

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 or jessica.brooks@ageukoldham.org.uk or post to:
Age UK Oldham, 10 Church Lane, Oldham OL1 3AN.

Referral Date:

		2019
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Service user details		
Name:	Telephone:	Date of Birth:
Address:		
		Postcode:
Has the service user given consent for a referral to be made?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the service user receiving any benefits at the current time? This includes means / non means tested. (Please give brief details)		

Is the service user a carer?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
Does the service user live alone?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
Does the service user struggle with daily living tasks?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>

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

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 and Benefit Check	<input type="checkbox"/> Home Visit	<input type="checkbox"/> Office Visit
<input type="checkbox"/>	Attendance Allowance and Blue Badge	<input type="checkbox"/> Home Visit	<input type="checkbox"/> Office Visit
<input type="checkbox"/>	Attendance Allowance and Council Tax Reduction / Housing Benefit (Over State Pension age)	<input type="checkbox"/> Home Visit	<input type="checkbox"/> Office Visit
<input type="checkbox"/>	Attendance Allowance and 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		

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.

Further Comments / Access to property:

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Any other relevant information:

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Referrer details

Name:	Telephone:
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 ____ / ____ / ____

Completed

Confirmed as completed _____

Date ____ / ____ / ____