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| **ACT_Logo_CMYKMoney Advice**  **Referral Form & Financial Health Check** | |  |
|  | | |
| **Referring Agency Details** | | |
| Referring Agency |  | |
| Name of Contact |  | |
| Position |  | |
| Telephone Number |  | |
| Email |  | |

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| **Service User Details** | | | | |
| Title |  | Marital Status |  | |
| First Name(s) |  | | | |
| Last Name |  | | | |
| National Insurance Number |  | Date of Birth |  | |
| Address *(including postcode)* |  | | | |
| Home Number |  | Work Number |  | |
| Mobile Number |  | Is this safe to call? | Yes | No |

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| **Household Details** | | | | | |
| Partner name | |  | | | |
| Dependents name(s) and date(s) of birth | |  | | | |
|  | | | |
|  | | | |
| Non-dependents name(s) and date(s) of birth | |  | | | |
|  | | | |
| **Do you have recourse to public funds?** *(please tick* *)* | | | | | |
| Yes |  | No |  | Don’t Know |  |

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| **Housing Status** *(please tick* *)* | | | | | |
| Homeowner |  | Shared/HMO |  | Hostel |  |
| Sofa Surfing |  | Refuge |  | Street Homeless |  |
| Temporary Accommodation |  | Rented – Private |  | Rented – Local Authority |  |
| Rented – Housing Association |  | Name of Housing Provider- |  | | |

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| **Are you at risk of eviction?** (*If yes do you have…)* | | | |
| Notice seeking possession (NSP) |  | Possession order |  |
| Warrant for eviction |  |  | |

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| **Health and Social Circumstances** | | | | | |
| Alcohol Misuse |  | Offending History |  | Child Protection Issues |  |
| Physical Disability |  | Domestic Violence |  | Risk of self-harm |  |
| Learning Disability |  | Sexual Offences |  | Long Term Illness |  |
| Substance Misuse |  | Mental Health Difficulties |  | Violent Behaviour |  |
| Other *(please specify)* |  | | | | |

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| **Are you a victim of Domestic Abuse?** | | |
| This includes current or past victims of physical, sexual, emotional or financial abuse; and victims of female genital mutilation or honour based violence. | Yes | No |
| Are the perpetrator details known? Please provide details *(e.g. Name, Address, etc.)* | Yes | No |
| Has the abuse been reported to the police? | Yes | No |
| If yes, was this reported to the police before receiving support or during? | Before | During |

|  |  |  |
| --- | --- | --- |
| **Are you a victim of Financial Abuse?** *(Has a partner, relative, friend or associate ever…)* | | |
| Stopped or controlled access to your wages, benefits or savings? | Yes | No |
| Forced you to take out credit or incurred debt on their behalf? | Yes | No |
| Forced you to commit fraud? | Yes | No |
| Transferred financial liability into your name against your wishes? | Yes | No |
| Refused to contribute to household costs or withheld child maintenance? | Yes | No |
| Interfered with your employment or education? | Yes | No |
| Do you have access to a bank account in your name? | Yes | No |
| Do you have access to important household documents? *i.e. tenancy agreements, bank statements, passports* | Yes | No |
| Do you open your own post? | Yes | No |

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| **Income and employment** | | | | | | | |
| Employed: Full-Time |  | Employed: Part-Time | |  | Self-Employed | |  |
| Retired |  | Unemployed | |  | Pension | |  |
| Child maintenance |  | Tax Credits | |  | Pension Credits | |  |
| PIP / DLA / AA |  | ESA / JSA / IS | |  | Child Benefit | |  |
| Carer |  | Universal Credit | |  | No Income | |  |
| Other *(please specify)* |  |  | | | | | |
| Do you have sufficient income to live off? | | | Yes | | | No | |
| Do you need help to apply for benefits? | | | Yes | | | No | |
| Do you need help to maximize your income? | | | Yes | | | No | |

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| **Debts** | | | |
| Fines (court) |  | Amount: | |
| Housing arrears |  | Amount: | |
| Council tax arrears |  | Amount: | |
| Gas arrears |  | Amount: | |
| Electric arrears |  | Amount: | |
| Water arrears |  | Amount: | |
| Benefits overpayment |  | Amount: | |
| Other debts |  | Amount: | |
| Are you at risk of bailiff action? | | Yes | No |
| Are you up to date with your utility bills? | | Yes | No |

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| **Summary of difficulties and assistance required** *(including details of any guidance already provided)* | | |
|  | | |
| **Confidentiality** *- to be completed by the Service User prior to referral*  I understand that the Referring Agency and Anglia Care Trust will exchange such information as necessary for the purpose of this referral.  By signing below, I am giving my consent for you to collect and store my data as outlined in the General Privacy Notice available at <https://angliacaretrust.org.uk/wp-content/uploads/2018/05/General-Privacy-Notice.pdf>  I am aware that I can withdraw or change my consent at any time by contacting the Business Support Team on the details below. | |
| Signed - Service User: |  |
| Date: |  |
| **Send completed forms to:** | |
| Anglia Care Trust, 8 The Square, Martlesham Heath, Ipswich, Suffolk, IP5 3SL  Tel: 01473 622 888 Fax: 01473 618 660 Email: [admin@angliacaretrust.org.uk](mailto:admin@angliacaretrust.org.uk) | |

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| **Equality and Diversity** | | | |
| Anglia Care Trust is committed to Equality and Diversity.  In order to ensure the effectiveness of this policy, all service users are requested to provide the following information.  This monitoring form is strictly confidential and this information is used to ensure that access to this service is open and available to all members of the community. | | | |
| **1. Gender** | | | |
| Male |  | Transgender |  |
| Female |  | Prefer not to say |  |
| **2. Ethnic background** | | | |
| White | | | |
| English/Scottish/Welsh/ Northern Ireland/UK |  | Gypsy or Irish Traveler |  |
| Irish |  | Any other white background |  |
| Mixed ethnic background | | | |
| Mixed ethnic background |  |  | |
| Asian/Asian British | | | |
| Indian |  | Bangladeshi |  |
| Pakistani |  | Chinese |  |
| Any other Asian background |  |  | |
| Black/Black British | | | |
| African |  | Caribbean |  |
| Any other black background |  |  | |
| Other ethnic group | | | |
| Arab |  | Other ethnic group |  |
| Prefer not to say |  |  | |
| **3. Disability** | | | |
| Disabled |  | Prefer not to say |  |
| Not disabled |  |  | |
| **4. Age** | | | |
| 0-24 years |  | 65+ years |  |
| 25-64 years |  | Prefer not to say |  |
| **5. Sexual orientation** | | | |
| Heterosexual |  | Gay/Lesbian |  |
| Bisexual |  | Prefer not to say |  |
| **6. Religion or belief** | | | |
| Christian |  | Muslim |  |
| Buddhist |  | Sikh |  |
| Hindu |  | Other religion |  |
| Jewish |  | Prefer not to say |  |
| No religion |  |  | |
| **7. How did you find out about our service** | | | |
| Local Newspaper |  | Radio |  |
| ACT Website |  | Word of mouth |  |
| Other (please specify below) |  | Prefer not to say |  |