**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

☐ 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**

If there are any problems with my claim that cannot be resolved after first communicating with me, please consult my nominated third party (e.g. adviser, social worker, or someone else who can help resolve issues):

Name and Job Title (optional): …….…………………………………………..…………………………………………

Organisation: ………………………………………………………………………………………………………………….

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:** …………….……………