**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) |  |

|  |
| --- |
| **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 AdvocacyLewisham Speaking UpThe Leemore Centre29-39 Clarendon RiseLondon SE13 5ESEnvelope_write |  | **Email:** referrals@lsup.org.uk |