|  |
| --- |
| **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

|  |
| --- |
| 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 |