

Referrer Code:

Once you have completed this form please return to:

Carers Link Lancashire
54-56 Blackburn Road
ACCRINGTON
BB5 1LE

0345 688 7113

info@carerslinklancashire.co.uk

www.carerslinklancashire.co.uk



Supported by:



ARE YOU CLAIMING THE BENEFITS YOU MAY BE ENTITLED TO AS AN UNPAID CARER?



Registered Charity 1156275
Company Limited by Guarantee 08584591

v1 August 2018

In accordance with the Data Protection Act the data you have provided will be stored on Carers Link Lancashire's database. This information will only be shared with a third party with your consent. Your records are completely confidential and only Carers Link Lancashire has access to them.

You are welcome to see a copy of your records at any time by writing to the Data Controller at Carers Link Lancashire.



What can Carers Link Lancashire offer you

How does caring affect you?

Each year, millions of pounds go unclaimed in benefits, which often means carers and the person they care for miss out on receiving vital financial support.

We understand the practical, emotional and financial pressures carers can be under and would encourage you to get in touch with us, as we may be able to support you.

Our Benefits & Welfare Worker can help you and the person you care for apply for certain benefits such as:

- Attendance Allowance
- Bereavement Support Payment
- Carers Allowance
- Disability Living Allowance
- Personal Independence Payment

Carers Link Lancashire can provide you with help and information including:

- Help planning for an emergency
- Carers Assessments
- A regular break from your caring role
- Quarterly magazine
- Group and individual Sitting in Service
- Access to grants & benefits information
- Support for Young Carers
- Volunteering opportunities

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For more information on the help and support available, please complete and return to the address overleaf.

Your name:

Your date of birth:

Ethnicity:

Address:

.....

.....

Tel No:

Email:

- I would like benefit support []

Who do you care for? (name/relationship):

.....

.....

Do they live with you?: YES NO

Their date of birth:.....

Do they have (tick all that apply):

- Alcohol or drug problems []
- Alzheimer's/Dementia []
- Learning disability []
- Mental health condition []
- Physical disability []
- Sensory impairment []