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**Age UK Croydon Information & Advice Service**

**External Referral Form**

Please fill in all the sections below and email the completed form to: **asc@ageukcroydon.org.uk**. Once we have received the form our Triage team will aim to contact you and process the referral within 3 working days.

**Please note we cannot take referrals for the following people:**

* People who lack the mental capacity to engage with the I&A Service;
* People with significant mental health conditions or drug/alcohol abuse that is not managed, or for whom support from relevant services has been refused;
* People who have complex needs and who need support rather than advice (these people would be better supported by the PIC Service).

**Essential Criteria (please tick boxes to confirm):**

|  |  |
| --- | --- |
|  | **Over 55 (unless in exceptional circumstances; if under 55, please discuss with the Croydon Adult Support Team** **and provide reason for referral here):** |

|  |  |
| --- | --- |
| **Support required: please tick all boxes which apply. Note that we do not currently offer advice/casework relating to PIP, DLA, Universal Credit, immigration, appeals and tribunals, and Housing application follow ups.** | |
|  | **Attendance Allowance advice/application** |
|  | **Welfare Benefit Check** |
|  | **Council Tax Support advice/application** |
|  | **Travel Concessions (Blue Badge, Taxicard, Disabled Person’s / Older Person’s Freedom Pass)** |
|  | **Pension Credit advice/application** |
|  | **Housing Benefit advice/application** |
|  | **Housing advice/application** |
|  | **Community Care advice** |
|  | **Financial Advocacy (including debt, LPA)** |

**Referrer Details:**

|  |
| --- |
| **Name:** |
| **Contact Details:** |
| **Job Title:** |
| **Organisation and Team:** |

**Client Details:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** | | **Client’s consent obtained: Yes  No** | | |
| **Address:** | | | | |
| **Phone number:** | **Date of birth:** | | | **Gender:** |
| **Contact instructions (if relevant):** | | | **National Insurance Number, if known:** | |
| **If home visit needed, please give reason:** | **Are there any risks to doing a home visit – if yes please specify:** | | | |
| **Further background information on client’s circumstances (please include housing, financial, family, health and any other relevant information):** | | | | |

**Please return this form to** [**asc@ageukcroydon.org.uk**](mailto:asc@ageukcroydon.org.uk)**. Thank you**