**Newcastle Welfare Rights Service**



**Electronic Referral Sheet**

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| **This section must be completed or the referral will not be accepted.**  Can you confirm if there is any information known to you that indicates a risk from making a visit to  this person at their home address?  No  Signed **Urgent:** Yes  No (Refer to criteria on reverse)  Please provide more details (including a copy of a risk assessment)      Date of referral       Referred by: Name  Organisation  Reason for referral       Address    e-mail       Phone no  **Deadline date:** | |
| Client’s full name: Ethnicity**:**    **AIMS ID       CareFirst ID**  DOB:  Nat Ins No:  Address:      **Ward:**  Phone No: | Partner/Cared for person’s full name (if relevant):    DOB:  Nat Ins No:  Address:        Phone No: |
| Any Dependant Children? No    Yes  Details: | |
| Current benefits? (Please list name of benefit and amount, if known).    Accommodation: | Other income? (Please list type and amount)    Savings? |
| **Welfare Rights Officers notes:** | |
| How did you/client hear about our service? (Tick)   * Existing client * Word of mouth (e.g. friend, relative) * Professional * Talk, training * Information (e.g. leaflet, website, poster) * Specify if able | **Office use only**  Action for admin (triage to complete)  Order forms  Office Appt  Home Visit  Other |

Return form by fax (0191) 2772622 or email [welfare.rights@newcastle.gov.uk](mailto:welfare.rights@newcastle.gov.uk) or phone (0191) 2772633

**Referral checklist:**

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| **AIMS ID** | | **CareFirst ID** |
| **Over 65 Y/N** |  | |
| **Health:**  Care at Home  Social Worker  Hospital Consultant  Sensory Disability  Serious/Critical Illness | **Details:** (Include Condition(s), Professionals name/place & GP) | |
| **Mental Health:**  Psychiatrist/CPN  Learning Disability  Autism  Aquired Brain Injury | **Details:** (Include Condition(s) name/place of Psychiatrist,  Counsellor, CPN, Psychologist and/or Professional & GP) | |
| **Caring:**  Carer  Cared for | **Details:** | |
| **Employment:**  Offered a Job | **Details:** | |
| **Financial Crisis:**  No Household Income | **Details:** | |
| **Sickness:**  Failed Medical  Lost ESA | **Details:** | |
| **Professional:**  Has a Health or Social Care professional told you to ring | **If yes, ask them to refer you please** | |
| **Technical:**  Overpayment  Habitual Residence | **Details:** | |
| **NCC Employee:**  Redundancy  Other | **Details:** | |