

# The River Manchester

Empowering survivors of domestic abuse

Family Name: .....  
First Name: .....  
Address: .....  
.....  
Postcode: ..... Date of Birth: .....

Tel No: .....  
Sex:  Male  Female

Marital Status: .....

Dependants (under 16): .....  
.....

Country of Origin (birth) and Ethnicity: .....  
.....

Asylum Seeker?  Yes  No      Refugee?  Yes  No

Support Required:

- Furniture/Electrical (we do not supply cookers) Bedding/Curtains
- Clothing
- Training Courses/Work Experience (Admin, Shop, Warehouse, Café, etc)
- Food (for emergency situations only)
- Move to Safety Project (furniture/household items only, charge applies)
- Counselling/Emotional Support

Have you applied for support from the Local Authority?  Yes  No

If yes, which one?  
.....  
.....

Is financial support available from you or any other source?  Yes  No

Clients' Independent Budget Available £.....

New Tenancy start date (DD/MM/YYYY): .....

Previously homeless?  Yes  No

Debt/Debt management?  Yes  No

Suffered or experienced domestic abuse?  Yes  No

Any further information to be considered:  
.....  
.....  
.....

Referred By: Name:.....

Agency/Department: .....

Tel No: ..... Date:.....

Referrer, please complete this section :

Appointment

Date: .....

Time: .....

(please call to arrange booking)

Benefits:

- JSA/ESA.
- D.L.A.
- NASS
- No access to public funds

Income Support

Pension

None

Incapacity

Other (please state):  
.....

To be completed by The River Manchester office only:

Advisor Name:  
.....

ID Provided:  
.....

Client's Budget:  
.....

Furniture Package?

Yes  No

Gifting?

Yes  No

Data entered by:  
.....

I agree that the information provided on this form is correct and I as the client's support/representative have obtained permission to provide such data and confirm that said data can be kept for the sole purpose of providing assistance to the client for as long as required.

Address: 1298-1300 Ashton old Rd, M11 1JG Telephone: 01613715522 Website: therivermanchester.org.uk

Please return this form once completed to [referrals.therivermanchester@gmail.com](mailto:referrals.therivermanchester@gmail.com)

Support History (For office use only)

Date	Support/Action taken	Comments/Outcome	Signature/Initials

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