**Universal Credit Claim Assistance Advice Centre Referral**

13-15 Dod St, Poplar, London E14 7EQ

13 West Tenter St, London E1 8DT

**Date attended at advice centre (please use this for date of claim)……….…..……**

**Claimant**

Name

Address

Phone Number

Email (if appropriate)

Claimant NI No

The above person attend our advice centre today and has been identified as being eligible for and needing assistance to claim Universal Credit. We have been informed that where claimants have support or vulnerability needs they will be these assistance is available to make their claim for Universal Credit by attending your office in person

We have also identified the following vulnerability issues that we would like you to take into account when considering their claimant commitment requirements and waiting day exemption

We will be monitoring the outcomes of these referrals

**We have identified the following Vulnerability Issues with this client**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Domestic Violence |  |  | Poor Literacy |  |
| Addiction |  |  | No access to computer and or internet |  |
| Mental Health |  |  | Learning Disability |  |
| Physical Health |  |  | Caring for disabled person |  |
| Language |  |  | Caring for children |  |
| Care leaver |  |  | Pregnant |  |
| Other (details) | | | | |

**Referring agency/advisor name**