**A blue and white striped shirt

Description automatically generated with low confidence** **Haddington Community Council Referral Form**

This form is intended for practitioners who wish to refer families or

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| **Details of Individual / Family** | |
| **Name**: |  |
| **Address:** |  |
| **Postcode:** |  |
| **Telephone / Mobile:** |  |
| **Email:** |  |
| **Preferred Contact Method? Phone / Email/ Text** |  |

|  |  |
| --- | --- |
| **Referral Agency Details** | |
| **Name of Referrer** |  |
| **Organisation Name** |  |
| **Contact Phone number** |  |
| **Contact Email Address** |  |
| **Have you sought individual / families consent for referral** | Y / N |

Individuals for food support / or clothing grants.

As a condition of the funding, receipts will need to be produced for these grants.

|  |  |
| --- | --- |
| **Total Number in household** |  |
| **Number of children in household** |  |
| **Ages of children** |  |
| **Which Grant do you require?** | **FOOD / CLOTHING (Delete as required)** |

|  |
| --- |
| Reason for referral Please detail – |

|  |
| --- |
| Any other Relevant information  ­ |

Please return your completed form to Pat Lemmon via email to [vicechair@haddingtoncc.org.uk](mailto:vicechair@haddingtoncc.org.uk)

For more information, please contact Pat on the email listed above.



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