

Lancaster & Morecambe Citizens Advice Bureaux

Lancaster CAB, Registered Charity No: 1103704, Company Registration No: 5093344
 Morecambe CAB, Registered Charity No: 1102948, Company Registration No: 4697860

Referral Form

When completed, fax to Lancaster CAB on 01524 846447 or Morecambe CAB on 01524 400401. **Please ensure the form is signed by the client and that both sides are fully completed.**

Referring Agency:	Date:
Contact Name:	Contact Tel:
Address of Referring Agency:	

Client Details

Name:	Date of Birth:
Address:	National Insurance Number:
	Contact Tel:
Postcode:	
Can we contact the client by Letter? Yes <input type="checkbox"/> No <input type="checkbox"/> Telephone? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Can we leave a message? Yes <input type="checkbox"/> No <input type="checkbox"/> With Who?	

Enquiry Details

Summary of issue:
Time limits / reason for urgency:

Please fully complete both sides

Client Profile

Does the client live with a partner? Yes No

Does the client have any dependants? Yes No

Age of dependants? _____

Is the client or their partner in receipt of the following benefits?

- Income Support Yes No
- Income Based Employment Support Allowance Yes No
- Income Based Jobseekers Allowance Yes No
- Guaranteed State Pension Credit Yes No

Is the client or their partner employed? Yes No

Net monthly household income (including any benefits or tax credits): £ _____

Net monthly housing costs. Please circle (mortgage / rent) £ _____

For mortgaged property: Approx value of Property £ _____

Approx value of Mortgage £ _____

Left to pay £ _____

Does the household have capital or savings of more than £8000? Yes

Additional Information (e.g. accessibility needs):

Client Consent

I give permission for this information to be passed to, and held by Lancaster or Morecambe Citizens Advice Bureaux, who will treat it in the strictest confidence.

<p>Client signature/s:</p>	<p>Date:</p>
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