**Welfare Benefit & Debt Advice   
Referral Form   
Email to: Advice@mindinsalford.org.uk**

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| **Client** | | | | | |
| Name | Date of Referral | | | | |
| Address | Hospital/Ward Details (if applicable)  Under a MH Section? Please provide details | | | | |
| Telephone Number | Email Address | | | | |
| Date of Birth | Gender | | | | |
|  | | | | | |
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| **Support Required**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Benefits  Check |  | PIP |  | Form  Filling □ | UC |  | Form  Filling □ | | Debt |  | ESA |  | Form  Filling □ | Other |  |  | | | | | | |
|  | | | | | |
| **Referral Details** | | | | | |
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| GP Name | Practice Address | | | | |
| Telephone Number |
|  | | | | | |
| Does the person present any **risk** of harm to themselves or others *(please detail)* | | **Yes** |  | **No** |  |
| Risk Details (please include anything that may affect potential home visits) | | | | | |
|  | | | | | |
| **Referrer** | | | | | |
| Agency (including department or team) | Worker Name | | | | |
| Position | Relationship to Client | | | | |
| Telephone Number | E-mail | | | | |
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