Assessment of needs form

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| **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 GroupsIndicate 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: |  |