



ILBP Provider Ltd Referral Form

Referral Date: *

Client's Name: *

Type of Service Required:

Corporate Appointeeship:

Yes

No

We accept corporate appointeeships for all clients, non-dependant on capacity. As a corporate appointee with the Department for Work and Pensions (DWP), ILBP Provider has the authority to receive and manage our client's benefits.

If the client also has a large capital balance in a private account (Over £16,000) or is a homeowner, a Court of Protection order will be required to access these financial assets. Please tick the box below if this applies to you or your client, please note a COP 3 form will be required along with this referral form.

Deputyship:

Yes

No

Deputyships are granted by the Court of Protection and allow ILBP to access all private financial affairs, such as private bank accounts, assets, and investments.

Does this Client already have a DWP Appointeeship in place *

Yes

No

If yes, please attach a letter of relinquishment from the current appointee.

Referrer Details

Name *

Contact Number *

Employer (if applicable)

Email *

Relationship to Client *

All questions marked with an asterisk () are mandatory - These boxes must be completed for ILBP Provider to accept the referral form.*

This referral form takes on average between 15 and 20 minutes to complete.

Client Details

Title: *

Mr Mrs Miss Ms Other

Forenames *

Surname *

Date of Birth (DOB) *

National Insurance Number *

Email Address *

Phone Number *

Status: *

Single Married Divorced

Widowed Cohabiting

Number of Children under the age of 18? *

Clients Accommodation

Is this a Temporary or Permanent Address? *

Temporary Permanent

Housing Number/Name *

Street Address 1 *

Street Address 2 *

Town/City Name *

County *

Post Code *

Date Moved to this Address? *

Category of Housing? *

Housing Association

Private Landlord

Residential Care

Hospital

Supported Living
Accommodation

Rehabilitation Unit

Home-Owner (Living there)

Other

Name of Landlord, Housing Association or Company: *

How is the Clients Housing Funded? *

Housing Benefit

Self

Housing Benefit with Contribution/Top Up

NHS Health Care

Universal Credit Housing Cost Element

Other

Client's Previous Address:

Housing Number/Name

Street Address 1

Street Address 2

Town/City Name

County

Post Code

Date Moved out of this Address:

Does the Client Own This Property?

Yes

No

Client Wellbeing

Reason for Referral to ILBP? *

Financial Abuse

Learning Disability

Mental Health Condition

Age Related Condition

Lifestyle Habits

Self-Referral

Please provide additional information if applicable:

Has there been a recent evaluation of the client's mental capacity? If so, what was the result?

No Capacity Assessment Undertaken

Client Lacks Capacity

Client Has Capacity

Care or Support

Who Currently Provides Support for the Client? *

Agency Support Worker

Community District Nurse

Residential or Nursing Home Staff

Employed Personal Assistants

Family

Other

Names of Main Carers?

Name of Care Provider supporting the Client? (If Applicable):

Registered Manager's Email

Registered Manager's Phone Number

Health and Social Care Contacts

General Practitioner (GP) Name

Email

GP Practice Name

Phone Number

Social Worker Name and Employer?

Name of Social Worker

Email

Employer Name

Phone Number

Client's Next of Kin(s) (NOK): *

Person 1

Name

Email

Phone Number

Assets and Capital

Does the Client Have any Bank Account(s)? *

Yes

No

Please Provide Details Below:

Name of Bank:	Sort Code:	Account Number:	Balance:	Date:
			£	
Name of Bank:	Sort Code:	Account Number:	Balance:	Date:
			£	
Name of Bank:	Sort Code:	Account Number:	Balance:	Date:
			£	

Welfare Benefits and Income Types

Please indicate any benefits the client currently receives and the amount the client receives for each.

Benefits Currently Being Claimed by the Client? *

Benefits Being Claimed?	Amount Being Paid to Client?	How Often is the Benefit Being Paid? (Weekly, Fortnightly, Monthly)
Universal Credit (UC)	£	
Disability Living Allowance (DLA)	£	
Personal Independent Payment (PIP)	£	
Attendance Allowance (AA)	£	
Employment and Support Allowance (ESA)	£	
State Pension (SP)	£	
Pension Credit (PC)	£	
Private or Occupational Pension	Name of Pension(s): £	
War Widow's Pension (WWP)	£	
Widow's Pension (WP)	£	

Accounts & Cards

The Client will Automatically receive a HSBC Main Account with ILBP Provider Ltd where the Clients welfare Benefits are paid into. All expenses will then be paid from the HSBC Account for us to manage the clients' finances effectively.

Personal Allowances will be paid to the following options:

Please Indicate Below Which Personal Allowance Options the Client Would Prefer: *

Clients Uses ILBP's Pre-Paid Card:

Yes

No

This account allows the client to receive their own personal allowance and promotes independence. ILBP Provider can see the full list of transactions that take place on this card. Extra options can also be added such online gambling disabled, online purchases disabled and contactless disabled.

Client Uses Their Own Bank Account:

Yes

No

Please note the client must have capacity to use their own private account as a personal allowance option.

Carers Uses ILBP's Pre-Paid Provider Shopping Card:

Yes

No

This account is issued as a shopping card to named individuals from the care provider, so they can access agreed funds on the Client's behalf. Please note to look on our website for further details regarding our Insight program.

Once ILBP Provider become the DWP corporate Appointee, it becomes our responsibility to receive and manage the Client's finances.

The information requested in this section needs to be collated by the referrer and/or the Client and sent to ILBP Provider, fully completed, so that we can deal with matters effectively and efficiently.

If the client is in a residential or care home the following Table will not need to be completed.

Current Debt Provider: (Lowell, BPO, etc...)	Original Debt Provider: (Sky, Scottish Power, etc...)	Amount Owed	Amount Currently Being Paid	How Often Does the Client Pay? (Weekly, Monthly, Yearly)
		£	£	
		£	£	

Clients Current Expenditure? *

	Name of Provider with Account Reference Number:	Amount Paid by the Client	How Often Does the Client Pay? (Weekly, Monthly, Quarterly, Yearly)
Gas Provider	Reference Number:	£	
Electricity Provider	Reference Number:	£	
Water Provider	Reference Number:	£	
TV License	Reference Number:	£	
Rent/ Mortgage Payment		£	
TV/Broadband	Reference Number:	£	
Other	Reference Number:	£	
Other	Reference Number:	£	

*This Concludes the Referral Form for ILBP Provider Ltd,
Thank you for your Referral.*

If the client has any forms of ID, please include a copy of these with the referral. (Passport, Driving License etc.)