|  |
| --- |
| **Richmond AID- HOUNSLOW Benefits Referral Form – Oct 2020** |
| From October 2020 Richmond AID will be delivering a welfare benefits service across the **borough of Hounslow**. You can make referrals by secure email. **Email** advice@richmondaid.org.uk  **Phone** 020 8831 6464 **Post** Richmond AID, Disability Action & Advice Service, 4 Waldegrave Rd, Teddington, TW11 8HT. **Website** [www.richmondaid.org.uk](http://www.richmondaid.og.uk) **The Welfare benefits service** can offer information, advice and support to people with disabilities about their benefit entitlement * The service is available for anyone 18 years old and above.
* We can offer checks on entitlement and information on how to apply for benefits
* Assistance with form filling
* Challenging decisions and representation at Tribunal level.
 |

|  |  |
| --- | --- |
| Client INFORMATION |  |
| name | aDDRESS: |
| home telephone number/mobile telephone number | Email |
| Date of birth | Ethnicity |
| first Language | OTHER LANGUAGES |
| COMMUNICATION NEEDS e.g. British Sign Language, interpreter | ACCESS INFORMATION e.g. slow to door, large dog |
| KNOWN RISKSplease tell us about any health and safety risk or other risks | CONTACT DETAILS OF CARER OR SERVICE USER REPRESENTATIVE |
| **PATIENTS GP DETAILS** | **HEALTH CONDITION(S) or DISABILITIES**  |
| name / address / telephone number |  |
| **REASON FOR REFERRAL – Client background/ current situation, support needed.**  |
| Please give as much detail as possible |
| Other relevant information -  |
|  |
| Referrer Information |  |
| Name  | Job Title |
| Team | Organisation |
| contact number(s) | email |
| Date of referral  | referral method Email ❑ Post ❑ Phone ❑ Egress ❑ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **CLIENT CONSENT** |
| I give my consent to share the information on this form with Hounslow benefits advice at Richmond AID so they can contact me. **Yes ❑ No ❑ Verbal Consent given ❑ or Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_** |