 

**Income Maximisation Referral form**

**Email to:** [**benefitadvice@moray.gov.uk**](mailto:benefitadvice@moray.gov.uk)

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| **Person making**  **Referral:** |  | **Agency Name:** |  |
| **Job Title:** |  | **Email:** |  |
| **Agency Address and post code:** |  | **Office phone number:** |  |
| **Mobile number:** |  |

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| **Participant**  **name:** |  | **National**  **Insurance No.** |  |
| **Date of Birth:** |  | **Email:** |  |
| **Address and post code:** |  | **Home phone number:** |  |
| **Mobile number:** |  |

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| **Does anyone have Power of Attorney for this participant?** | | | **Yes/No** |
| **Name:** |  | **Home phone number:** |  |
| **Address and post code:** |  | **Mobile number:** |  |

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| **Is participant aware of referral?** | **Yes/No:** |
| **Participant’s preferred method of contact (this will be used to arrange appointment)** | **Email/Text/Phone** |
| **Employment Status:** | **Barriers to employment:** |
| **Would Participant like to be added to the appointment cancellation list? (this may mean they could be seen sooner if someone else cancels)** |  |

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| **Details of benefits including benefits currently being claimed:** | **Reason for Referral/current situation:** |
| **Please highlight any risks/concerns e.g. potentially aggressive/violent:** | |

Signature of person making referral: Date: