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| [ ]  **REDBRIDGE** | [ ]  **BARKING & DAGENHAM** | [ ] **HAVERING** | **PLEASE TICK WHICH BOROUGH CLIENT LIVES IN** |
| **Client Name:** **MR / MRS / MISS / MS *(please circle appropriate)*** | **Date of Ref:** |
| **Enquiry Taken by:** |
| **In order to help you, we need to store information about you. The law says that we must get your consent to do this.****Client aware of Ref: YES NO****Referred By:** | **Method of Contact: (Please tick)****Telephone** [ ]  **Office Visit** [ ]  **Email** [ ]  **Letter** [ ]  **Other:…………………** |
| ***Please ensure that in all instances, referrer contact details are completed*****Referrer / Other contact details:****Referrer Name:****Address:****Town: Postcode** **Tel:** **Email:** |
| **Address:****Town: Postcode:** **Tel:****Email:** |
| **DOB:****AGE:****Disability: YES NO** | **Please tick ethnicity below and if not listed please state:**  |
| **White UK** [ ] **White Irish** [ ] **White African** [ ] **White Caribbean** [ ] **White Other** [ ] **White Mixed** [ ]  | **Black African** [ ] **Black Caribbean** [ ] **Black Other** [ ] **Black Mixed** [ ] **Other(Please state)** | **Asian** [ ] **Arabic** [ ] **Bangladeshi** [ ] **Chinese** [ ] **Indian** [ ] **Pakistan i** [ ]  |
| **Nature of enquiry:****What support is needed from the Advice & Information Service:** |
| **FOR OFFICE USE ONLY****Allocated to: Date: / / Date added to Charity Log: / /** **Consent to Act signed: YES** [ ]  **/ NO** [ ]  **Conflict of Interest checked: YES** [ ]  **/ NO** [ ] **Case closed date: / / Evaluation form sent: YES** [ ]  **/ NO** [ ]  ***(if yes please write date below and if no please explain why)*** **Date: / /** |

 **ADVICE & INFORMATION SERVICE PLEASE COMPLETE IN BLOCK CAPITALS**



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| **Issues & Diagnosis:****Are their deadline dates for forms etc. If YES then please state what the deadline is for and the date:****NO** [ ]  **YES (Please state)** [ ]  |
| **Benefits & Pensions received/amount/rate where relevant:****AA : DLA : Housing Benefit: Council Tax: Carers Allowance:** **State Pension: Occupational /Private Pension: Pension Credit: Other:**  |
| **Relevant Housing information (Status/rent/mortgage):** |
| **Relevant financial information (income, savings , debt etc):** |
| **Health/mobility/Aids and adaptions:** |
| **Information / Advice given:** |
| **Action Taken:** |
| **Keydate action:** | **Date to be completed:** | **Date completed:** |
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