

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. <i>(Please give brief details)</i>			
Is the client a carer?	Do they live alone?	Does the client struggle with daily living tasks? <i>(ex. dressing, bathing, climbing the stairs, preparing meals etc)</i>	

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 - <i>Please give brief detail.</i>
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 ____ / ____ / ____