

Agency Referral Form

| YOUR CLIENTS DETAILS | For completion by Cambridge Re-Use |
|----------------------|---|
| Name : | New <input type="checkbox"/> Renewal <input type="checkbox"/> |
| Address : | Customer No : |
| Postcode: | Date issued : Valid until: |
| Tel : | Person issuing card: |

Had your client heard about Cambridge Re-Use and if so how?

N/A : Agency Leaflet Newspaper

Friend/Family : Van : The Web : A-Board : Radio:

Stall Other :..... Housing Association/Council

Your Clients Circumstances

Male Female Single Married / Co-habiting

16-24 25-34 35-44 45-54 55-64 65+

No. of adults in household: No. of dependent children in household:

Council Housing Housing Association :.....

Private Tenancy House Owner

| <u>NOT WORKING</u> | <u>LOW INCOME</u> |
|---|---|
| Council Tax Benefit <input type="checkbox"/> Housing Benefit <input type="checkbox"/> | <u>LESS THAN</u> £18,000 if single or <input type="checkbox"/> |
| Income Support <input type="checkbox"/> JSA <input type="checkbox"/> | <u>LESS THAN</u> £23,000 if couple <input type="checkbox"/> |
| DLA <input type="checkbox"/> ESA <input type="checkbox"/> | Working Tax Credit <input type="checkbox"/> |
| Pension Credit <input type="checkbox"/> | Council Tax Benefit <input type="checkbox"/> Housing Benefit <input type="checkbox"/> |
| Other (Specify) | |

Cambridge City Council South Cambs District Council

East Cambs District Council Other Local Authority Area :

How would you describe your clients ethnic origin?

Does your client have a disability? Yes No

Any special circumstances (such as mental or physical health problems):

Is your client currently being supported by any other agencies? (please specify)

If your client would like to receive offers and updates from us, please write their email address below:



AGENCY INFORMATION FORM



Please take your time to fill in all information relevant to your organization

This will enable us to keep up to date records and inform you of any Cambridge Re-Use news relevant to your organisation and clients

Referrer/ Personal details

Referrer's Name _____

Referrer's Email _____

Referrer's Telephone _____

Job title _____

Local Agency/Organisation

Service manager or team leader Name _____

Address _____

Email _____

Please fill if applicable Financial Support

Arrangements

Head Office I can confirm that we are willing to financially assist the above named person with the purchase of essential items

Name of Head office _____

Accept the enclosed cheque for £
(if different from organization's name eg council run etc..)

Please write amount:

Invoice us for a total amount of £

Please write amount:

Thankyou for your time