Age UK Oldham Information, Advice and Support Services includes a Welfare Benefits Service assisting 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, if applicable, and any subsequent appointments will be booked as necessary. To make a referral to the service please fully complete this form and return to

jessica.brooks@ageukoldham.org.uk or post to **Information Centre, 3 Lord Street, Oldham, OL1 3HB.**

|  |  |
| --- | --- |
| **Client details** | **Referral date:**  |
| Name: | Tel: | DOB: | Age: |
| Address: |
|  | Postcode: |
| **Has client given consent for a referral to be made?** |  |
| **Is the client receiving any benefits at the current time? This includes means / non means tested.***(Please give brief details)* |
| Is the client a carer? |  | Do they live alone? |  | Does the client struggle with daily living tasks?**(ex. dressing, bathing, climbing the stairs, preparing meals etc)** |  |

|  |
| --- |
| **Is there any other representative you would like us to contact in relation to the referral?** |
| Name: | Tel: | Relation: |

|  |
| --- |
| **Preferred contact method** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Telephone |  | Home visit only - ***Please give brief detail.*** |
|  | Office Appointment |  | Post |

|  |
| --- |
| **Type of help needed, if known.** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | General Information / Advice |  | Form completion / Letter writing |
|  | Benefit Check |  | Personal Independence Payment |
|  | Pension Credit |  | Disability Living Allowance |
|  | Attendance Allowance |  | Council Tax Reduction / Housing Benefit |
|  | Carers Allowance |  | Help with health costs |
|  | Blue Badge |  | General Benefits / advice (Please specify): |

|  |
| --- |
| **Please tick if your client has any of the following** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Hearing impairment |  |  Mobility / physical problems |
|  | Speech impairment |  |  Other (Please specify):  |
|  | Cognitive impairment  |

**Any other relevant information**:

|  |
| --- |
|  |

|  |
| --- |
| **Referrer details** |
| Name:  | Tel: |
| Organisation: | Email: |

**Office Use Only**

**Applications**

Date received \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date processed \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Processed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact**

Date client contacted \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Contacted by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appointment made: Yes / No

Date of appointment \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Nature of appointment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Completed**

Confirmed as completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_