

Direct referral form to Talking Money

Referral to:

Agency	
Contact	

Referral from:

Date of referral:	Agency / team:
Referrer name:	Telephone number/ email address:

Client details:

Name	
Address:	County:
	Postcode:
Home telephone:	Mobile:
Email address:	
Preferred method of contact: Phone <input type="checkbox"/> Email <input type="checkbox"/>	Can we leave voicemail: Yes <input type="checkbox"/> No <input type="checkbox"/>

DOB:	Gender:	NI Number:
Ethnicity:	Faith:	Number of dependents: Number of non-dependents:
Benefits <input type="checkbox"/> (specify) _____ Wages <input type="checkbox"/>		Housing status: Homeowner <input type="checkbox"/> Private rented <input type="checkbox"/> Social rented <input type="checkbox"/> (specify) _____
Disability: Yes <input type="checkbox"/> No <input type="checkbox"/>		Health issues: Yes <input type="checkbox"/> No <input type="checkbox"/>

Tick all areas requiring assistance:	Debt <input type="checkbox"/>	Energy <input type="checkbox"/>	Financial Capability <input type="checkbox"/>	Charity Applications <input type="checkbox"/>
Any client issues that you are going to continue to act on?				

Please provide a summary of the client's situation and what assistance is required:

Energy

Current fuel supplier-

Gas supplier _____ Meter Reading _____ Date taken: _____

Electricity supplier _____ Meter Reading _____ Date taken: _____

Energy advice only

Current fuel supplier arrears and/or Old fuel supplier arrears

If further assistance needed, specify what it is for-

DRO fee* Bankruptcy fee* White Goods Other (please specify) _____

*an *Insolvency Declaration Form* must be completed to proceed with an application for help with DRO or bankruptcy fees

Financial Capability

Online/IT support (please specify) _____

Welfare reform Income maximisation including charity & discretionary applications

Budgeting Borrowing and saving Banking and Credit Unions Tenancies

Dealing with creditors (following debt advice) Benefits Pregnancy

Please ensure you have complied with Data Protection guidelines and obtained your customer's consent before this referral is made. As the person making this referral, you have a duty to confirm whether the customer you refer poses any risk to others. If this applies please ensure you provide all relevant details.

Has the client given authority to contact relevant agencies on their behalf and share their information?

Yes – proceed with the referral

No – seek authority from client

Talking Money OFFICE USE ONLY-Admin to add client to Adpro, then if-

- Debt – add to Open Access Log
- Energy –select Matter Type 'Energy', reassign to 'Energy Unassigned' and email Poppy
- FC – refer to FC flowchart