

HELPING HANDS OUT OF HARDSHIP

Referral Guidelines

Please ensure that individuals meet the eligibility criteria (see our information leaflet) and are ready to accept help. If you are unsure whether a referral to the project is appropriate for your client, please contact the relevant project partner below and we'll be happy to discuss.

Client Information

Name: _____ Address: _____
Contact Number: _____
E-Mail Address: _____
Communication Needs: _____ Postcode: _____

Referral Information

Name: _____ Contact Number: _____
Agency: _____ Date of referral: _____

Description of financial crisis (continue overleaf if necessary): _____

What are the client's vulnerabilities? _____

What have you helped the client with so far? _____

Are there any risks our project workers should be aware of? YES / NO Please specify: _____

Client consent:

I give permission for my information to be shared with and amongst the Helping Hands Out of Hardship project partners for the purposes of receiving help from the project. I also give consent for the project partners to store and use this information to contact and assist me.

Name: _____ Signed: _____ Date: _____

Please return this form to the appropriate project partner below:

Financial – Monica Limbu at Citizens Advice Telford & the Wrekin T: 07714784778 E: helpinghands@telfordcab.co.uk

Mental Health – Julie Welch at Telford Mind T: 07434 869248 E: Julie.welch@telford-mind.co.uk

Homelessness – Paul Sansome at Stay T: 0777 2890017 E: paulsansome@staytelford.co.uk

Food parcel applications only - Telford Crisis Support T: 01952 380400 / 459258 W: telfordcrisissupport.org.uk