

**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:**

**Liquid Logic Number:**

**Date of Birth:**

**Social Worker’s Name:**

**Based at:**

**Contact Number:**

**Email Address:**

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

**Main Point of Contact:**

**Telephone Number:**

**Email Address:**

**Service Level Requirements:**

**One Off Set Up Fee £50.00**

**Pre-payment card/Bank Transfer £18.00 - £30.00 pr week**

**(Pre-payment cards are loaded on Tuesdays only either weekly, 2 weekly or 4 weekly)**

**Debt. Management £5.00 pr week**

**(Clients who come over to IDK with any outstanding debts will be charged a debt fee until the debts are cleared)**

**Closure Fee £200 (one off fee)**

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

**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**

**Are there any safeguarding issues we need to be aware of? Yes/No**

**If yes, can you give details of the safeguarding issue for visits:**

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

**Is there an appointee currently in place who needs to relinquish responsibility? Yes/No**

**Have they contacted DWP to inform them that they are relinquishing responsibility? Yes/No**

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

**GP Name: Contact number:**

**Address:**

**Benefit Entitlement:**

|  |  |
| --- | --- |
| **Benefit** | **Yes/No** |
| **Attendance Allowance** |  |
| **Disability Living Allowance** |  |
| **Personal Independence Payment** |  |
| **Employment Support Allowance**  |  |
| **Universal Credit****If the client has already contacted U.C we will need the login details and passwords or we cannot contact U.C on the client’s behalf or apply to transfer money over to IDK.** |  |
| **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/Reference Number:**

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

**Name of Company**

**Account Number/Reference Number:**

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

**Name of Company**

**Account Number/Reference Number:**

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**Account Number/Reference 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 advise 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:**

**CONFIDENTIALITY**

**I am aware that IDK Support 4 You Ltd, may be required to share information with relevant 3rd parties but will not pass information outside of the organisation unless required in the service I have requested.**

**Referrals Name:**

**Referrals Signature:**

**Date:**