

# Agency Referral Form

YOUR CLIENTS DETAILS		For completion by Cambridge Re-Use	
Name :		New <input type="checkbox"/>	Renewal <input type="checkbox"/>
Address :		Customer No :	
Postcode:		Date issued :	Valid until:
Tel :		Person issuing card:	

Had your client heard about Cambridge Re-Use and if so how?			
N/A : <input type="checkbox"/>	Agency .....	Leaflet .....	Newspaper .....
Friend/Family : <input type="checkbox"/>	Van : <input type="checkbox"/>	The Web : <input type="checkbox"/>	A-Board : <input type="checkbox"/> Radio: <input type="checkbox"/>
Stall .....	Other : .....	Housing Association/Council .....	

Your Clients Circumstances					
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Single <input type="checkbox"/>	Married / Co-habiting <input type="checkbox"/>		
16-24 <input type="checkbox"/>	25-34 <input type="checkbox"/>	35-44 <input type="checkbox"/>	45-54 <input type="checkbox"/>	55-64 <input type="checkbox"/>	65+ <input type="checkbox"/>
No. of adults in household:			No. of dependent children in household:		

Council Housing <input type="checkbox"/>	Housing Association : .....
Private Tenancy <input type="checkbox"/>	House Owner <input type="checkbox"/>

<u>NOT WORKING</u>		<u>LOW INCOME</u>	
Council Tax Benefit <input type="checkbox"/>	Housing Benefit <input type="checkbox"/>	<u>LESS THAN</u> £20,000 if single or <input type="checkbox"/>	
Income Support <input type="checkbox"/>	JSA <input type="checkbox"/>	<u>LESS THAN</u> £25,000 if couple <input type="checkbox"/>	
DLA <input type="checkbox"/>	ESA <input type="checkbox"/>	Working Tax Credit <input type="checkbox"/>	Council Tax Benefit <input type="checkbox"/> Housing Benefit <input type="checkbox"/>
Pension Credit <input type="checkbox"/>			
Other (Specify) .....			

Cambridge City Council <input type="checkbox"/>	South Cambs District Council <input type="checkbox"/>
East Cambs District Council <input type="checkbox"/>	Other Local Authority Area : <input type="checkbox"/>

<b>How would you describe your clients ethnic origin?</b>
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<b>Does your client have a disability?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
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<b>Any special circumstances</b> (such as mental or physical health problems):
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<b>Is your client currently being supported by any other agencies? (please specify)</b>
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<b>If your client would like to receive offers and updates from us, please write their email address below:</b>
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## AGENCY INFORMATION FORM

Please take your time to fill in all information relevant to your organization

This will enable us to keep up to date records and inform you of any Cambridge Re-Use news relevant to your organisation and clients

### Referrer/ Personal details

Referrer's Name \_\_\_\_\_

Referrer's Email \_\_\_\_\_

Referrer's Telephone \_\_\_\_\_

Job title \_\_\_\_\_

### Local Agency/Organisation

Service manager or team leader Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

### Please fill if applicable Financial Support Arrangements

Head Office I confirm that we are willing to financially assist the above named person with the purchase of essential items

Name of Head office \_\_\_\_\_

Accept the enclosed cheque for £  
(if different from organization's name eg council run etc..)

Please write amount:

Invoice us for a total amount of £

Please write amount:

**Thankyou for your time**