

Assessment referral checklist

Clerical referral to Health Assessment Advisory
Service and return of supporting clerical documents



Department
for Work &
Pensions

Special indicator / UCB marking

Benefit Type

- Universal Credit live
- Universal Credit full service
- Employment and Support Allowance (ESA)
- IB reassessment

WCA recommendations (HCP)

No LCW	LCW	LCWR A	Severe condition

Consent

Yes/No	Date

Target date

--

Initial	Re-ref	Clerical

Service Centre	
----------------	--

Service centre phone number	
-----------------------------	--

Default AC	
------------	--

Referral progress (Health Assessment Advisory Service only)

Next action	Date

Referral details

Referral type		Outcome details (HAAS)				
Referral type	WCA referral start date	Scrutiny	DNA date	Date BF223/UC65 issued	Withdrawn/Rejected	
					HAAS	DWP

Customer details

Sex	<input type="checkbox"/>	Date of birth	<input type="text"/>
Address			
<input type="text"/>			
<input type="text"/>			
Postcode			
Phone number			
Mobile phone number			

Notes
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Other information	
First day of incapacity	<input type="text"/>
Diagnosed cause of incapacity	<input type="text"/>
Mental Health related incapacity	<input type="text"/>
LCWRA applies <i>Re-referrals only</i>	<input type="text"/>
Previously treat as LCW applies <i>Re-referrals only</i>	<input type="text"/>

GP details

Name
Address
<input type="text"/>
<input type="text"/>
Postcode
Phone number

Name
Address
<input type="text"/>
<input type="text"/>
Postcode
Phone number

Further change of address

Date of change
New address
<input type="text"/>
<input type="text"/>
Postcode
Home phone number
Mobile phone number

Change of address

Date of change
New address
<input type="text"/>
<input type="text"/>
Postcode
Home phone number
Mobile phone number