 ** **

**HOUSEHOLD SUPPORT FUND (3) RECOMMENDATION FORM**

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| **Officer/Organisation making the recommendation:** | | | | | | |
| **Application dated:** | | | | | | |
| **Applicant Name:** | | | | **Address:** | | |
| **Is this a household with Children Yes/ No** | | | | **Is this a household with a disability? Yes/ No** | | |
| **Bank statements provided: Yes / No**  **If no, please explain why** | | | | | | |
| **Income and expenditure reviewed Yes / No**  **If no, please explain why** | | | | | | |
| **Does the award relate to (tick all that apply):** | | | | | | |
| **Food** | **Energy/Water** | | **Essentials linked to Energy and Water** | | **Wider Essentials** | **Housing Costs** |
|  |  | |  | |  |  |
| **Award recommended**  **Yes / No** | | **If yes: The total amount recommended & supplier/payee is:**  **£**  (if multiple payee/suppliers, use box below) | | | | |
| **Breakdown of spend for amount recommended and recommended payee/supplier, if applicable, is:**  (i.e. electric, gas, oil, food voucher)  *See over* | | | | | | |
| **Is the Applicant being taken on as a case with Encompass, or further support being offered through signposting or referral?** | | | | | | |
| **I am making this recommendation because:** | | | | | | |