

Financial Assessment & Income Collection Team Referral Request for LPFT Clients

Section1 –Client Basic Information

Full Name:		Date of Birth:	
Address:		NI Number:	
		Postcode:	
		Telephone:	
Date client moved to the above address		Does the client have financial capacity	

Please provide details below of anyone who would normally help the above named person deal with their financial affairs.

Section 2 – Financial Representative

Full Name:		<u>Legal Authority</u>	
Address:		DWP Appointee	Yes / No
		Power of Attorney	Yes / No
		Court of Protection	Yes / No
Postcode:		Financial Representative	Yes / No
Telephone:		Relationship to Client:	
Mobile:			

Section 3

Keyworkers Name		Is assistance required from the finance team to complete the financial assessment form			
Office Address		Yes		No	

Postcode		If yes please indicate below option method		
Contact number		Telephone assistance		Joint Visit
If visit is required please indicate below reason why				
Please indicate who the financial form should be sent to	Representative as shown in Section 2			
	Client			
	Keyworker			

Please Note: If you send the referral request without one of the above boxes ticked or without the required information we cannot accept the referral. Thank you for your cooperation. **Please email your referrals to CustomerFinanceFABTeam@lincolnshire.gov.uk**