**Energy Advice Programme (EAP) Project**

**REFERRAL SHEET**

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| **Date: Referred by:** | | | |
| **Name of Client:** | | | |
| **Reference Number:** | | | |
| **Address (including Postcode):**  **Email Address**: | | | |
| **Telephone Number:** **Mobile Number:**  **Can we leave a message on these numbers? Yes/No** | | | |
| **Brief description of energy problem:** | | | |
| **Total number of people in the household:** | **Adults** | **Children** | **Non-Dependants** |
| **Please give the ages of any children:**  **Is any member of the household vulnerable?** (Please circle all that apply) | Over 65/disabled/chronically sick/child under 5/pregnant | | |
| **Household Income Source:**  (Please circle all that apply) | Work UC JSA ESA PIP DLA Other Benefits  State Pension Occupational Pension Other | | |
| **Name of energy provider and tariff** | **Gas: Electricity:** | | |
| **How does client pay for their gas?**  (Please circle) | Direct Debit Prepayment Meter Cash/Cheque  Fuel Direct Other | | |
| **How does client pay for their electricity?**  (Please circle) | Direct Debit Prepayment Meter Cash/Cheque Fuel Direct Other | | |
| **Does the client have any arrears, If so how much?** | **Gas: Electricity:** | | |
| **How much does client pay for fuel per week/month?** | **Gas: Electricity:** | | |
| **Does this equate to 10% of the total weekly/monthly household income?** | **Yes/No** | | |

***Please ask the client to complete below:***

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| **Do you agree that Citizens Advice can contact you? Yes/No** |

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| **Signed by Client: Date:** |

***TO BE COMPLETED BY ADVISER:***

|  |  |
| --- | --- |
| ***APPOINTMENT DATE & TIME:*** | ***APPOINTMENT WITH:*** |

***Please forward completed referral form and a copy of client’s Registration form to Energy Project in Room 23:***

**(Please ensure that both sides of the Registration Form are provided)**