

**Application for Over 65 Fleece Electric Blanket Tiptree Community Hub CIC**

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| Organisation Applying ----------------------------------------------------------------------------------------Address--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------Telephone Number Date / / 2023 ----------------------------------------------- Email Address ----------------------------------------------- |
| **Criteria Must be over 65 plus must meet 2 further criteria. Please tick one from each column below.**  |
| * Unable to afford to heat home
* More than one resident in cold premises
* Long term health condition
* Mental health condition
* Other (please state
 | * Food Bank direct referral
* Independent Age referral
* Tiptree Volunteer direct referral
* Tiptree Medical Centre referral
* Community 360 referral
* Provide referral
* Social Care Direct Referral
* Other (please state)
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| Name of recipient if possiblePlease use NHS number or other identifying number if a name is not possible e..g.DOB + postcode |  |
| Location of recipient (Tiptree, Messing etc.) |  |
| Authorised by Print Name |  |
| Signed |  | Date |  / / 2023 |
| Date blanket collected and dispensed by TCH Print Name |  |
| Signed |  | Date |  / / 2023 |