**Referral form: Welfare Benefits Home Visiting Service**

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| **Please confirm that consent is given for:**   * this referral to the Welfare Benefits Home Visiting Service * personal data to be stored in line with current GDPR regulations * Age UK Bucks to contact any third parties in order to meet your needs * Consent for audit   **WITHOUT THIS CONSENT WE CANNOT PROCESS THIS REFERRAL** | **YES / NO** |

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| Title & Last Name: | First Name: |
| Address:  Postcode: | Telephone no:    Alternative number:    Email Address: |
| Preferred contact method:  Preferred time of day: AM PM |
| Do you/they live alone? Please detail | Marital status: |
| Ethnicity: | Date of birth: |

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| **Referrer’s details** | |
| Name:  Referring organisation & contact details: | Relationship of referrer to referred person:  Date of referral: |

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| **Are you/they already in receipt of any benefits? If yes, please detail below.** |
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| **Please indicate the benefit to be applied for:** | | | |
| Attendance Allowance |  | Pension Credit/Guarantee |  |
| Attendance Allowance upgrade |  | Carers Allowance |  |
| Disability Allowance upgrade |  | Personal Independence Payment |  |
| Unknown – general benefits eligibility check |  |  |  |

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| **Please tell us about any health problems you/they have, including how long this has been experienced.** |
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| **Do you/they have any hearing loss or sight loss? Please give details.** |

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| **Please tell us about any personal care needs you/they have – even if these are not being met at the moment. This is important as it will indicate eligibility for benefits – please give detail in each of the areas below. We will be unable to process this referral without adequate information.** |
| Washing, bathing, personal care – e.g., getting in and out of the bath/shower, washing/drying hair |
| Getting dressed and undressed – e.g., fastenings, shoelaces, buttons |
| Help at meal times – e.g., help with eating and drinking, remembering to eat, meal preparation |
| Going to the toilet eg use of commode/incontinence pads, toilet frequency |
| Help with medical treatment - e.g., identifying your medicine, reading instructions, managing health conditions |
| Supervision/getting around safely – e.g., managing stairs, moving safely from one room to another, needing someone to keep an eye on you |
| Communication - e.g., help to hear or understand others, reading and writing letters/emails |

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| **Please let us know your/their doctor’s details** | |
| Name & Surgery: | Telephone Number: |

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| **Please tell us about any risks/ concerns for our home visiting service – e.g. environment, pets, smoking.** |
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| **Please give details of next of kin or emergency contact** | | |
| Name: | Telephone: | |
| Email: | | |
| Address: | | |
| Their relationship to you/the person who would like the Welfare Benefit Service: | | |
| **Is there a Power of Attorney in place?**  *We may need to see evidence of this if we are supporting you with benefits.* | | YES / NO |
| **Please confirm that we have the next of kin’s consent to keep their contact details on our database and to contact them if necessary.** | | YES / NO |

**Please return by either**:

* **Post**: Age UK Buckinghamshire, 145 Meadowcroft, Aylesbury, HP19 9HH
* **Email**: [age@ageukbucks.org.uk](mailto:age@ageukbucks.org.uk)