**Referring Agency Details** *(all details must be completed in block capitals or using MS Word)*

|  |  |
| --- | --- |
| Agency Name:- | Contact:- |
| Address:-Post Code:- | Office phone No:-Mobile phone No:- |
| Have you seen Proof of clients benefit – If no give reason | **YES / NO** |
| Which benefits is the client receiving |  |
| Who will be paying for the items? | **Agency / Client** |
| If Client paying, have you made the client aware that items must be paid for before delivery? | **YES / NO** |
| Who will be paying the delivery charge?  | **Agency / Client** |
| If Client paying delivery charge, have you made the client aware that there are delivery charges to be paid for and these must be paid before delivery | **YES / NO** |
| Has client applied for a grant? | **ELF / OTHER / NO** |
| If Vouchers issued enter voucher numbers/amount \_\_\_\_\_\_\_\_ /£\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ /£\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_/£\_\_\_\_\_\_\_\_  **\*\*\*\* To redeem vouchers this referral form must be completed, brought with the vouchers to Lighthouse with a form of photo ID.**  |
| Clients receiving means tested benefit may receive a discount on essential items. Delivery charges are by post code – see website for details.White goods are not currently discounted due to limited supply and cost to test and repair. Only 1 voucher can be used for second hand white goods (not new). Goods are purchased **‘as seen’** and customers are asked to check their suitability prior to purchase. Lighthouse Furniture Project can not be held responsible or liable for any damage, loss or injury to any item or person, however caused. This does not affect your statutory rights. |
| Date  | Agency Signature |

**Client Information** *(all details must be completed in block capitals or using MS Word)*

|  |  |
| --- | --- |
| Clients Name:- | New Address if moving to new property and date of move:- |
| Current Address:-Post Code |
| Telephone No:- Mobile Telephone No:- | I understand that there may be charges as detailed in the Agency section which must be paid for before deliveryClient Signature:- |

|  |
| --- |
| Additional information |

Items required (see list of items covered by the project)

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| Date received by LFP | Referral Reference No  |
| Processed by | Invoice Number |