


Hidden Help Referral Policy

In order to ensure that we are assisting those in real and urgent need (and to fall within the guidance of the Charity Commission) we have to assess our clients as to their need. Obviously this is a delicate area and we do this in the most respectful and delicate manner. We do not take self-referrals, nor do we accept referrals from private individuals. All of our partners use the form below to simply allow us to give some form of general assessment. The information on the form is ALL the information that we hold on the client for reasons of confidentiality (we do not pry into the background circumstances of our clients) and is similar to that which the Food Bank uses.

In general terms, our clients have to fall into one of the several categories that are listed on the form. By referring the client to us, the referral agency (that holds far more information than us) is agreeing that the client is in urgent and real need of support that they are unable to provide for themselves at that time. As a general rule, our clients are all in receipt of some form of state benefits.

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|---|------------------------|--|--|-----------------|
|  | | Hidden Help Office Primrose Workshop, Ferns Platt, Bissoe, TR4 8RJ, Cornwall, England | Contact Judy: hellohiddenhelp@gmail.com . Tel: 07794 738732 Ben: ben@hiddenhelp.org . Tel: 07749867947 Philippa: phillipa@hiddenhelp.org Tel: 07799 674530 | |
| Please Complete in BLOCK CAPITALS | | | | |
| Referral Organisation | | Hidden Help Signatory Name | | |
| Referral Contact Number | | Date Referred | | |
| Referral email | | Date Completed | | |
| Client First Name (only) | | Client Contact Details | | |
| Client Age Group | Client Address | Situation Code (see below) | Other Remarks | |
| 16-24 25 - 64 Over 65 | | | | |
| Nature of Crisis (please tick one or more) | | | | |
| Domestic Violence | Long Term Unemployed | Homeless re-housing | Sickness | |
| Veteran Assistance | Benefit Delay | Unemployed | Change in Circumstances | |
| Rehabilitation of Offender | Bereavement Assistance | Vulnerable Adult | Other | |
| Situation Codes | | Single Parent: A | Care of the Elderly: B | Living alone: C |
| Cohabiting Adults: D | Disability: E | Other: F (give details) | Receives State Benefit: G | |