**Universal Credit Support Project – Referral Form – Tuesday Mornings – Island Advice Centre**

Name:

Address:

Telephone Number:

Existing case? Caseworker?

* Yes
* No

Which do they need assistance with? (Please tick)

* Claim maintenance (checking claimant commitments, checking journal messages etc)
* Benefit check
* Housing costs element
* Missing Payments
* Not receiving correct entitlement
* Other
* Claimant commitments/Sanctions

Does the client know their UC journal login details?

* Yes
* No

Does the client suffer from any health conditions?

* Yes
* No

Is the client confident with computers?

* Yes
* No

Is English their first language?

* Yes
* No