

Referral form for CAEB Fuel Poverty Project

Referrer	
Name:	Team/Service:
Phone:	Email:
Client	
Name:	Address:
Phone:	Council Tax authority:
Email:	D.O.B.:
Date of referral:	Clients must be 65+
Consent	
Does client consent for their personal and health details to be shared with Citizens Advice East Berkshire? Yes NO	
Is client aware that a referral has been made? Yes NO	
Health (Does client have health conditions that make them frail or vulnerable?) If yes, please elaborate:	
Risk Please indicate any risk or issues in relation to the following: (Where risk indicated, please attach latest risk assessment)	
Visiting CAEB service in person:	
Outreach and lone working:	
Subject issues	
Benefits / income maximisation:	
Debt management:	
Energy best deals:	
Health services and community care:	