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Energy Advice Service

0161 672 1234

***Referral Form***

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| Date |  |
| Referring Team/Organisation |  |
| Contact Name |  |
| Contact Number |  |
| Name of Client |  |
| Address of Client |  |
| Post Code |  |
| Date of Birth |  |
| Client Telephone Number/s |  |
| National Insurance Number |  |

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| --- | --- |
| Energy Supplier |  |
| Fuel Debt?  Meter Readings: | Yes/No  Electricity: Gas: |
| Further Assistance Payment Required?  ONLY **ONE** OF THE LIST CAN BE APPLIED FOR:   * White goods   (please specify)   * Boiler repair/ replacement | Yes/No |

Additional Information:

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| Please provide as much information as possible about the assistance needed and the client’s circumstances.  **BACKGROUND:**  **INCOME:**  **HEALTH ISSUES:**  **MEMBERS OF HOUSEHOLD:** (We need to list all members of household by name/ age and occupation)   |  |  |  |  | | --- | --- | --- | --- | | NAME | AGE | RELATIONSHIP TO CLIENT | OCCUPATION | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |

Fill in Referral form and email to: energy@citizensadvicemanchester.org.uk

Advise to clients, we will need UP TO DATE proof of income i.e. Post Office or bank statements dated within the last 3 months, medical evidence (any letters from specialists, appointment letters and copy of repeat prescriptions) or any other supporting evidence.

For further information about the project or if you have any further questions please contact our advice workers on:

0161 672 1234or email[energy@citizens](mailto:energy@citizens)advicemanchester.org.uk