**Referral form – ADKC Grenfell Support Project.**

**Name of Disabled Person:** Click here to enter text.

**Current Address:** Click here to enter text.

**Best telephone number:** Click here to enter text.

**Email address (if used and they have access):** Click here to enter text.

**If the personal has any access needs that we need to take into account, please describe:** Click here to enter text.

 ***For Residents living in Grenfell on 14th June 2017 –***

***Grenfell address*:** Click here to enter text.

***Currently in Temporary or Permanent accommodation*:** Click here to enter text.

**Categories**

1. Lived in Grenfell Tower/ Walk at time of the tragedy
2. Lived in other streets in the immediate locality
3. Lived elsewhere in RBKC but lost friends / relatives in the fire
4. Lived elsewhere in RBKC but concerned about own safety in similar circumstances
5. Told own services, assessments, rehousing etc. delayed due to Grenfell response

**Which (1 or more) of the above categories does the disabled person fall into? (If none, please explain why you feel a referral would be beneficial):** Click here to enter text.

**If the person has raised any specific concerns, or has requested disability-related support – please describe** Click here to enter text.

**Finally, has the person agreed to this referral to ADKC?** Click here to enter text.