Assessment of needs form

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **APPLICANT DETAILS** | | | | | | |
| Name |  | | | | | |
| Please indicate the Region/Nation and Service this funding is being allocated to |  | | | | | |
| Barnardo’s service user reference number (case file number) |  | | | | | |
| Address (inc. Postcode) |  | | | | | |
| Telephone Number |  | | | | | |
| Number of people in household |  | | | | | |
| Number of children in household  (This may fluctuate due to custody arrangements, therefore please insert the number in the home at the time of the crisis linked to this application) |  | | | | | |
| Household Age Groups  Indicate Yes or No for each group | 0-5 | | 5-15 | 16-25 | 25-60 | Over 60 |
| Y/N | | Y/N | Y/N | Y/N | Y/N |
| Is the Applicant an existing Barnardo’s service user | YES | | | | | |
| NO | If NO, please signpost to alternative support / Barnardo’s support services as well as other local funds | | | | |
| Could the applicants issue/concern be addressed by another service/funding programme | Yes | If NO, please give further explanation below | | | | |
| **ELIGIBILITY**  Enter brief details explaining why the applicant is eligible | | | | | | |
|  | | | | | | |
| **Impact of funding** *(please select multiple if applicable)* | | | | | | |
| * Prevent hunger * Increase safety * Access to warm spaces * Access to suitable clothing * Access to employment * Access to health-related appointments * Access to emergency services * Access to safe and working appliances | | | | | | |
|  |  | | | | | |
| **AWARD** | | | | | | |
| For the following expenditure: | (Enter details here:) | | | | | |
| I recommend funding of: | (Enter amount here:)  £ | | | | | |
|  |  | | | | | |
| Amount authorised: | £ | | | | | |
|  |  | | | | | |
| Authorising Manager: |  | | | | | |
| Date Authorised: |  | | | | | |