Newcastle City Council

Newcastle Welfare Rights Service
Electronic Referral Sheet

Newcastle Welfare Rights Service

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:	Partner/Cared for person's full name (if relevant):
AIMS ID .... **CareFirst ID**	DOB: ....
DOB:	Nat Ins No: ....
Nat Ins No:	Address: ....
Address:	
Ward:	Phone No: ....
Phone No:	

Any Dependant Children? No ☐

Yes ☐ Details: ____________________

Current benefits? (Please list name of benefit and amount, if known). Accommodation: Your Homes Newcastle	Other income? (Please list type and amount) Savings?

Welfare Rights Officers notes:

How did you/client hear about our service? (Tick)	**Office use only**
• Existing client ☐	Action for admin (triage to complete)
• Word of mouth (e.g. friend, relative) ☐	Order forms ☐ ....
• Professional ☐	Office Appt ☐ ....
• Talk, training ☐	Home Visit ☐ ....
• Information (e.g. leaflet, website, poster) ☐	Other ☐ ....
• Specify if able	

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

Updated 25/07/2013

Referral checklist:

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:**