**Money Management**

**1-2-1 Advocacy Referral Form**

A Money Management Advocate can help you with speaking up and getting the right support with your money problems.



**Date of Referral:**

|  |  |  |
| --- | --- | --- |
|  | **Details of person being referred** | |
| Who?**Learning disability or autism** | | Does the person being referred have:  A learning disability: Yes  No  Autism: Yes  No |
| Name2**Name of person being referred** | |  |
| **Who is filling in this form?**  (please tick) | | |  |  |  | | --- | --- | --- | | Myself | Myself with support | Lewisham Speaking Up | | Other (please say who): | | | | |
| Address Street**Address of person who needs advocacy** | | **Postcode:** |

|  |  |
| --- | --- |
| Mobile Phone**Telephone number/s** |  |
| Birth Date**Date of birth** |  |
| Rights Disabled**Your disability** |  |
| Nurse Health Questions**Any health issues?** |  |
| **Name of Social Worker and contact details**  Social_Worker-3(if any) |  |
| **Name of housing provider and contact person**  Housing Network(if known) |  |

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| --- |
| **Participant Monitoring Information**  To help us with our monitoring and reporting please tell us the following information. This information will be kept private at all times. |

1. **Disability**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself to be disabled? | Yes | No |
| If you want to, please say what disability |  | |

2. **Ethnicity**: Please tick or say if you tick ‘other’

|  |  |  |
| --- | --- | --- |
| Arab | Arab |  |
| Asian/Asian British | Bangladeshi |  |
| Chinese |  |
| Indian |  |
| Pakistani |  |
| Any other Asian background |  |
| Black/Black British | African |  |
| Caribbean |  |
| Any other Black background |  |
| Mixed Ethnic | Any mixed background |  |
| White | British |  |
| Irish |  |
| Gypsy or Irish Traveller or Roma |  |
| Any other White background |  |
| Other | Any other ethnic background |  |

3. **Religion or belief**: please tick or say if you tick ‘other religion’

|  |  |
| --- | --- |
| No religion |  |
| Buddhist |  |
| Christian |  |
| Hindu |  |
| Jewish |  |
| Muslim |  |
| Sikh |  |
| Other religion |  |

4. **Sexual orientation**

|  |  |
| --- | --- |
| Bisexual |  |
| Gay |  |
| Heterosexual |  |
| Lesbian |  |
| Prefer not to say |  |

5. **Gender**

|  |  |
| --- | --- |
| Female |  |
| Male |  |
| Transgender |  |
| Gender Neutral or Fluid |  |
| Prefer not to say |  |

|  |  |
| --- | --- |
| Social_Worker-3 | **Referrer:**  A referral can be made by anybody who knows the person i.e. Social Worker, Key Worker, Support Worker, Parent, Carer, Friend, Neighbour. |
| **Name** |  |
| **Job title or relationship** |  |
| **Organisation**  (if applicable) |  |
| **Address** |  |
| **Telephone** |  |
| **Email** |  |
| **Risks**  (please state any risks we should be aware of when supporting with person) |  |
| **Does the person receive a support service from London Borough of Lewisham?**  (i.e. supported living, outreach service) |  |
| **Person’s communication** (how does the person communicate?) |  |
| **How did you hear about our service?** |  |
| **Reason(s) for referral**  Confused1 | |  |  | | --- | --- | | **Benefits:**  **Universal Credit** | **Benefits:**  **PIP /DLA** | | **Benefits:**  **Housing/Rent debt** | **Benefits:**  **Carers Allowance** | | **Benefits:**  **ESA** | **Council Tax Debt** | | **Benefits:**  **Incapacity Benefit** | **Phone debt** | | **Freedom Passes** | **Utility Bill debt** | | **Bank Account problems** | **Other** | |

|  |  |
| --- | --- |
| List  **Please give more information about the reason for referral** |  |
|  |
|  |
|  |
| Rules Yes 5B**What changes need to happen**   * What do you want to happen? * What change are you looking for? |  |
| Form Easy Read**More information:**  (i.e. person’s day activities, living arrangements – with family, supported living, independently) |  |
| **Is person aware of the referral?**  (If no, please say why not) | Yes  No |
| Form Sign Name  **Person’s**  **Signature** |  |
| Form Sign Name  **Referrer Signature** |  |
| Years 2021  **Date** |  |

**Please return this form to us:**

|  |  |  |
| --- | --- | --- |
| **Envelope_writeBy post:**  1-2-1 Advocacy  Lewisham Speaking Up  The Leemore Centre  29-39 Clarendon Rise  London SE13 5ES  Envelope_write |  | **Email:**  [referrals@lsup.org.uk](mailto:referrals@lsup.org.uk) |