



Init. Enquiry	FOR OFFICE USE ONLY
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*

Good News Family Care (Homes) Ltd

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For office use	Outcome	RFNTU
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