

Borderline Agency Referral Form

Referring Workers Name:

Referring Agency:

How did Referring Worker Hear of Borderline ?

Referral Worker email/phone:

ScotsCare Worker with whom case discussed:

Date Case discussed on telephone with Borderline Duty Worker:

Date this form completed and sent to Borderline:

Applicant's Name:

Gender:

Date of Birth:

Age:

Current Address:

Applicant agrees to the sharing of this information with ScotsCare? YES NO

Scottish Connection:

Evidence established by:

Area of Residence (Borough):

Length time in London:

Details of any known previous assistance from ScotsCare/Royal Scottish Corporation or Borderline

Assistance Requested – Please specify Items and amounts and provide details of who any cheque should be made payable to. Grants will not be paid directly to clients.

Social Networks**Housing****Managing Money****Employment****Training****Substance Misuse****Mental Health**

Health
Any other information

Agency Worker:

Date:

CHECKLIST

HAVE YOU:

**ATTACHED A POST OFFICE OR BANK ACCOUNT STATEMENT SHOWING
PROOF OF ALL INCOME DATED WITHIN THE LAST 2 MONTHS**

**ATTACHED A PHOTOCOPY OF PROOF OF CLIENT'S ELIGIBILITY
(Passport, Birth Certificate, Photo Driver's Licence – showing 1st or
2nd generation Scots)**

ATTACHED A GENERAL APPLICATION FORM SIGNED BY YOUR CLIENT

Financial Situation (Debts, Benefits, Income, Usual Expenditure)

WEEKLY INCOME		EXPENDITURE	
State Pension	£ 0.00	Service Charge/Rent	£ 0.00
Pension Credit	£ 0.00	Council Tax	£ 0.00
Private Pension	£ 0.00	Water Rates	£ 0.00
Income Support/JSA	£ 0.00	Electricity	£ 0.00
Incapacity Benefit/ESA	£ 0.00	Gas	£ 0.00
Child Benefit	£ 0.00	Telephone	£ 0.00
Child Tax Credit	£ 0.00	TV Licence	£ 0.00
Working Tax Credit	£ 0.00	Insurance	£ 0.00
Severe Disablement Benefit	£ 0.00	Travel	£ 0.00
Charitable Income	£ 0.00	Food	£ 0.00
Other (Specify)	£ 0.00	Clothes	£ 0.00
Other (Specify)	£ 0.00	Household items	£ 0.00
Other (Specify)	£ 0.00	Laundry	£ 0.00
Other (Specify)	£ 0.00	HP/Credit	£ 0.00
Other (Specify)	£ 0.00	Other	£ 0.00
Total Income (A)	£ 0.00	Total Expenditure (B)	£ 0.00
Attendance Allowance	£ 0.00	Balance Remaining (A-B)	£ 0.00
DLA – Mobility	£ 0.00	Savings	£ 0.00
DLA - Care	£ 0.00		

ScotsCare Use Only	
Decision:	Approved / Not Approved
Further Action:	
Manager's Signature:	Date:
Chief Executive's Signature:	Date:
Payment Method:	Amount: £
Order Details:	Budget Code: