

KEEP WARM, STAY WELL

IMPORTANT: YOU MUST LIVE IN THE AREA SERVICED BY HERTFORDSHIRE COUNTY COUNCIL TO COMPLETE THIS FORM

Title	First Name	Last Name	Date of Birth	M/F
Address			Is English your first language? <input type="checkbox"/> YES <input type="checkbox"/> NO If 'NO' Please state your first language	
Post Code				
Telephone Number			Do you have any special communication needs?	
No phone contact is available <input type="checkbox"/>				
Alternative Contact Number				
HOUSING (This information is essential to determine any referrals) <i>Indicate whichever apply to you</i>				
I am an owner occupier <input type="checkbox"/> I live in rented accommodation <input type="checkbox"/>				
I live in a shared ownership property <input type="checkbox"/>				
PLEASE SPECIFY HOUSING PROVIDER _____				

About you

1). **Would you describe yourself as being any of the following?** (*Indicate all that apply to you*)

I am living on a low income and cannot afford to heat my home adequately during the winter

I have a disability, illness or mobility issue that means I am at risk from the cold

I am over 60 years old

I am homeless

I live on my own

I live in an isolated rural location

I have difficulty preparing a hot meal myself

Financial support

2a). **Would you like help with benefits advice?**

YES NO

2b). **Do you need immediate financial assistance in order to heat your home?**

YES NO

There are grants, benefits and sources of financial advice available that can help make your home more energy efficient, improve your heating or help with bills. Its worthwhile claiming all the benefits you are entitled to.

Home

3). **Would you like a free home energy check?**

YES NO

Are you able to keep your home warm? Is your home properly insulated? Is it draught-proofed? Does the heating work properly? Can you recall when the chimney was last swept? There are lots of ways to make your home more energy efficient - and when you save energy, you feel the benefit and you save money!

Staying Safe

4a). **Would you like to receive advice about fire safety in your home?**

YES NO

4b). **Do you need advice on crime prevention or home security?**

YES NO

4c). **Would you like advice about preventing slips and falls in your home?**

YES NO

Help

5). **Would you like HertsHelp to contact you in order to guide you to the many organisations and services that could offer support and help to you?**

YES NO

HertsHelp can help with things like staying healthy and well, getting involved in your community, help with money worries, finding local groups, help to get out and about, etc.

Having completed the questions 1-5, do you have any further questions or immediate needs? YES NO
 If YES what are they?

Have you referred this to the relevant agency? YES NO
 If NO would you like us to make a referral? YES NO
 If YES please state who have you referred this to?

Any other comments?
 (including any health or safety issues)

Name of person completing form PRINT NAME	Organisation / department Tel. No.
Signature	Date form completed

This form is designed to help you access services that you need. Your consent is required to contact agencies that could help you. Information provided on this form will be held securely by HertsHelp an organisation facilitated by Pohwer on behalf of Hertfordshire County Council. Under the Data Protection Act 1998 you have the right to access this information. Under this act information on this form may be shared with partner organisations involved with HertsHelp and the Warm Homes Healthy People Fund project (administered by Hertfordshire County Council).

“I agree to my details being passed to any partner agencies involved with HertsHelp and the Warm Homes Healthy People Fund project (administered by Hertfordshire County Council) and agree to you keeping my details on your database and passing on any relevant outcomes to those partner agencies.”

Signature _____ Date _____

OR

“Completed on behalf of the above named who has verbally consented to the sharing of their information in accordance with the above statement.”

Signature _____ Date _____

(Advisor to sign if via telephone with client permission).

