**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 |  |  |

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| **Referral Details** |
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| GP Name | Practice Address |
| Telephone Number |
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| 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) |
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| **Referrer**  |
| Agency (including department or team) | Worker Name |
| Position | Relationship to Client |
| Telephone Number | E-mail |
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