

### **REFERRAL FORM - GUIDANCE NOTES:**

The team consists of 7 officers: Principal Officer (Team Manager), 3 full-time and 2 part-time Visiting Officers and One Finance Assistant.

We ask that referrers provide as much information as possible on the referral form when a client is referred to us for advice and assistance.

We take referrals from local Mental Health resource centres, day centres, social work staff, Health care professionals, carers and other voluntary groups.

As a prerequisite to taking on a client, we require all Internal Personnel i.e. Social Care/Care Managers to submit referral request via Finance Assessment Team. We request all other/external Agencies to complete the referral form.

We will be unable to proceed with any casework without a fully completed referral. Any incomplete referrals will be returned for revision/completion.

### **Referral Criteria**

We focus on dealing with clients who have problems negotiating the welfare benefits system, we specialise in helping them with appeals and providing advocacy support and tribunal representation.

We may on occasion refer the client on to a partner organisation for more specialist advice and help. I.e.: debt advice, immigration advice

### **Guidance notes on completion of the referral form.**

A great deal of our work involves obtaining medical evidence in support of claims and appeals on claims that have been unsuccessful.

Please ensure you provide details of all ensure care and medical professionals involved with the client. I.e: GP's, CPN's, consultants, Occupational therapists, social workers and care workers.

Contact numbers for all parties are essential, again for obtaining further information and evidence.

**Reason for referral:** please give as much information as possible; continue on a separate sheet if necessary.

**Income:** Please list all known sources of income, benefits and savings. This will enable to carry out benefit health check and assist the client to maximise benefit entitlement.

**Relevant medical history:** Please state fully the client's conditions, medications and dates of hospital admissions. We will often be carrying out lone officer visits and need to be made aware of any issues that may impact on the safety of our staff. We would like to stress the importance of being fully informed on any relevant safety issues or concerns.

### **What if we can't help?**

There may be occasions where a referral is received that we are unable to deal with. In such cases we will seek to identify another more appropriate service provider who can offer further advice and assist the client. If so, we will refer the client on to this service.

We call this onward referral "**signposting**". We will keep a record of this onward referral and follow up on the outcome.