



Hardship funding during the Covid-19 outbreak

Referral form

Household name	
Referral date	
Household membership (relationship and status will be fine – elderly, child, adult etc)	
Address, inc postcode	
Telephone number for household	
What need has arisen and how is it related to Covid-19?	
How much money is needed?	
If funding is agreed who should it be paid to*?	
Bank details : <ul style="list-style-type: none"> ▪ Account name ▪ Account number ▪ Bank ▪ Sort code 	<ul style="list-style-type: none"> ▪ ... ▪ ... ▪ ... ▪ ...
Referral agency	
Name of person completing this referral (if more information is needed this is who we will contact)	
Tel no	
Email address	

* if the household doesn't have a viable bank account, we will need to make a payment to, for example, a supplier of goods or services and in extremis to the referral agency.

Please return this form electronically to jeanp@adapt-tyndale.org.uk

For office use only:

Date paid: / /