

Referral to Money Guardians



Date of referral:

Client name:

Address:

Social Landlord?

Private Tenant?

Home owner ? (delete as applicable)

Name of Landlord

Ethnic Origin (see over for categories)

Date of Birth:

Client's telephone number:

do you have client's permission to refer?

Name of Referrer

Referring Organisation

Referrer telephone number:

Is the client a security risk to workers?	Y/N
has a tribunal or court date been set for benefits, debts or eviction?	Y/N
Is the client at risk of being made homeless?	Y/N
Can client attend appointments at MACS office? (if No, explain below)	Y/N
Is there a security risk in visiting client alone?	Y/N
Has the client been assessed by Social Services? (if yes, detail below)	Y/N
first appointment - what is the best way to contact client?	
any special communication requirements eg large print, interpreting, etc ?	
What are the main concerns regarding the Client's finances?	(continue overleaf if needed)
Rent arrears? Possession Order?	
Council tax arrears?	

if there is a risk assessment relevant to this referral please attach or give details

Completed form can be sent by fax to 01273 664001

date faxed:

NB: we will call on receipt for more information and to confirm acceptance of referral.