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**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:**  |