|  | **Vulnerable client referral Form** | |
| --- | --- | --- |
|  | **ReferrING agency** |  |
|  | Name of Referrer |  |
|  | Tel No: | Date of referral: |
|  | **Service User details** | |
|  | Name: |  |
|  | Address: |  |
|  | Tel No: |  |
|  | Language: |  |
|  | Family Status (please tick): Single Family | |
|  | Gender: | |
|  | **Additional Information**: (please list any vulnerabilities) |  |
|  | What support if any your organisation is providing to the person/s? | |
|  | **Reasons for referral**: (please provide brief description of nature of assistance required). | |
|  | Home office/Port Reference (if known): | |
|  | PLEASE RETURN  By Email:  [iaAdminWakefield@migranthelpuk.org](mailto:iaAdminWakefield@migranthelpuk.org) By Fax: 01304 800 319 | |
|  |
|  | FOR INTernal use only | |
|  | DATE RECEIVED: | |
|  | Date actioned: | |
|  | Case worker : | |

**Who can you refer?**

An asylum seeker at any stage of the asylum process who is vulnerable or is experiencing difficulty accessing or engaging with our free Helpline.

**Definition of vulnerability**

Migrant Help defines a vulnerable person as:

1. A disabled person;
2. An elderly person;
3. A pregnant woman;
4. Lone parent with a child;
5. A person who has been subjected to torture, rape or other serious forms of psychological, physical or sexual violence;
6. A victim of human trafficking;
7. A minor;
8. Any person identified in 1-7 above who has had an individual evaluation of their situation that confirms they have special needs;
9. A person that has an inability to access services by website or telephone advice line.