 **Redcar & Cleveland Welfare Rights Team Referral Form**

Welfare Rights can assist with any social security benefit and tax credit issue. Please be aware that all referrals will receive telephone advice initially. An appointment or home visit will only be arranged if needed. Please provide as much information as possible and make sure the client consents to the referral prior to submitting.

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| **Referrers Details** |
| Date of referral: Click or tap to enter a date. |
| Name: Click or tap here to enter text. |
| Contact number: Click or tap here to enter text. |
| Email: Click or tap here to enter text. |

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| **Clients Details** | |
| Name: Click or tap here to enter text. | |
| Address: Click or tap here to enter text. | |
| Contact number: Click or tap here to enter text. | NI: Click or tap here to enter text. |
| Date of Birth: Click or tap here to enter text. | GP: Click or tap here to enter text. |

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| **Person to be contacted if not the client (parent/partner/carer/appointee)** | |
| Name: Click or tap here to enter text. | |
| Address: Click or tap here to enter text. | |
| Contact number: Click or tap here to enter text. | Relationship: Click or tap here to enter text. |

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| **Issue/Reason for referral** |
| (Please include details of which benefit the issue relates to, income and savings, household, health conditions and dates of decisions if applicable)  Click or tap here to enter text. |

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| **Any other information** |
| (Please include details of any risk factors, any additional support needed in order to assist and any other information relevant to make contact)  Click or tap here to enter text. |

Once completed please return by e-mail to [welfarerights@redcar-cleveland.gov.uk](mailto:welfarerights@redcar-cleveland.gov.uk)

THANK YOU