

Family Name: ………………………………................................... First Name: ………………………………....................................

Address: ………………………………………..……………………………..……………………………..……………………………..……………………………………..

Postcode: ……………………………….........

Date of Birth: ……………………………………..……………………......... Tel No: ………………………….……………………..……..........

Sex: Male Female Marital Status: ……………………………….........

Dependants (under 16): ……………………………….........……………………………….........……………………………….........

Country of Origin (birth) and Ethnicity: ……………………………….........……………………………….........…………………

Asylum Seeker? Yes No Refugee? Yes No

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Support Required:

 Furniture/Electrical (we do not supply cookers)

 Bedding/Curtains

 Clothing

Training Courses/Work Experience (Admin, Shop, Warehouse, Café, etc)

 Food (for emergency situations only)

 Move to Safety Project (furniture/household items only, charge applies)

 Room painting (1 or 2 rooms) Charge applies, please check.

 Paint provided? Yes No

 Budget Provided £……………………………….........

Have you applied for support from the Local Authority? Yes No

If yes, which one? ………………………………………..……………………………..……………………………..……………………………..………………

Is financial support available from you or any other source? Yes No

Clients’ Independent Budget Available £………………………………………..……………………………..………………..…

New Tenancy start date (DD/MM/YYYY): ………………………………………..……………………………..……………………

Previously homeless? Yes No

 Debt/Debt management? Yes No

Suffered or experienced domestic abuse? Yes No

Any further information to be considered:

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**Referred By**

Name: ……………………………….........……………………………….........……………………………….........……………………………….........……………………

Agency/Department: ……………………………….........……………………………….........……………………………….........…………………….

Tel No: ………………………….………………………..…..…….…….......... Date: ……………………………….…….…………………..……...............

**Support History**

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| --- | --- | --- | --- |
| Date | Support/Action taken | Comments/Outcome | Signature/Initials |
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**Referrer, please complete this section**

Appointment date: ……………………………………..…………………….........

Time (please call to arrange booking): ……………………………………..…………………….........

Benefits:

 JSA/ESA

 Income Support Pension

 D.I.A.

 None

 NASS

 Incapacity

 No access to public funds

 Other (please state): ……………………………………..…………………….........……………………………………..…………………

**To be completed by The River Manchester office only**

Advisor Name: ……………………………………..…………………….........……………………………………..……………………......................................

ID provided: ……………………………………..…………………….........……………………………………..…………………….........……………………………

Clients budget: £……………………………………..…………………….........……………………………………..……………………................................

Furniture package? Yes No

Gifting? Yes No

**Data entered by:** ………………………………………………………………………………………………………………………………………………………