



Income Maximisation
Referral form
Email to: benefitadvice@moray.gov.uk

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

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

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

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)	

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: