|  | **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 RETURNBy Email: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.