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**LIVINGWATERS STOREHOUSE REFERAL FORM**

We are able to accept referrals from various agencies including schools, social services, charities and support providers.

We are unable to accept referrals from individuals/family members/friends.

We signpost where appropriate and they can access professionals present to help with Mental Health, Education, Employment and Training to assist people move from crisis to resilience.

**Please complete the form and email to referrals@lwstorehouse.com**

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| **Referring Agency / Organisation:** |  |
| **Date of Referral:** |  |
| **Name of Client and Age:** |  |
| **Additional Adults and Ages:** |  |
| **Number of Children including Ages:** |  |
| **Address including Post Code:** |  |
| **Telephone/Mobile Number:** |  |
| **Additional Support Services**  *Please indicate which agencies are involved (if known):* | |
| Citizens Advice |  |
| CAP -/ Debt Advice |  |
| Chorley Council |  |
| CFWS |  |
| Adult Social Care |  |
| Children's Social Care |  |
| Other Agencies [Please State] : |  |
| **Background details:**  Please indicate if this will be short term or long term support (if known).  Please note a referral will be needed for every food parcel. Once per month. | |
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We will always acknowledge receipt of your email. If you have not received a reply within 48 hours, please check you have sent it to the correct email address, and contact us on 07889 757045 to confirm we have received it.