

**IDK Support 4 You Ltd Referral Form**

**Please complete all sections. All referrals for Appointee ship must be submitted with a purchase request form. All referrals for Direct Payments Accounts must be submitted with a support plan and sign off record.**

**Name:**

**Address:**

**Previous Address if different in last 3 years.**

**Contact Telephone Number:**

**National Insurance Number:**

**Carefirst Number:**

**Date of Birth:**

**Social Worker Name:**

**Based at:**

**Contact Number:**

**Email Address:**

**Main Point of Contact:**

**Telephone Number:**

**Email Address:**

**Service Level Requirements: (Price List of 21/01/2013)**

**One Off Set Up Fee (2 visits) £39.00**

**Weekly Personal Money/Visit £16.00 - £27.00 pr week**

**Additional Visits (per visit) £15.00**

**Dept. Management £5.00 pr week**

**Closure of Estate in the event of death £200.00 (one off fee)**

* **Notify DWP**
* **Notify financial institutions**
* **Settle funeral and other bills**
* **Distribute estate to executors or instruct a solicitor**

**Funding Stream: SCC/Council NHS CHC Private**

**ILF**

**Does your client have capacity? Yes/No**

**If No has a Mental Capacity Assessment been completed? Yes/No**

**Does your client have a Learning Disability? Yes/No**

**Can your client speak on the telephone/answer questions? If so what is the best time to contact them**

**Other illness/Issues IDK Support 4 You Ltd should be aware of:**

**GP Name:**

**Address:**

**Contact Number:**

**Is a Postal Redirection Required? Yes/No**

**Benefit Entitlement:**

|  |  |
| --- | --- |
| **Benefit** | **Yes/No** |
| **Attendance Allowance** |  |
| **Disability Living Allowance** |  |
| **Employment Support Allowance** |  |
| **Incapacity Benefit** |  |
| **Severe Disablement Allowance** |  |
| **Severe Disablement Premium** |  |
| **State Pension** |  |
| **War Pension** |  |
| **Private Pension****Name of Company:****Address if know:****Reference:** |  |
| **Working Tax Credit** |  |
| **Child Tax Credit/Child Benefits** |  |
| **1st Dependence Name:****DOB:** |  |
| **2nd Dependence Name:****DOB:** |  |
| **3rd Dependence Name:****DOB:** |  |
| **Housing Benefit/Council Tax Benefit** |  |
| **Any Other Income** |  |

**Family/Next of Kin:**

**Name:**

**Address:**

**Contact Number:**

**Information we need to be aware of:**

**Name:**

**Address:**

**Contact Number:**

**Information we need to be aware of:**

**Name:**

**Address:**

**Contact Number:**

**Information we need to be aware of:**

**Current Living Arrangements:**

**Home Owner Yes/No**

**Rented Yes/No**

**Council Yes/No**

**Housing Association Yes/No**

**Other Yes/No**

**Landlord Name:**

**Landlord Address:**

**Contact Number:**

**Rent Amount: £ Weekly/Monthly**

**How is this normally paid? Direct Debit Payment Card Cheque Cash**

**Are there arrears?**

**Who lives there?**

**Bill Commitments:**

**Name of Company**

**Account Number/Agreement Number:**

**How is this paid? Pre-payment Direct Debit Payment Card Cheque Cash**

**Name of Company**

**Account Number/Agreement Number:**

**How is this paid? Pre-payment Direct Debit Payment Card Cheque Cash**

**Name of Company**

**Account Number/Agreement Number:**

**How is this paid? Pre-payment Direct Debit Payment Card Cheque Cash**

**Name of Company**

**Account Number/Agreement Number:**

**How is this paid? Pre-payment Direct Debit Payment Card Cheque Cash**

**Does the client have a Will? YES/NO**

**If yes, where is the Will kept?**

**Does the client want Will advice from the solicitors IDK use? YES/NO**

**Please enclose copies of all clients’ background information and client communication requirements.**

**IDK Support 4 You Ltd will set up a relevant appointee bank account upon receipts of this information and all relevant documents in relation to Sheffield City Council Policies.**

**IDK Support 4 You Ltd will only receive benefits into a new account on behalf of the client once the DWP have amended their records accordingly. IDK Support 4 You Ltd cannot influence the time frame for this but currently this is between 8-12 weeks.**

**Please sign below to confirm you have completed the above information fully:**

**Referrals Name:**

**Referrals Signature:**

**Date:**