Orkney Money Matters - Referral form

**What is Orkney Money Matters?**

Orkney Money Matters (OMM) is a service set up to increase access to advice and cash-based support for anybody who is worried about money. This provides a single-entry point to access support from organisations in the Orkney Money Matters partnership.

If you are struggling with financial difficulties, you can access support through:

* A local support organisation making a referral on your behalf, or
* Contacting the OMM team directly using one of the following methods:
	+ Online - <https://thaworkney.co.uk/orkney-money-matters>
	+ Email - links@orkneycab.casonline.org.uk
	+ OMM phone line - 01856 875 621

We aim to have a caseworker contact you on the same or next working day and we will help you to identify any emergency support that is available to you. The caseworker will usually be from Orkney CAB but, if preferred, can be from another delivery partner.

**Can I choose which information is shared?**

If you decide to access Orkney Money Matters, you will be asked to share contact details and some additional information with a caseworker to better understand your situation.

This will be held on a joint online referral platform, with the aim of simplifying access to services, such as a cash-first fund. With your consent, partners can use to make onward referrals without the need to repeat information, whilst delivery partners (CAB, THAW, Blide Trust, ADP and Foodbank) can use additional information to advise on options for financial support. See [thaworkney.co.uk/orkney-money-matters](https://thaworkney.co.uk/orkney-money-matters) for more information on sharing.

If you would prefer to not to share this information on the joint system, you can also contact any of the partner organisations directly:

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| --- | --- |
| * Voluntary Action Orkney
* Orkney Citizen’s Advice Bureau
* THAW Orkney
* Orkney Foodbank
* Orkney Blide Trust
* Orkney Housing Association Limited
* Orkney Charitable Trust
 | * Orkney Islands Council
* National Health Service Orkney
* Alcohol and Drugs Partnership
* GP Practices: Orcades, Skerryvore, Heilendi Stromness, Dounby, Rousay (Islands View) and St Margaret’s Hope (Daisy Villa)
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**Can I withdraw my consent after I have completed this form?**

Yes, you can withdraw consent. If you change your mind about sharing your information, please contact us and we will remove your data from the system.

*Please send completed forms to* *LINKS@orkneycab.casonline.org.uk* *or, if urgent, call the Orkney Money Matters crisis line on* ***01856 875621*** *(Mon - Fri, 9am – 5pm)*



**Key information**

|  |  |
| --- | --- |
| Date |  |
| Referral Organisation |  |
| Name of referrer |  |
| Phone number/email |  |

#### Client Details

|  |  |
| --- | --- |
| Title | Mr / Mrs / Ms / Miss / Dr / Cllr / Prof / Rev / Other:  |
| Full name |  |
| Date of Birth |  |
| Gender | Male / Female / Other:  |
| White | ☐ | Mixed / Multiple ethnic groups | ☐ | Asian / Asian British | ☐ |
| Black / African / Caribbean / Black British | ☐ | Other ethnic group | ☐ | Prefer not to say | ☐ |
| Address |  |
| Postcode |  |
| Address type | Main Address / Temporary Address / Mailing Address / None provided  |
| Home Tel |  | Mobile Tel |  |
| Email |  |
| Pref. contact method | Mobile / Email / Land Line / Letter / Home Visit / 3rd Party / Not Specified  |
| Summary of situation (Please include important details such as major changes in circumstance, income or costs): |
|  |
| Additional Information (e.g. accessibility/other support needs, two person visit required) |
|   |
| Is there any risk to the client in providing a cash payment? (self-reported if self-referred) |
| ☐ **Low** (Engaged, cash unlikely to have an adverse impact)  | ☐ **Medium** (Possible adverse impact, so vouchers or allocated support preferred)  | ☐ **High** (Support only through an allocated support worker) |

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| OMM information & consent |
| Orkney Money Matters is a joint pathway set up to support people to access advice and support from multiple agencies. The process involves sharing basic details on a joint online referral platform, as well as sharing some additional information between delivery partners (THAW, Citizen’s Advice, Blide Trust, Alcohol & Drugs Partnership and Foodbank). This will help us to know what support may be available as well as provide options for further referrals. We also offer financial checks & advice through CAB, which will be needed to access cash-first funds for repeated support. |
| I the client give/The client gives their (*DELETE AS REQUIRED*) permission for this information to be passed to and held on the Orkney Money Matters online system. I/They understand partners will only share information to provide support or for reporting, funding or audit purposes as set out in the data privacy agreement. |
| **Signature:** | **Print name (& Org. if applicable):** | **Date:** |

**Orkney Money Matters TRIAGE (Not required for referral)**

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| Household details (incl. pets) | Does everyone live in the household 100% of the time? |
| *Name* | *Relationship* | *DoB* |
|  |  |  | If not, please give est. percent: |
|  |  |  |  |
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| Do you have a secure tenure? |  Yes ☐ |  No ☐ |
| If answer is no, further context:*(Referral needed YES* ☐) |
| Tenure |
| Emergency | ☐ | Rent- free | ☐ | Shared Ownership | ☐ |
| Homeless | ☐ | Rent - Private | ☐ | Supported Accommodation | ☐ |
| Homeowner (mortgage) | ☐ | Rent - Trust | ☐ | Care Institute | ☐ |
| Homeowner (owned) | ☐ | Rent - OIC | ☐ | Other: | ☐ |
| Life Rent | ☐ | Rent - OHAL | ☐ |  |  |
| Property Condition? | Living/bedroom areas adequately heated? |
| Very Good | ☐ | 100% | ☐ |
| Good | ☐ | 75% | ☐ |
| Average | ☐ | 50% | ☐ |
| Poor | ☐ | 25% | ☐ |
| Very Poor | ☐ | 0% | ☐ |
| Below Toler. | ☐ |  |  |
| Further context: *(Referral needed YES* ☐) |

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| Income (Do you have sufficient income?) |
| Monthly household income (after tax) | £ |
| Income source(s) | Work ☐ Benefits ☐ Pension ☐ Other ☐ None ☐  |
| Type of work | FTE☐ PTE☐ Self-employ☐ Unempl☐ Retired☐ Incapacity☐ other: |
| Type of benefits | UC ☐ ESA ☐ IS ☐ HB ☐ DLA ☐ PIP ☐ PC ☐ AA ☐ CA ☐ WTC ☐ CTC ☐ ADP ☐ CDP ☐ Pension Credit ☐ |
| Do you have any savings? | (details) |
| Further context:  *Optional Referrals - CAB Inc. Max/benefits ☐, SSS ☐, SDS ☐, Job Centre* ☐ |

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| Expenditure (What costs are high at the moment?) |
| Fuel costs (mthly) | £ | (electric/other) |
| Housing costs (mthly) | £ | (rent /mortg. /coun. tax) |
| Transport costs (mthly) | £ |
| Childcare (mthly) | £ |
| Drugs, alcohol, tobacco (mthly) | £ |
| Other major costs (mthly, please specify) | £ |
| Do you owe any money? (total) | £ |
| Further context: *Optional Referrals – CAB Debt* ☐*, THAW* ☐*, OIC Housing/Homelessness* ☐*, OHAL* ☐*, ADP* ☐ |

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| Wider support questions (To check about wider support that may be available) |
| ***Food****:* Are you worried you will not have enough to eat because of lack of money? |  Yes | ☐  |  No ☐ |
| *If yes*, recently has | Your household run out of food? ☐  | And/or  |  Gone without eating for a whole day? ☐  |
| ***Utilities:*** Are you missing any basic utilities? | Electric. sup. ☐ Water sup. ☐ Sanitation ☐ Bank Acc. ☐ |
| ***Digital:*** Do you need: | Computer / Smart phone | ☐ |  Broadband / Data ☐  |
| ***Caring:*** Does anyone in the household have any unpaid caring responsibilities? | Child ☐  |  Adult ☐ |
| ***Health:*** Any occupant has a disability or long-term health condition? | Mental | ☐ |  Physical ☐ |
| ***Education:*** Are there any skills, training or employment support that you think would improve your employment/wellbeing? |  Yes | ☐ |  No |  ☐ |
| ***Feedback:*** Would you be willing to contribute indiv./group feedback to improve support? |  Ind | ☐ | Group |  ☐ |
| Further context: *Optional Referrals –Cash-first* ☐*, THAW (utilities)* ☐, *TBC – digital* ☐, *Crossroads* ☐, *Blide* ☐, *CLD* ☐, *SDS* ☐ |

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| SWF application? (no capital/savings after income, eligibility below) *Disaster causing damage/loss of possessions/property or an emergency, incl. money lost/stolen, unexpected expense, significant change in circumstance. 16 years or over, low income or UC, JSA, ESA, IS or Pension Credit* |  Yes | ☐ |  No | ☐ |
| *Reason for not applying/failed:* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Cash first – Eligible? (Food insecure or need essentials due to below, <MIS income, <1 month savings, no flags) | Yes | ☐ | No | ☐ |
| **Income**☐ Change in work hours☐ Unemployment☐ Delay in income (work)☐ Delay in income (benefits)☐ Benefit deduction/reduction☐ Awaiting first benefit | **Debt and costs**☐ Priority debt☐ Non-priority debt☐ Dependents cost increase☐ Cost of essentials☐ Other unexpected cost | **Other**☐ Insecure housing☐ No access to financial support☐ Change in relationships☐ Domestic abuse☐ Change in dependents☐ New/change in health condition☐ Ongoing health condition |
| *Reason if not eligible:* |
| Priority Group  | Yes | ☐ | No | ☐ |
| Multi Agency Meeting needed | Yes | ☐ | No | ☐ |