

Referral to IHAG's Money Advice Service

Please complete all four sections



Section A – Referral Details			
Date of referral	<input type="text"/>	Organisation Making Referral	<input type="text"/>
Person making referral	<input type="text"/>	Contact Number	<input type="text"/>
Tick if client been to CAB	<input type="checkbox"/>	(Ex) Offender or armed forces connection?	<input type="checkbox"/>
Tick if Homelessness Imminent	<input type="checkbox"/>	Tick if Advised to come to IHAG Drop-In for Emergency Advice – Court Proceedings, Rent/Gas/Electric Arrears	<input type="checkbox"/>
Rent arrears &/or Court Order details (if applicable):			
Any other Problems:			
Landlord/Housing Provider/Owned	<input type="text"/>	Tick if Rent/Mortgage Arrears?	<input type="checkbox"/>
Full weekly rent	£ <input type="text"/>	Current HB entitlement	£ <input type="text"/>
		Under occupancy – No of spare rooms	<input type="text"/>
Tick box if any paperwork attached e.g. Financial Statement, Rent Statement, Relevant Notes			<input type="checkbox"/>
Tick box if there is any additional information that you feel that we should know about, either for the protection and safety of IHAG staff or that is relevant to the problem described above.			<input type="checkbox"/>
Signed (Referrer)	<input type="text"/>	Date	<input type="text"/>

Section B – Client Details			
Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>
	Ms <input type="checkbox"/>	Other	<input type="text"/>
Surname	<input type="text"/>		
First Names	<input type="text"/>		
Contact Address	<input type="text"/>		
Contact No(s) / Email	<input type="text"/>		
National Insurance No	<input type="text"/>		
Date of Birth	<input type="text"/>		
Country of Birth	<input type="text"/>		
Nationality	<input type="text"/>		
Male <input type="checkbox"/>	Female <input type="checkbox"/>	No of Dependants <input type="text"/>	Lone Parent? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you consider yourself to be disabled	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If you are unable to visit our 1 st Floor offices, please let us know and we may be able to make alternative arrangements.
Tick if difficulties understanding English (written & spoken)			<input type="checkbox"/>
Work:	Unemployed <input type="checkbox"/>	Employed (State Hours per week/Days/Times or Shifts)	<input type="text"/>

Section C - Ethnicity			
White British	<input type="checkbox"/>	Asian or Asian British Bangladeshi	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Asian or Asian British Other Background	<input type="checkbox"/>
White Other	<input type="checkbox"/>	Black or Black British Caribbean	<input type="checkbox"/>
Mixed White and Black Caribbean	<input type="checkbox"/>	Black or Black British African	<input type="checkbox"/>
Mixed White and Asian	<input type="checkbox"/>	Black or Black British Other Background	<input type="checkbox"/>
Mixed White and Other Background	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Asian or Asian British Indian	<input type="checkbox"/>	Romany/Gypsy/Traveller	<input type="checkbox"/>
Asian or Asian British Pakistani	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>

Section C2 - Religion			
No religion	<input type="checkbox"/>	Jewish	<input type="checkbox"/>
Christian	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Other Religion	<input type="checkbox"/>
Do not wish to say	<input type="checkbox"/>		

Section C3 – Sexual Orientation			
Heterosexual (Straight)	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>
Gay/Lesbian	<input type="checkbox"/>	Do not wish to say	<input type="checkbox"/>

Tick if has a partner – complete details if also requires advice					
Title:	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>
Surname	<input type="text"/>		First Names	<input type="text"/>	
National Insurance No	<input type="text"/>		Date of Birth	<input type="text"/>	
Contact No /Email	<input type="text"/>				
Country of Birth	<input type="text"/>		Nationality	<input type="text"/>	
Work:	Unemployed <input type="checkbox"/>	Employed (State Hours per week/Days/Time of Shifts)	<input type="text"/>		

Section D – Confidentiality			
<p>I understand that all information volunteered or given to IHAG will be treated as confidential and I consent to the sharing of information between IHAG and the referring Organisation, should it be required. I agree to my personal details being recorded, stored and used for other relevant purposes such as any auditing process.</p>			
Signed (Client)	<input type="text"/>	Date	<input type="text"/>

Office Use							
IHAG referrals only:	<table border="1"> <tr> <td>Waiting List</td> <td><input type="checkbox"/></td> <td>Tenant</td> <td><input type="checkbox"/></td> <td>Other</td> <td><input type="checkbox"/></td> </tr> </table>	Waiting List	<input type="checkbox"/>	Tenant	<input type="checkbox"/>	Other	<input type="checkbox"/>
Waiting List	<input type="checkbox"/>	Tenant	<input type="checkbox"/>	Other	<input type="checkbox"/>		
Assessment / Appointment made for:							