

## INFORMATION, ADVICE AND SUPPORT SERVICES

Age UK Oldham Benefits Referral Form

Age UK Oldham Information, Advice and Support Services assists people in claiming **pension age benefits, disability benefits and carers allowance**. All referrals will receive an initial telephone call within 2 working days of receiving referral. To make a referral to the service please fully complete this form and return to [laura.maguire@ageukoldham.org.uk](mailto:laura.maguire@ageukoldham.org.uk) or post to: **Age UK Oldham, 10 Church Lane, Oldham OL1 3AN.**

Referral Date: 

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### Service user details

<b>Name:</b>	<b>Telephone:</b>	<b>Date of Birth:</b>
<b>Address:</b>		
		<b>Postcode:</b>
<b>Has the service user given consent for a referral to be made?</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Is the service user receiving any benefits at the current time? This includes means / non means tested. (Please give brief details)</b>		

**Is the service user a carer?** Yes  No  Unknown   
**Does the service user live alone?** Yes  No  Unknown   
**Does the service user struggle with daily living tasks?** Yes  No  Unknown

### Is there any other representative you would like us to contact in relation to the referral?

<b>Name:</b>	<b>Tel:</b>	<b>Relation:</b>
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### Type of help needed, if known.

<input type="checkbox"/>	Attendance Allowance	<input type="checkbox"/> Home Visit	<input type="checkbox"/> Office Visit
<input type="checkbox"/>	Attendance Allowance <b>and</b> Benefit Check	<input type="checkbox"/> Home Visit	<input type="checkbox"/> Office Visit
<input type="checkbox"/>	Attendance Allowance <b>and</b> Blue Badge	<input type="checkbox"/> Home Visit	<input type="checkbox"/> Office Visit
<input type="checkbox"/>	Attendance Allowance <b>and</b> Council Tax Reduction / Housing Benefit (Over State Pension age)	<input type="checkbox"/> Home Visit	<input type="checkbox"/> Office Visit
<input type="checkbox"/>	Attendance Allowance <b>and</b> Pension Credit	<input type="checkbox"/> Home Visit	<input type="checkbox"/> Office Visit
<input type="checkbox"/>	Benefit Check	<input type="checkbox"/> Telephone Appointment	<input type="checkbox"/> Office Visit
<input type="checkbox"/>	Blue Badge	<input type="checkbox"/> Office Visit	
<input type="checkbox"/>	Carers Allowance	<input type="checkbox"/> Telephone Appointment	<input type="checkbox"/> Office Visit
<input type="checkbox"/>	Council Tax Reduction / Housing Benefit (Over State Pension age)	<input type="checkbox"/> Office Visit	
<input type="checkbox"/>	Help with health costs (HC1)	<input type="checkbox"/> Office Visit	
<input type="checkbox"/>	Pension Credit	<input type="checkbox"/> Office Visit	

### Please tick if your client has any of the following

<input type="checkbox"/>	Hearing impairment	<input type="checkbox"/>	Mobility / physical problems
<input type="checkbox"/>	Speech impairment	<input type="checkbox"/>	Other (Please specify):
<input type="checkbox"/>	Cognitive impairment		

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**Risk Assessment**

Please answer the following questions fully.

**Is the service user at risk of, or experiencing:**

- Self-neglect?** Yes  No  Unknown   
**Intentional self-harm?** Yes  No  Unknown   
**Abuse from others?** Yes  No  Unknown   
**Violence / aggression?** Yes  No  Unknown   
**Environmental hazards?** Yes  No  Unknown

**Any other risk factors?** If yes, please explain in further comments.

<b>Further Comments / Access to property:</b>

<b>Any other relevant information:</b>

<b>Referrer details</b>	
<b>Name:</b>	<b>Telephone:</b>
<b>Organisation:</b>	<b>Email:</b>

**Office Use Only**

**Applications**

Date received \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Date processed \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Processed by \_\_\_\_\_

**Contact**

Date client contacted \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Contacted by: \_\_\_\_\_  
 Appointment made: Yes / No      Date of appointment \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Completed**

Confirmed as completed \_\_\_\_\_      Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_