|  |  |  |  |
| --- | --- | --- | --- |
| Client Details |  | Casebook Ref: |  |
| First Name: |  | Contact numbers: |  |
| Surname: |  | Email: |  |

|  |  |
| --- | --- |
| Address: |  |
| District client lives in: |  |

|  |
| --- |
| Primary Advice Enquiry (tick all that apply) |

|  |  |
| --- | --- |
| Please confirm the main reason for the client’s initial contact with your LCA (tick all that apply)  | Debt [ ] Benefits [ ]Housing [ ] Employment [ ]Other (please state)  |

|  |
| --- |
| Household Composition  |
| No of adults (over 18) |  |
| Number of children (3-18) |  |
| Number of children under 3 years |  |
| Grant Amount Requested |  |
| Food voucher grant total |  |
| Fuel (pre-payment meter) voucher total |  |
| Other (Supervisor to complete) |  |
| Total Grant Request |  |
| Criteria for grant application (tick all that apply) |  |
| Disruption to benefits [ ]Applying for benefits [ ]Reduced income due to furlough [ ]Loss of income due to redundancy [ ]Survivor of domestic abuse [ ] | Loss of income due to CV diagnosis, shielding or self-isolation [ ]Deterioration of mental health resulting in financial difficulties [ ]Unable to meet debt payments due to reduced income [ ] |
| **Consent** |  |
| I confirm client has consented to their data being shared with third parties for the purpose of grant administration. [ ] | I confirm client agrees to receiving text or email messages relating to the administration of the grant voucher scheme. [ ] |

|  |  |  |  |
| --- | --- | --- | --- |
| Adviser Name: |  | Date: |  |
| Approving Supervisor Name: |  | Date: |  |
| Referring LCA name: |  |  |  |
| **WH ADMIN ONLY** |  |  |  |
| Date receivedVouchers processed |  | Added to spreadsheet |  |