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| --- | --- | --- |
| **Economic Abuse Casework Referral Form**  This form is for use by domestic abuse services. Your client may be eligible for the Financial Support Line Casework Service if they:   * have debts and have experienced economic abuse * have at least one of your debts with Lloyds Banking Group (which includes Lloyds Bank, Halifax, Bank of Scotland and Scottish Widows), HSBC or Cabot Finance | | |
| Client’s details | | |
| **Client’s name** | Click here to enter text | |
| **Client’s mobile number** | Click here to enter text | |
| **Safe to leave messages?** | Yes | No |
| **Should we withhold our number?** | Yes | No |
| **Best time to contact?** | Click here to enter text | |
| **Client’s address** | Click here to enter text | |
| **Client’s email (if safe)** | Click here to enter text | |

## Perpetrator’s name and relationship to client

|  |
| --- |
| This is for **conflict of interest** purposes only |
| Click here to enter text |

## Client’s vulnerabilities

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| --- |
| Please include any **risk** **issues**, for instance still living with perpetrator. If a **risk assessment** has been completed, please attach a copy. |
| Click here to enter text |

## Referrer’s details

|  |  |
| --- | --- |
| **Referrer’s name** | Click here to enter text |
| **Referrer’s organisation** | Click here to enter text |
| **Referrer’s contact** | Click here to enter text |
|  |  |

## Reason for referral

|  |  |  |  |
| --- | --- | --- | --- |
| **Issues** | |  |  | | --- | --- | | Debt |  | |
| **Creditor (this must be completed for the referral to be processed), please tick all that apply** | |  |  | | --- | --- | | Lloyds |  | | Halifax |  | | Bank of Scotland |  | | MBNA |  | | HSBC |  | | Cabot Financial |  | |

## Debt issues (if known)

|  |
| --- |
| Click here to enter text |

## Benefits issues (if known)

|  |
| --- |
| Click here to enter text |

## Any further information

|  |
| --- |
| Click here to enter text |