

**Merseyside Law Centre General Referral Form**

**We deal with legally aided housing matters across the Liverpool City Region and welfare benefits and Asylum Support in Liverpool but we will assess every referral and let you know any next steps we can take. Please ensure that you complete as much information as possible.**

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| Referrer name, organisation and contact details: |  |
| Client Name: |  |
| Date of Birth: |  |
| National Insurance Number: |  |
| Address: |  |
| Nationality: |  |
| Interpreter needed? Language required: |  |
| Health issues: |  |
| Income / Benefits details:  Savings: |  |
| Partner/Dependants? (Names and DoBs and relationship): |  |
| Telephone number: |  |
| Email address: |  |
| Health professional details - info on any medical professionals involved with client care: |  |
| Brief detail of issue (Disrepair? Homelessness? PIP Appeal?) Stage and details of notices/papers received: |  |
| Confirm client consent to refer and share confidential information? During Covid-19 restrictions we will not require their signature so simply confirm that you have obtained their consent to refer. |  |
| **Please attach all relevant documents to your referral email where possible.** | |

*Created: 13/01/22*

*To be reviewed: 13/01/23*

*Responsibility: KW*