

Appendix 3.B

Outcome Report of LA Money Advice Provision

Info provided by DWP (via email or phone referral)

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|---|---|
| Claimant's Name: | |
| NINo: | |
| Local Authority receiving the referral: | |
| DWP Live Service office: | |
| Reason for Money Advice referral (Select one reason only) | PBS need identified by DWP <input type="checkbox"/> (no APA need identified) Possible APA need identified by DWP <input type="checkbox"/> (please specify APA type) MFP <input type="checkbox"/> MPTL <input type="checkbox"/> Split <input type="checkbox"/> |
| Date this form completed: | |

For completion by LA

| Questions | |
|-----------|---|
| 1. | Was this a self referral from the claimant? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. | Date you received the referral / / |
| 3. | Were you able to contact the claimant? * Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. | Has the claimant changed LA (but are still within the Live Service area) Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. | Did the claimant attend their Money Advice session? ** Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. | Which Money Advice provider did you refer the claimant to? Give the Provider name(s) 1. 2. 3. |
| 7. | What service(s) did the provider offer the claimant? |

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| 8. | Channel of support | <p>1. A mix of phone and face to face? <input type="checkbox"/></p> <p>Number of phone contacts? <input type="text"/></p> <p>Number of face to face contacts <input type="text"/></p> <p>2. Face to face only? <input type="checkbox"/></p> <p>3. Telephone only? <input type="checkbox"/></p> <p>4. Other e.g. group session such as a Budgeting Club? <input type="checkbox"/></p> <p>Please specify:</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> |
| 9. | How many interviews did they have? | <p>1. Face to face <input type="checkbox"/> How many? <input type="text"/></p> <p>2. Telephone <input type="checkbox"/> How many? <input type="text"/></p> <p>3. A mix of phone and face to face <input type="checkbox"/> How many by phone? <input type="text"/> How many face to face? <input type="text"/></p> <p>4. Other e.g. group session such as a Budgeting Club <input type="checkbox"/></p> <p>Please specify</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> |

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| 10. | What type of Money Advice did this claimant get? | <p>1. Understanding the key UC financial changes <input type="checkbox"/></p> <p>2. How to work out monthly income <input type="checkbox"/></p> <p>3. How to work out monthly outgoings <input type="checkbox"/></p> <p>4. How to complete a budgeting plan <input type="checkbox"/></p> <p>5. How to maintain a budgeting plan <input type="checkbox"/></p> <p>6. How to get a bank account <input type="checkbox"/></p> <p>7. How to set up a direct debit <input type="checkbox"/></p> <p>8. Understanding priority bills <input type="checkbox"/></p> <p>9. How to cut back on non-essentials <input type="checkbox"/></p> <p>10. Where to get more help <input type="checkbox"/></p> <p>11. Other Money Advice – please give details:</p> |
| 11. | Did the claimant complete a Budgeting Action Plan? | <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> |
| 12. | Was / is the claimant part of any additional ongoing Budgeting Support programmes prior to claiming Universal Credit? (please specify) | |
| 13. | If an APA is in place, does the claimant feel in a position to have the APA reviewed? | <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> |

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| | | <p>If APA is still appropriate, is the claimant undertaking long term support to help with root cause issues? No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>If yes, please specify:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> |
|--|--|--|

*If answer here is 'no', return the form at this point. NB at least 3 attempts to contact the claimant should have been made.

** If answer here is 'no', return the form at this point. This includes dropping out part way through a course of sessions

Return this form via e-mail to: Paul.Aldridge@cheltenham.gov.uk

DRAFT