

Strictly Confidential

Welfare Rights Officer's casework contact sheet

Name of Welfare Right Officer: _____ Area: _____

Client ID: _____

Date of first assessment: _____

	ASSESSMENT	OUTCOME		
	Date claim submitted	Date awarded	Weekly amount gained £	Lump sum/Benefit arrears £
Financial Benefits				
Attendance Allowance Lower Rate				
Attendance Allowance Higher Rate				
Disability Living Allowance (Care)				
Disability Living Allowance (Mobility)				
Pension Credit (Guarantee Credit)				
Pension Credit (Savings Credit)				
Council Tax Benefit				
Carer's Allowance				
Housing Benefit				
Income Support				
Industrial Injuries Disablement Benefit				
Employment Support Allowance Contribution-based				
Employment Support Allowance Income-related				
Tax Credits				
Statutory Sick Pay				
Job Seekers Allowance contribution based				
Job Seekers Allowance income based				
Funeral Expenses Payment				
Social Fund Community Care Grant				
Social Fund Crisis Loan				
Social Fund Budgeting Loan				
Health Benefits				
Bereavement Payment				
Bereavement Allowance				
War Pension				
Other (specify)				

	ASSESSMENT	OUTCOME	
Non financial benefits	Date claims submitted	Date awarded	Comments
Community care Alarm Scheme			
Blue Badge			
Adult Services assessment			
Aids and Adaptations			
Care at Home			
Meals at Home			
Sensory Support assessment			
Residential care			
Council Tax discount			
Warmzone / other heating or insulation measures			
Money Advice			
Housing advice			
Charitable payments			
Carer's assessment			

Other referrals

1 _____

2 _____

3 _____

Other actions

Date	Type of casework e.g. home visit, form filling, telephone call, referrals, appeals, supersessions, reconsiderations, other (specify)	Total time in minutes	Travel time in minutes	Mileage

required

Please continue overleaf if

Date	Type of casework e.g. home visit, form filling, telephone call, referrals, appeals, supersessions, reconsiderations, other (specify)	Total time in minutes	Travel time in minutes	Mileage

When the case is closed and the outcomes known, please return this form to:

