This form is for professionals only. Please complete a referral and upload this form on NCAN or if you are not part of NCAN please email [advice@ageuknorfolk.org.uk](mailto:advice@ageuknorfolk.org.uk)

If you or a friend of family member requires Information and Advice please contact our advice line either via email [advice@ageuknorfolk.org.uk](mailto:advice@ageuknorfolk.org.uk) or by telephone 0300 500 1217

Age UK Norfolk provide an information and Advice service that can cover the following areas for clients

**Welfare benefits.** Telephone Benefit entitlement checks and support with claiming benefits via appointments (such as Attendance Allowance) over the phone or via home visit.

**Lasting Power of Attorney,** Overview, and practicalities. We also offer a free service Assisting with form completion and registration

**Help with grants**

**Social care assessment**

**Paying for care and support**

**Local clubs and groups**

**We can also discuss Age UK Norfolk’s other services and how we might be able to help you further**

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| --- | --- | --- | --- | --- | --- |
| **REFERRER’S DETAILS** | | | | | |
| You must have consent from the service user to make this referral, without it the referral will be rejected Please confirm that you have gained consent | | | | Yes | No |
| **Date of Referral:** |  | **Name:** |  | | |
| **Relationship to service user:** |  | **Organisation:** |  | | |
| **Your ref/LAS No.** |  | **Email:** |  | | |
| **Telephone:** |  | **Mobile:** |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DETAILS OF SERVICE USER** | | | | |
| **Title** |  | **Name** | |  |
| **Date of Birth** |  | **Preferred name** | |  |
| **Phone No.** |  | **Mobile No.** | |  |
| **NI No.** |  | **Email** | |  |
| **Home Address:** |  | | | |
| **Type of residence** (care home/ own property / sheltered accommodation) | | |  | |
| **If the service user is in not currently at home as they are in care or hospital, please state where they are and when they are due to be home** | | | | |
|  | | | | |
| **Who does the service user live with?** | |  | | |
| **Are there concerns about the person’s mental capacity?** | |  | | |
| **Are there any communication barriers we should be aware of?**  Our service is delivered via phone, video or email. We currently do not offer face to face appointments for our initial Information and Advice service. | |  | | |

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| **Are there any risk issues we need to be aware of to themselves or to others?** |
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| **Please give the reason for the referral and supply any further details that may help Age UK Norfolk provide the Information and Advice service to the person you are referring. Including any steps that have already been taken to support the client** | | | |
|  | | | |
| **Details of any other contacts we need to be aware of for this referral to proceed** | | | |
| **Contact** | | | |
| Title: |  | Name: |  |
| Phone: |  | Relationship to service user: |  |
| Address: |  | | |
| Has the service user given permission for them to be contacted? | Yes/No | Do they hold LPA? | Yes/No |
| What support are they providing? |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Details of any other significant agency involved** | | | |
| Agency name : |  | Phone: |  |
| Named person and involvement: |  | | |