of client’s circumstances and the reason/s for referral. |

**What type of support does the client require?**

|  |  |
| --- | --- |
| Furniture/white goods | Click to enter text |
| Grocery Voucher | Click to enter text. |
| Utility bills | Click to enter text. |
| Foodbank Voucher | Click to enter text. |
| Other ? | Click to enter text. |

*Note: Vouchers maybe issued to cover costs for essential items/white goods, these can be redeemed at many well-known stores. If support from the grant is towards utility costs, please provide copy(s) of the utility bill with this referral form*

**Referrer’s Verification of Client’s Finances**

|  |  |
| --- | --- |
| Seen proof of welfare benefits | Click to enter relevant benefits |
| Seen proof of low income | Click to select  |
| Seen proof if savings/capital | Click to select  |
| Seen proof of utility bills | Click to select  |
| Others, please specify. |  |

**Payee’s Account Details (In the case if a cash payment is granted)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Bank / Building Society |  | Sort Code |  |
| Account Holder’s Name |  | Account No./ Building Society No. |  |

*Note: Please ensure that details provided are correct, because this could result in delays being made to the grant award being made*

**Professional Referrer’s Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Role/Job title |  |
| Organisation |  | Referring date |  Click for calendar |
| Tel / Mobile |  | Email |  |

Please return this form by post or email to:-

Email address Support@ageukbarnet.org.uk

Postal address Household Support Fund Team, Age UK Barnet, Ann Owens Centre, Oak Lane

London N2 8LT

**THIS SECTION IS FOR INTERNAL USE ONLY**

Acknowledged Referral Yes [ ]  No [ ]

Accepted Referral Yes [ ]  No [ ]

Informed Referrer Yes [ ]  No [ ]

Allocated on Click for calendar

Allocated to