|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **NI No:** |  |
| **Address:** |  | **Date of Birth:** |  |
|  |  | **Contact No:** |  |
| **Post Code:** |  | **E-mail:** |  |

**Household Composition:**

|  |  |  |  |
| --- | --- | --- | --- |
| Partner/Spouse | Y/N | Weekly Rent | £ |
| Children  If Yes - How many? | Y/N | Arrears | £ |
| Non Dependant  If Yes - How many? | Y/N | Court Action | Y/N |

**Property Type**

|  |  |  |
| --- | --- | --- |
| **🞏 Council Tenants** | **🞏 Temp Accommodation** | **🞎 Hostel/Refuge** |
| **🞏 RSL/Housing Association** | **🞏 Private Landlord** | **🞎 Owner Occupier** |
| **🞏 Other:** | | |

**Further Info**

|  |  |
| --- | --- |
| Any known medication/health issues we should be aware of? | Y/N |
| Any addictions? | Y/N |
| Is there an appointee? | Y/N |
| Is joint visit required | Y/N |

**Type of Support Required**

|  |  |
| --- | --- |
| **🞏 New claim** | **🞎 Maintain claim** |
| **🞏 Support – detail below** | **🞏 Other – detail below** |

**Additional Info- *Please provide as much detail as you can***

**Customer Consent**

**×** The Customer agrees to information being shared.

This information will only be shared within East Ayrshire Council and their partner organisations and will be used to arrange any advice and/or support required.

|  |  |  |  |
| --- | --- | --- | --- |
| Referred By:  Department: |  | Date |  |