Customer Referral Form

* Please complete the referral form with as much detail as possible and attach documentation that is requested in the form. Missing information may delay or prevent APS being able to accept the referral and start the referral process.
* If the customer has the mental capacity to authorise referral, the referral can only be accepted on receipt of a signed letter of Authority
* The referral can only be accepted on receipt of a capacity test if the customer lacks the mental capacity to authorise the referral.
* Please provide the signed letter of relinquishment if the customer has an existing Appointee or Power of Attorney who is agreement with the referral,
* If the customer has an existing Appointee or Power of Attorney who is not in agreement with the referral, please provide a supporting letter which may be forwarded to the DWP/OPG outlining why it is the customer’s best interest for APS to intervene against the existing representative’s wishes
* Please ensure your customer has agreed to our prices due for payment from the date we send off the BF56.A Set up fee of £108.00 +VAT applies
* Please send the completed referral form by email to admin@apslimited.co.uk

The start-up process:

A referral form received by care manager, social worker, customer or other – if the form is completed in form then APS will complete the following:

* Appointee Services Ltd will allocate a team member for each customer
* Appointee Services Ltd will open bank account (4 working days)
* BF56 from (provided by DWP) completed by Appointee Services Ltd (1 day)
* Appointee Services Ltd will agree and set up with the customer or care manager a budget plan
* Appointee Services Ltd will receive notification of Appointeeship by the DWP (dictate by DWP, can take up to 8 weeks)
* Appointee Services Ltd will act in accordance with the budget plan (48 hours) once monies are received into the appointee bank account

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | Team |  |
| Email |  | Telephone |  |
| Date referred |  | Social services reference number |  |

Referrer Details

Customer Details

|  |  |  |  |
| --- | --- | --- | --- |
| Forename |  | Surname  |  |
| Title |  | Date of Birth |  |
| National Insurance No  |  | Telephone number  |  |
| Marital / Civil Partnership Status: |  | Nationality: |  |
| Permanent Address (home address if customer is temporarily in care or recently moved to permanent care) | Telephone number:Is a protection of property required? YES or NOWho has the keys to the property?  | [ ] Private Sector Tenant[ ] Social Sector Tenant[ ] Support Living Tenant[ ] Residential Home[ ] Nursing Home[ ] Family Home[ ] Owner Occupier[ ] Other |
| Current Address(if customer is not residing at permanent address) | Telephone number: | [ ] Private Sector Tenant[ ] Social Sector Tenant[ ] Support Living Tenant[ ] Residential Home[ ] Nursing Home[ ] Family Home[ ] Owner Occupier[ ] Other  |
| Does the customer live with a partner as part of a couple? | [ ] Yes[ ] No | Does the customer have a financial interest in a property | [ ] Yes[ ] No[ ] Unknown |
| Additional Communication Needs  |  | Is the customer in receipt of Direct Payments? | [ ] Yes[ ] No |

Reasons for Referral

|  |
| --- |
| Please explain why the customer cannot manage their own financial affairs and give an overview of the customer’s illness/disability.  |
|  |
| Please attach a copy of the customers last care needs assessment or review, if not please confirm the reason why  | [ ] Attached[ ] Not attached |
| Has the referral been prompted by Safe Guarding concerns? | [ ] Yes[ ] No |

Customer Capacity

|  |  |
| --- | --- |
| Does the customer have the mental capacity to understand and consent to the referral being made? | [ ] Yes[ ] No |
| If yes, please attach the completed letter of authority | [ ] Attached[ ] Not attached |
| If no, please attach a capacity assessment | [ ] AttachedThe referral will not progress without this attached  |
| Attached a letter addressed to DWP and/or Pension Service explaining the reasons why an appointee is required  | The referral will not progress further without this attached  |

GP Details

|  |  |
| --- | --- |
| Name of GP |  |
| Practice Name |  |
| Practice Address |  |
| Telephone |  | Email |  |

Care Provision

|  |  |
| --- | --- |
| Care Type | [ ] Residential (Short Term)[ ] Residential (Long Term)[ ] Shared Lives[ ] Supported Living[ ] Other non-residential[ ] No Service[ ] Under Assessment |
| Name of Service Provider |  |
| Is care funded  | Full funded £ or Care Contribution £ – amounts per week |
| Contact details |  |

Existing Financial Representative Details

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Forename |  |
| Title |  | Relationship to customer |  |
| Address |  |
| Telephone |  | Email |  |
| Please select existing customer financial representative’s legal authority (select ‘None’ if none). | [ ] None[ ] DWP Appointee[ ] Court Appointed Deputy[ ] Lasting Power of Attorney[ ] Enduring Power of Attorney[ ] Ordinary Power of Attorney[ ] Unknown |
| Is the existing financial representative aware of and in agreement with this referral and has completed the relinquishment form? (Please request this form)  | [ ] Yes[ ] No – the referral will not progress without this attached unless this is due to safeguarding, if so, please include this is the DWP/Pension Services letter |

Next of Kin

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Forename |  |
| Title |  | Relationship to customer |  |
| Address |  |
| Telephone |  | Email |  |
| What is the frequency of contact with customer? |  |
| Is this person aware of this referral? | [ ] Yes[ ] No |

Significant People

|  |  |  |  |
| --- | --- | --- | --- |
|  Surname |  | Forename |  |
| Title |  | Relationship to customer |  |
| Address |  |
| Telephone |  | Email |  |
| Frequency of contact with customer. |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Forename |  |
| Title |  | Relationship to customer |  |
| Address |  |
| Telephone |  | Email |  |
| Frequency of contact with customer. |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Forename |  |
| Title |  | Relationship to customer |  |
| Address |  |
| Telephone |  | Email |  |
| Frequency of contact with customer. |  |

Life Planning

|  |  |
| --- | --- |
| Has the customer made a will? | [ ] Yes[ ] No[ ] Unknown |
| If yes, please attach a copy and/or specify the original will’s location below. | [ ] Attached[ ] Not attached |
| Does the customer have an existing funeral plan? | [ ] Yes[ ] No[ ] Unknown |
| If yes, please attach a copy and/or specify the funeral plans location below. | [ ] Attached[ ] Not attached |

Capital and Savings

Please provide details of all bank, building society or other accounts held by the customer or by a third party on their behalf including current accounts, savings accounts, bonds, ISA's, stocks and shares or other investments.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Bank/Building Society/Post Office Acc | Sort Code | Account Number | Balance | Docs Attached | Joint |
|  |  |  |  | [ ] Yes[ ] No | [ ] Yes[ ] No |
|  |  |  |  | [ ] Yes[ ] No | [ ] Yes[ ] No |
|  |  |  |  | [ ] Yes[ ] No | [ ] Yes[ ] No |
|  |  |  |  | [ ] Yes[ ] No | [ ] Yes[ ] No |
|  |  |  |  | [ ] Yes[ ] No | [ ] Yes[ ] No |
|  |  |  |  | [ ] Yes[ ] No | [ ] Yes[ ] No |
|  |  |  |  | [ ] Yes[ ] No | [ ] Yes[ ] No |

Investments

|  |  |  |
| --- | --- | --- |
| Investment Name (stock, shares, bonds etc)  | Account Numbers/reference numbers | Value  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Other

|  |  |
| --- | --- |
| Does the person to whom the application relates have any interest in the estate of someone who has died? |  |
| Has a claim been made for an award for damages or, for compensation from the Criminal Injuries Compensation Authority or is such a claim likely to be made? |  |
| Does the person to whom the application relates own or have any interest in a business? |  |

Income

Please provide details of all of the customer’s incomes including benefits, income from private pensions or annuities, earnings, and any income from trust funds.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Income Type (Please list all income) | Reference or Policy No | Amount | Payment Frequency | Paid to? | Documents Attached |
|  |  |  |  |  | [ ] Yes[ ] No |
|  |  |  |  |  | [ ] Yes[ ] No |
|  |  |  |  |  | [ ] Yes[ ] No |
|  |  |  |  |  | [ ] Yes[ ] No |
|  |  |  |  |  | [ ] Yes[ ] No |
|  |  |  |  |  | [ ] Yes[ ] No |

Debts

Please provide details of any debts the customer has.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Debt owed to? | Balance Owed | Reference | Existing Payment Arrangement | Details Attached |
|  |  |  | [ ] Yes[ ] No | [ ] Yes[ ] No |
|  |  |  | [ ] Yes[ ] No | [ ] Yes[ ] No |
|  |  |  | [ ] Yes[ ] No | [ ] Yes[ ] No |
|  |  |  | [ ] Yes[ ] No | [ ] Yes[ ] No |
|  |  |  | [ ] Yes[ ] No | [ ] Yes[ ] No |

Landlord Details

|  |  |
| --- | --- |
| Name of Landlord |  Reference  |
| Landlord Address |  |
| Landlord Telephone |  |
| Landlord Email |  |
| Tenancy / Licence Agreement Attached? | [ ] Yes[ ] No |
| Rent Amount |  | Frequency |  |
| Housing Benefit amount |  | HB paid directly to Landlord | [ ] Yes[ ] No |

Utilities

|  |  |  |  |
| --- | --- | --- | --- |
| Utility Provider | Reference | Shared Cost? | Docs Attached? |
|  |  | [ ] Yes[ ] No | [ ] Yes[ ] No |
|  |  | [ ] Yes[ ] No | [ ] Yes[ ] No |
|  |  | [ ] Yes[ ] No | [ ] Yes[ ] No |
|  |  | [ ] Yes[ ] No | [ ] Yes[ ] No |
|  |  | [ ] Yes[ ] No | [ ] Yes[ ] No |

**If you have been unable to provide all the necessary information, please provide details of the person who may be able to help provide the information needed otherwise we will be unable to progress your referral**

**Name –**

**Relationship -**

**Contact details -**

Any Other Information

Please use this section for any additional information not referenced elsewhere on the form that may be needed to progress the referral.

Including any other saving including capital, assets not already mentioned, or details of any joint account holders or joint property holders

Services Required – Please Indicate

|  |  |  |
| --- | --- | --- |
| Appointeeship | Costs (plus VAT) | Please Confirm |
| Residential – Elite | £14.63 per week |[ ]
| Community – Standard | £16.20 per week |[ ]
| Community – Premium | £19.50 per week |[ ]
| Community – Elite | £22.70 per week |[ ]
|  |
| Additional Services |
| Allpay Card | £32.50 set up fee and £7.60 per month |[ ]
| Extra Income Stream | £65.00 set up |[ ]
| Protection of Property | £92.00 initial and £38.00 per month |[ ]
| Set up of Mobility Scheme | £108.00 set up cost |[ ]

**Appointee Services Ltd**

**Letter of Authority**

I *Full Name*

Date of Birth:

National Insurance No:

Address:

* declare with immediate effect that any existing Appointee or Power of Attorney in relation to my financial affairs is revoked.
* consent to Appointee Services Ltd applying to the Department of Work and Pensions, Housing Benefit department and Her Majesties Revenue & Customs to be made my Benefit Appointee.
* consent to Appointee Services Ltd opening a Bank Account on my behalf for receiving payments of Benefit and any other incomes.
* authorise any pension provider, bank, building society, insurance company, annuity provider utility supplier or other financial institution I have a relationship with to share information with Appointee Services Ltd and authorise any payments due to me to be made into the account that Appointee Services Ltd manage on my behalf.
* understand that Appointee Services Ltd will use my income and capital to meet my liabilities and will ensure I have access to an appropriate personal allowance given my circumstances.
* authorise Appointee Services Ltd to use my incomes and capital, including any unspent personal allowance to make payments towards any debts that I may have including any debts to Appointee Services Ltd.
* agree not to apply for any form of credit without prior agreement from Appointee Services Ltd who will look at your weekly budget for affordability

**Customer Signature:**

|  |  |
| --- | --- |
| Signed |  |
| Date |  |

**Witnessed By:**

|  |  |
| --- | --- |
| Signed |  |
| Date |  |
| Name |  |
| Address |  |
| Relationship to Customer |  |