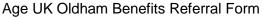


## INFORMATION, ADVICE AND SUPPORT SERVICES





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 <a href="mailto:iessica.brooks@ageukoldham.org.uk">iessica.brooks@ageukoldham.org.uk</a> or post to Information Centre, 3 Lord Street, Oldham, OL1 3HB.

| Client details   |                          |                               | Referral date:  |                 |                   |  |
|--|--------------------------|-------------------------------|---|-----------------|-------------------|--|
| Name:  |                          | Tel:                          | 1   | DOB:            | Age:              |  |
| Address:   |                          | •                             |   |                 | •                 |  |
|  |                          |                               |   | Postcode:       |                   |  |
| Has client given cons                                  |                          |                               |   |                 |                   |  |
| Is the client receiving<br>(Please give brief details) |                          | urrent                        | time? This incl   | udes means /    | non means tested. |  |
| s the client a carer? Do they live alone?              |                          | (ex                           | Does the client struggle with daily living tasks? (ex. dressing, bathing, climbing the stairs, preparing meals etc) |                 |                   |  |
| Is there any other rep                                 | resentative you woul     | ld like                       | us to contact in  | relation to the | e referral?       |  |
| Name:  | el:                      | Relation:                     |   |                 |                   |  |
| Telephone  |                          |                               | Home visit only - Please give brief detail.   |                 |                   |  |
| Telephone Office Appointment                           |                          |                               | Home visit only - Please give brief detail.   |                 |                   |  |
|  |                          | Post                          |   |                 |                   |  |
| Onice Appointment                                      |                          | 1 031                         |   |                 |                   |  |
| Type of help needed, if                                |                          |                               |   |                 |                   |  |
| 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 | ng                            |   |                 |                   |  |
| Hearing impairment                                     | -                        | _                             | Mobility / physical problems  |                 |                   |  |
| Speech impairment                                      |                          | Other (Please                 | specify):   |                 |                   |  |
| Cognitive impairment                                   |                          |                               |   |                 |                   |  |



## INFORMATION, ADVICE AND SUPPORT SERVICES Age UK Oldham Benefits Referral Form



| Any other relevant information:                         |        |  |  |  |  |  |
|---|--------|--|--|--|--|--|
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|   |        |  |  |  |  |  |
|   |        |  |  |  |  |  |
| Referrer details  |        |  |  |  |  |  |
| Name:   | Tel:   |  |  |  |  |  |
| Organisation:   | Email: |  |  |  |  |  |
| Office Use Only   |        |  |  |  |  |  |
| Applications  |        |  |  |  |  |  |
| Date received / /<br>Date processed / /<br>Processed by |        |  |  |  |  |  |
| Date processed / /                                      |        |  |  |  |  |  |
| Processed by  |        |  |  |  |  |  |
|   |        |  |  |  |  |  |
| Contact   |        |  |  |  |  |  |
| Date client contacted//                                 |        |  |  |  |  |  |
| Contacted by  |        |  |  |  |  |  |
| Appointment made: Yes / No                              |        |  |  |  |  |  |
| Date of appointment / /<br>Nature of appointment        |        |  |  |  |  |  |
| rvature or appointment                                  |        |  |  |  |  |  |
| Completed   |        |  |  |  |  |  |
| Confirmed as completed                                  |        |  |  |  |  |  |
| Date / /  |        |  |  |  |  |  |