



Client Assessment Form

vn-03c

INTERNAL

Ref:	Date:	PROOF OF ID?	BENEFIT?	PROCESSED BY:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Beans?	Accepted?	Valid Until:		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

Name:	_____
Gender:	Male / Female
Ethnicity:	White European / White Other / Black African / Black Caribbean / Asian / Chinese / Mixed Race / Other: _____
Date of Birth:	___ / ___ / 19___
Phone/Mobile:	_____
Email Address:	_____
Address:	_____ _____ _____
P/Code:	_____
Council TAX Area:	_____
Your and total Household Income £	Your Income : £ Household Income: £
Accommodation:	TEMPORARY: Halfway house / Hostel / Flat / House PERMANENT: Flat / Maisonette / House / Bungalow OTHER: Guest House / Hotel
Access info for larger items:	(i.e.: If applicable, Floor number, tight staircase? and if a lift available)
Who referred you?	_____
Other notes about your situation:	_____

Occupants at this address: (fill in the number of people where applicable in '___' or circle Y or N)

Under 5yrs:	___	Aged 5-11yrs:	___	Aged 12-16yrs:	___	Aged 17-18yrs:	___
Aged 19-25yrs:	___	Aged 26-40yrs:	___	Aged 41-59yrs:	___	Aged 60+ yrs:	___
One Parent Family:	Y/N	Pregnant:	Y/N	Single:	Y/N	Full Time Education:	Y/N
Adults Working:	___	Physical Disability?	Y/N	Learning Disability?	Y/N	Mental Health Issues	Y/N
Drink &/or Drugs?	Y/N	Immigrant or Asylum Seeker?	Y/N	Been Homeless within the last five years?	Y/N	Children with Disabilities?	Y/N
Domestic Violence?	Y/N	Long Term Ill Health?	Y/N	Used us Before?	Y/N		

Additional Proof required:

Address	ALLOWED: Bank/Credit card statement, Tenancy Agreement, Utility Bill	NOT Allowed: Mobile bill
Benefit	ALLOWED: Income Support / Employment Support Allowance / Job Seekers Income Based / Pension Credits & Working Tax Credits	NOT Allowed: DLA / Housing Benefit / Normal State Pension / Child Benefit / Child Tax Credit

<p>I _____ confirm that I have filled in the above information correctly (to the best of my ability), am currently registered for Council TAX in Surrey and that I give my permission for this information to be transmitted over the internet (securely) and for it to be stored (including databases) for use solely by Furnistore.</p> <p>NO PERSONAL INFORMATION SUPPLIED WILL BE DISCLOSED TO ANY EXTERNAL PARTIES/AGENCIES.</p>	<p>Signed: _____</p>
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PLEASE RETURN IN PERSON - 1) This Assessment Form 2) Your Proof of Benefit 3) Your Proof of Address
to:- Furnistore in East Surrey Ltd., 46 Holmethorpe Avenue, Redhill, Surrey. RH1 2NL.

Client Assessment Forms can be downloaded from:- www.Furnistore.co.uk/docs/ClientAssessmentForm.pdf (also .jpg, .doc and .docx)

		<h2>ASSESSMENT CARD</h2>					
Ref:	Date:	PROOF OF ID?	BENEFIT?	PROCESSED BY:	FOR:		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Accepted?	Valid Until:	Post Code:		Signed on behalf of Furnistore			
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>			