



Init. Enquiry	<b>FOR OFFICE USE ONLY</b>
Arrived	
Departed	

Tick appropriate box

# R E F E R R A L

Referral Form - revised 07/06/07

## A Referring Agency *(if referring yourself, proceed to section B)*

Your Ref: \_\_\_\_\_

Name of Agency/Organisation \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Name of Contact \_\_\_\_\_

Tel. *(incl. area code & extension)* \_\_\_\_\_

The referring agency hereby agrees to underwrite the funding of this application, including food, services rent etc., should the client fail to pay or prove ineligible for benefits (e.g. Housing Benefit, DSS payments etc.) or if additional Care Components are required for which funding is unavailable.

Signed: \_\_\_\_\_  
On behalf of referring agency

## B Applicant Details

First Names \_\_\_\_\_

Last name \_\_\_\_\_

Former name/s \_\_\_\_\_

Date of Birth \_\_\_\_\_

National Ins. No. \_\_\_\_\_

Married  Single  Separated

Nationality \_\_\_\_\_

Present address (or most recent) \_\_\_\_\_

Full name of other family members included in this application	Male or Female	Date of Birth

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel./contact No. \_\_\_\_\_

Continue overleaf if necessary and tick box

Mobile No. \_\_\_\_\_

## C Other Information

Please use other side if you need more space to answer a question.

Reason/s for application \_\_\_\_\_

\*Is applicant currently on medication? yes  no  (if yes give details) \_\_\_\_\_

\*Are any other members of the family currently on medication? yes  no  (if yes give details) \_\_\_\_\_

Is applicant dependent on alcohol/other substances/ using non-prescribed drugs? yes  no  (if yes give details) \_\_\_\_\_

Are any of the children the subject of a Court Order? yes  no  (if yes give details) \_\_\_\_\_

Are any of the children deemed "At Risk"? yes  no  (if yes give details) \_\_\_\_\_

Do any members of the family have physical or mental disability or medical conditions? yes  no  (if yes give details) \_\_\_\_\_

Current housing situation: Home owner  Council tenant  Private tenant  Homeless  Other  (specify) \_\_\_\_\_

\*Residential applications only

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For office use	Outcome	RFNTU
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