# lbl2

# EVERY POUND COUNTS REFERRAL FORM

Every Pound Counts provides support to help vulnerable residents access benefits. The service is only for people who have a long-term health condition or disability, and who may have difficulty accessing advice service and / or acting on information, for example due their personal circumstances or health issues.

We may not be able to assist everyone referred to our service and prioritise those with the most urgent advice needs / complex support needs.

## How to send us this referral

Completed referral forms should be sent to: EveryPoundCounts@lambeth.gov.uk

If you need more information, you can contact the team or visit our website.

* Contact email: EveryPoundCounts@lambeth.gov.uk
* Website: <https://www.lambeth.gov.uk/benefits-financial-support/get-benefits-advice>

Benefit entitlement depends on the person’s individual circumstances including income, savings, health, family composition and immigration status. This is why the referral form asks you to provide detailed information on these areas.

To help support engagement please identify whether the person has any access needs and vulnerabilities the service needs to be aware of. You can include any further information which may be helpful in the box at the end of the form.

## When referring to EPC

The referral form must include information on:

* health conditions
* what is known about benefits in payment and why a referral is required
* living arrangements / contact details
* consent to the referral or confirm why consent has not been sought
* immigration status if the person referred if not a UK national

## Section One – service eligibility

**REASON FOR REFERRAL**

Provide background/history to explain why the referral is being made. Outline any health conditions and any difficulties the person may have accessing services, communicating or engaging with services or acting on advice provided or any other complex needs / vulnerabilities.

**The service only assists vulnerable residents who have a long term health condition**

Highlight which of the health conditions that apply:

* mental ill health
* learning disability
* physical disability
* serious long term physical health condition
* sensory disability
* cares for an ill or disabled or ill child, or child who has significant developmental delay or mental health support needs

## Section Two - contact details for the service user referred

Name and title

Date of birth:

Age:

National Insurance No.:

Current address

Telephone number (include both landline and mobile if you have both):

Email address:

**If the person has a carer, please provide further details. This may affect benefit entitlement**

Name and address

Telephone number (include both landline and mobile if you have both):

Relationship to adult:

Please provide details of the best way to contact the client

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### REFERRAL DETAILS

Name:

Telephone number:

Team details:

Email:

Date:

## Section 3 - nature of benefit enquiry

Provide explain benefit problems the person referred is experiencing and the impact of this.

If support is needed to challenge a decision where possible confirm the date of the decision and send a copy of the decision letter. If urgent advice is needed explain why.

Examples of enquiries that require a more urgent response:

* benefits reduced / insufficient income / savings to meet essential needs.
* benefits stopped and appeal needed.
* financial abuse
* has rent arrears possible risk of eviction.
* benefits problems need to be resolved to support hospital discharge
* needs advice on whether to claim Universal Credit due to a change in circumstances

Examples of enquiries that do not require an urgent response:

* advice on whether benefits in payment correct / person are claiming all relevant benefit
* advice on claiming disability benefits (attendance allowance, personal independence payment or disability living allowance
* needs assistance with council tax benefit
* needs advice on carer benefits

If you are requesting advice for another reason provide more information in the comments box below.

## Section 4: current financial situation and any support needed to manage finances

1. Does this person receive Housing benefit?

**YES [ ]  NO [ ]  Not relevant [ ]  Not Known [ ]**

1. Does this person means tested receive any DWP MEANS TESTED benefits such as Universal Credit, Employment and Support Allowance – Income related, Pension Credit?

**YES [ ]  NO [ ]  Not Known [ ]**

**Where known, provide more information on financial details (weekly income/benefits)**

|  |  |
| --- | --- |
| **Income and benefits** | **£** |
| State Retirement Pension |  |
| Occupational Pension |  |
| Pension Credit |  |
| Income Support |  |
| Employment & Support Allowance |  |
| Universal Credit |  |
| Attendance Allowance |  |
| Pip / Disability Living Allowance (Care) |  |
| Pip / Disability Living Allowance (Mob) |  |
| Housing Benefit |  |
| Council Tax Benefit |  |
| Other Benefits (Please Specify)  |
|  |  |

1. Does this person have savings over £16,000?

**YES [ ]  NO [ ]**

1. Are there any concerns about financial abuse or neglect?

**YES [ ]  NO [ ]**

## Section 5 – living arrangements

1. Does the person live alone?

**YES [ ]  NO [ ]**

1. Do they with other members of their family?

**YES [ ]  NO [ ]**

1. Please select from list below the type of accommodation the person lives in

Owner **[ ]**

Living with family / others **[ ]**

Council tenant **[ ]**

Housing association **[ ]**

Privately rented **[ ]**

Supported housing **[ ]**

Extra care **[ ]**

Hostel **[ ]**

Homeless / living with others **[ ]**

Residential care **[ ]**

Temporary accommodation **[ ]**

Has the person been or is currently in hospital within last 6 months?

**YES [ ]  NO [ ]**

*If YES, provide date of admission, discharge, name of hospital*

## Section 6 - service network

List services currently or recently involved, including organisations that may have been providing benefit advice and support.

## Section 7 - consent

1. If the individual has capacity, please confirm whether they have agreed to the referral being made

**YES** **[ ]  NO** **[ ]**

If no, please explain why

1. Are there any concerns about mental capacity? *If yes, explain your concerns below*

**YES [ ]  NO [ ]**

1. Does anyone manage the individual’s financial affairs?

**YES** **[ ]  NO** **[ ]**

If yes, what type of authority, if any, is held by this person?

DWP appointee **[ ]**

Power of Attorney **[ ]**

Deputy **[ ]**
Other, please specify in the box below

Please provide the contact details for this person:

1. Is there anything else that the service needs to be aware of?
2. If the person is not a UK national, please provide further information

### **Consent form**

The Every Pound Counts service (the ‘Service’) provides benefit advice. The Service can help:

* make new benefits claims or request reviews to increase benefits in payments
* challenge decisions to stop benefits
* where we cannot help, refer you to an appropriate agency or department.

The ‘Service’ is provided by Lambeth Council. By signing this form, you agree to receive benefit advice from the ‘Service’, and for the ‘Service’ to contact the agencies below to access relevant information to provide advice on benefit entitlements.

|  |
| --- |
| I authorise the Service to contact the Department of Work and Pensions (DWP), Housing Benefit, medical services, and other agencies on my behalf to obtain information, and act on my behalf in order to:* access entitlement to DWP benefits, Tax Credit, Housing Benefits and Council Tax Support
* help me claim new or additional benefit income
* request reviews / revisions and appeals on my behalf
* make complaints
 |
| I understand information about my health will be used and shared to provide the Service and I hereby give my consent to do so. |

The ‘Service’ will collect or obtain your personal information to provide you with accurate benefit advice and carry out case work to support you to access benefit entitlements. We need to keep electronic case records in order to manage case work effectively and for quality assurance purposes.

If information is not provided, we can provide advice and / or advocacy or representation on benefit issues.

All information will be treated in confidence and in accordance with data protection legislation.

You may withdraw your consent at any time by contacting the service.

For more information about who we may share your information with and why, and we keep your data safe, please visit [www.lambeth.gov.uk/privacy-notice](http://www.lambeth.gov.uk/privacy-notice)

**Signature: Date:**