**Note:** *Awards are granted on a per-household basis.* *We only accept one application per household, per year. If your client’s partner (or someone else living with them and sharing household costs) is also eligible for the Fund, we can merge their applications. If you wish to refer two or more eligible clients from the same household, please submit their referral forms at the same time.*

|  |
| --- |
| *Please ensure that all form fields are completed (including the referrer’s checklist) and any supporting documents are attached with this form.**If support from the grant is to go towards utility costs, please provide copies of the relevant utility bills with this referral form.****If key information is missing, the referral may be rejected.*** |

**Eligibility Criteria**

|  |
| --- |
| **This Client Has/Is…** |
| Consented to this referral | Click to select  | A Barnet resident (12+ months) | Click to select  |
| On a low income\* | Click to select  | Aged 55 and over  | Click to select  |
| Has the client’s household accessed HSF in the past 12 months? | Click to select  |

**Key Info *(this helps us work out what this client is entitled to)***

|  |
| --- |
| **This Client Has…** |
| **Average Monthly Income (excluding PIP/AA/DLA)** | **Total savings/investments/capital**  | **Average Monthly Housing costs** |
| £ | £ | £ |
| I have seen proof of this: Click to select  | I have seen proof of this: Click to select  |  |
| *If applicable, please enter which benefits you have seen proof of here:* |

**Client’s Details**

|  |  |
| --- | --- |
| Title |  Click to select |
| First Name |  | Family Name |  |
| Date of Birth |  Click for calendar | Gender | Click to select |
| Address |  | Main Tel. no. *(Required)* |  |
|  |  |
| 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 (speech, hearing, visual impairments etc) and cognitive impairments (memory problems, mental health problems, 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(s) for referral**

|  |
| --- |
| *Please provide a brief account of client’s circumstances and what factors are responsible for their struggle with their essential costs. Please include details of any measures taken so far by the client to address their situation, so we can best advise the client on possible next steps.* |
|  |

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

|  |
| --- |
| *Note: Grants towards utility costs will be paid directly to the utility provider where possible. To support with groceries/white goods costs, vouchers will be issued. Please indicate which retailers would be best for the client.* ***Retailers marked with ( \* ) provide vouchers which are redeemable in-store only.*** |
| White Goods/Bedding/Clothing Voucher | *Argos/B&Q/Curry’s/IKEA* |
| Grocery Voucher  | *Aldi\*/Asda/Iceland/M&S/Morrisons\*/Sainsbury’s/Tesco\*/Waitrose* |
| Utility Bills (Energy, Water, Broadband, Utility-Related Service Charges) | Click to enter text. |
| Other (Including Preventative Support) | Click to enter text. |

**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