

HOPE Community Net

Our mission is to make a real difference in people's lives, and in the community you live, by giving 'A Little Bit of Hope!' to those in need.

We work with and alongside other community groups and charities, organisations and projects, dealing with poverty, hunger and homelessness. We support people with various needs or circumstances, including the following:

- Benefit delays / sanctions
- Clothes
- Food and heating
- Housing
- People with disability
- Unemployment
- Children
- Elderly
- Fresh start
- Ill Health
- Struggling with bills / debt
- White goods and furniture.

HOPE Community Net provides a resource for people who have a need that falls into any of the above categories, and possibly others – the criteria are that they have a need that a person should reasonably expect to have fulfilled if they were not struggling financially, and that were not luxury items or aspirations. Many are referred by the local food banks, debt advisors and other agencies who are working with those with the lowest incomes. Currently the maximum that may be requested is £100 for general needs, or £120 for specific items.

Basically, we don't want **anyone** to fall through the net!

We take referrals from outside agencies. These may be statutory agencies, such as Social Services or Local Authorities; support and advice agencies, such as Citizens Advice Bureau (CAB), benefits advisors or debt advisors; or local institutions, such as churches, charities and other recognisable organisations. We aim to process requests within 24 hours, although it can take up to two weeks (or occasionally longer) for the funds to become available

To refer, please complete our Referral and Application Form overleaf, and return it to us as follows:

- Print page 2 of form, complete by hand, scan completed form and email to us;
- Complete form by editing on computer, save and email back as an attachment;
- Copy text from document, paste into an email, complete the required details and email back;
- Alternatively, we can take details over the telephone.

HopeGiver FuelBank is specifically for energy top ups – gas and electricity. Our aim is to tackle fuel crisis, whilst helping to tackle fuel poverty. For FuelBank referrals, we usually try to provide at least one week's worth of gas and / or electricity or follow Ofgem's current recommendations. Referrals are made as described above, and we aim for a decision the same day, or within 24 hours.

Top-ups are provided either using vouchers, which may be taken to the nearest PayPoint provider (usually a newsagent or similar shop), or in person. Either way, you will be asked to visit your nearest FuelBank partner locations. Please note that the FuelBank is currently being developed, and we hope to launch as a comprehensive service, subject to funding, during 2018. Please visit <http://FuelBank.org.uk> for further information.

(07519) 357 523 | admin@HopeGiver.org.uk
c/o 13 Winnard Avenue, RHYL, LL18 1ED, UK

Referral and Application Form

Nature of Request (brief description) and circumstances:

Amount / Items Requested: Please enter.

I understand that posting this application does not guarantee payment. I give consent for monies to be received by HopeGiver and used on my behalf. I acknowledge receipt of payment / goods. I agree that this request may be publicised (including online and on social media) to raise awareness – no personal details will be included. (Delete as applicable.) (Signature may be obtained on application or when request is fulfilled.) Full Terms & Conditions available online.

Signature of Applicant: Signature.

Date: Enter date.

NAME OF APPLICANT	Name.	Single / Couple / Family	
Date of Birth	Date.	Male / Female	Male / Female
ADDRESS	Post Code: Please enter.		
Housing Status	Owner / Renting – Private / Council / Housing Association	Landlord	Please enter.
Telephone (mobile preferred):	Please enter telephone number.		
Email: (if none, please use referrer's email)	Please add email address.		
ID VERIFICATION: (Please Circle or delete)	Known to referrer / Utility Bill / Photo ID		
Equal Opportunities Monitoring (only if willing to give information)	Ethnic Origin: Please choose.		
	Religion: Please choose.		
Referred By (Name & Contact Details – telephone and email, if different from email form sent from):	Please provide your name plus contact telephone number.	Agency	Name of agency or organisation you represent.
		Role	Role
OFFICE USE ONLY:	Previous request? Y / N Web posting: R Contact / Request Verified:		