**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 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:** |