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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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