

Referral Source

Self-Referral	<input type="checkbox"/>	Agency Referral	<input type="checkbox"/>	Date of Referral	
---------------	--------------------------	-----------------	--------------------------	------------------	--

Referrer Details (if referred by an Agency)

Organisation			
Name of Referrer		Job Title	
Email Address		Tel No/s	

Details of Referral

Name				
Address				
Postcode		Tel No/s		
People in Household	Total No in Household	0	No of Children	0
	No of Parents	0	No of other Dependents	0
Please give details of other dependents.				

Referral Locality

Newry	<input type="checkbox"/>
Downpatrick	<input type="checkbox"/>
South Armagh	<input type="checkbox"/>
Kilkeel	<input type="checkbox"/>

Any additional information to support this referral:

In the last year have you/the referral experienced any of the following:

Increase in debt

Used foodbank

In rent/mortgage arrears

Borrowed money for essentials

Reduced working hours

Moved to a cheaper property

Availed of charity to help with living costs

A traumatic change in circumstances

Other – please explain:

If you used a foodbank please state foodbank used:

I confirm that the information on this form is correct and agree to the sharing of my personal information with partnership organisations in order to avail of the Social Supermarket support.

Referral Signature: _____

Date: _____

Basic Eligibility Criteria

1. Currently experiencing financial hardship due to low disposable household income (usually below £23,000).
2. Do not receive free school meals.
3. Other people who are exceptions to above, but an event has left them in a position where they are struggling.
4. Proof of residency in the Newry Mourne and Down council for a minimum of 6 months.