**Complex Needs Alert**

**1. Formal request for support**

My name: ………………………………………….… National Insurance Number: ….…….…….…………..

Address:……………………………………………………………………………………..……………………..….………

I have started a claim or am receiving Universal Credit. I have Complex Needs for the reason(s) set out below. ***I formally request that you ensure (i) that all steps and adjustments are made and (ii) support provided to me***, as required by the various official policies and procedures the DWP operates relating to people with Complex Needs.

**2. Reason(s) I have Complex Needs**

Diagnoses: …………………………………………………………………….………….……………..…….…………...…

Other personal circumstances that are relevant: ……………………………………..…….………………..

……………………………………………………………………………………….……….…..………………………….…….

**3. The kind of protection I need**

Please ensure special consideration and support is given in relation to the following:

☐ I will struggle to make or run a fully accurate claim and need special help

**☐** I need home visits because I cannot attend appointments

**☐** I cannot use a computer

☐ I cannot understand or comply with UC conditionality requirements

☐ I am unfairly vulnerable to sanctions for reasons outside my control

***Continued***

☐ I am vulnerable to the effect of alcohol/drugs/impacts of prescribed medication

☐ I will struggle to notify change of circumstances because of my vulnerability

☐ I will need special help when migrated from UC to ensure I am not detrimented

☐ Other needs/problems (specify)……………………….……………………………………………………

……………………………………………………………………………………….…………..………………………….…….

**4. I request that you obtain extra information concerning my vulnerability**

I wish to nominate a health professional and/or support worker (details below) who has knowledge of me, and request that you contact them ***now*** to gather information about my Complex Needs and related vulnerability. I request that this is done as a ***preventative*** measure, so that incorrect decisions or processes are therefore avoided. I expressly request that they are contacted before any ***adverse*** decisions are made against me.

Name and Job Title: …………..……………………………………..……………………………………………………

Contact details: ………………..……………………………………………………………..…………………………….

**5. My nominated third party**

Please consult my support worker (e.g. social worker, adviser, or someone else who can help resolve issues) about any problems with my claim:

Name and Job Title: …….…………………………………………..…………………………………………….………

Contact details: …..………………………….………………………………………………..…………………………….

**6. Data Protection**

I fully authorise any person(s) specified in sections 5 and/or 6 above to receive and/or disclose any information whatsoever about me in relation to my benefit entitlements.

**7. Signature of claimant:** ……………………………………………………. **Date:** …………….……………