

Once form is completed, please email to:

[maggie@here2helpcharity.co.uk](mailto:maggie@here2helpcharity.co.uk)



*"Christian Love shown through action"*

## REFERRAL FORM

Name of Referrer (if self-referring – please enter SR)

Email address (if self-referring – please leave blank)

Telephone number (if self-referring – please leave blank)

Status of Referrer (Please tick)

Social services

Health/care provider

Churches/faith organisation

CAB

Foodbank

CAP

Other (please state)

Date of Referral

I have permission from the beneficiary or the beneficiary's power of attorney or guardian to make this referral<sup>1</sup> (please tick)

Name of Potential Beneficiary

Address of Potential Beneficiary

Contact number

Email address

Best method of communication

Reason for referral (please tick)

In receipt of benefit

please state which benefit

Disabled

please state nature of disability

Other (please state)

<sup>1</sup> Referrals will only be accepted with either permission from the potential beneficiary or those who have legal responsibility for making decision on their behalf.

Has the beneficiary had previous here2help support? Yes/No (if yes please state date and type)

Nature of work to be completed (please describe as accurately as possible) <sup>2</sup>

Are there any other details we need to know<sup>3</sup> (e.g. communication issues, dogs on premises, recent bereavement etc?)

Can beneficiary afford to contribute towards materials cost? Yes  No

For Office use only

Referral passed to

Date Contact made with beneficiary

Work agreed

Date work to be carried out  Projected Costs

Date completed

<sup>2</sup> If nature of work is of an electrical, gas or specialist nature, please be aware that we will not be able to assist.

<sup>3</sup> All information contained on this form complies with GDPR and is only shared on a needs to know basis.