

Benefits Help and Advice Team
Referral Form



Date:

Clients Name:

Date of Birth:

Partners Name:

Date of Birth:

Address:

Telephone number:

Email address:

Preferred Method of communication response:

Telephone email letter

Household circumstances:

Property owner Privately renting Renting from a Housing Association

Do any of the following circumstances apply:

Health Problems Mobility problems Communication problems

Reason for referral:

If this form has been completed by a 3rd party please provide the following information

Do you have consent from the client or partner to submit this referral?

Yes No

Your name:

Address:

Telephone number:

Your relationship to the client/partner

Family Friend Professional organisation

Other - if so please provide details:

You can return this form in any of the following ways:

- Via email: benefits@north-norfolk.gov.uk
- Post to: Benefits Department
North Norfolk District Council
Holt Road
Cromer
Norfolk
NR27 9EN
- By fax: 01263 515042
- Hand deliver to our Cromer or Fakenham office