

DMAC UNIVERSAL REFERRAL FORM

MONEY ADVICE ADVOCACY CHILDREN'S RIGHTS PROJECT

DO YOU HAVE A SOCIAL WORKER? YES NO

If yes and is a welfare rights issue, advise client to contact their social worker.

DATE OF REFERRAL:	TAKEN BY (initials)
CLIENT NAME:	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
FLAT POSITION:	MAIN DOOR <input type="checkbox"/>
CLIENT FULL ADDRESS:	
POSTCODE:	D.O.B:
CONTACT NO: LANDLINE:	MOBILE:
DETAILS OF ISSUE/S	
INTERPRETER REQUIRED: NO <input type="checkbox"/> YES <input type="checkbox"/> LANGUAGE:	

PROOF OF INCOME MUST BE BROUGHT TO APPOINTMENT – Examples

- benefits award letter for you/your partner
- bank statement
- you/your partners wage slips
- any paperwork re income

HOME VISIT REQUESTED: (reason <u>must</u> be given)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
EMERGENCY CASES ONLY: (details <u>must</u> be given)		
REFERRAL AGENCY NAME		
CONTACT NAME: TEL NO:		
CLIENT HAS BEEN ADVISED TO ATTEND DROP-IN <input type="checkbox"/> (If so date))		
CLIENT WOULD PREFER APPT <input type="checkbox"/>		

E-mail, Fax or post to: DMAC, Unit 1, KCEDG Commercial Centre, Ladyloan Place, Glasgow, G15 8LB
 FAX: 0141 944 5504 – admin@d-mac.org.uk

FOR OFFICE USE ONLY	
DATE RECEIVED:	PROCESSED BY ADMIN <input type="checkbox"/>
HOME VISIT: YES <input type="checkbox"/> NO <input type="checkbox"/>	ALLOCATED MONEY ADVISOR:
DATE CLIENT TO BE SEEN:	WHERE:
INTERPRETER BOOKED YES <input type="checkbox"/> NO <input type="checkbox"/> BY REFERENCE:	
CLIENT CONTACTED BY LETTER <input type="checkbox"/>	TELEPHONE <input type="checkbox"/>
DATE CONTACTED:	BY WHOM:

Any additional info

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