

Avon and Bristol Law Centre – Community Care referral form

Fax to 0117 924 8020

Email to: anges@ablc.org.uk, jon@ablc.org.uk or raya@ablc.org.uk

Post to: 2 Moon Street, Stokes Croft, Bristol, BS2 8QE

Date:	Agency name:
Agency or Contact name:	Email:
Tel no.:	Fax:

Client details

Name:	Tel no.:
Address:	DOB:
Language:	Interpreter required:
Any other information/access requirements:	

What is the problem? What assessments have been carried out if any? What services have been provided if any? Please include dates of any decisions that have been made.

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Are any other agencies involved in this case? Please give contact details.

Has this person received legal help on this matter before? If so please give details of when this advice was given and which agency provided the advice.

We can only help people who are on a very low income and who are therefore eligible for legal help. Please give brief details of income.

Income Support
Income-based Jobseeker's Allowance
Income-related Employment and Support Allowance
Guarantee Pension Credit
Other benefits (please specify)
Salary/other income (approx. monthly amount)

What will happen next?

When we receive this form the case will be allocated to a caseworker. The caseworker will then contact the client to discuss further, usually within one week.

If you attach the client's written permission we can contact you as well.

If we cannot help you we will notify you as soon as possible.

To be completed by ABLC

Action required:

- Caseworker
- Appointment
- Referral
- Other