**REQUEST FOR ‘COMPLEX NEEDS’ STATUS**

**1. FORMAL REQUEST FOR DWP SUPPORT**

My name.................................................................Date of Birth...................................

National Insurance Number...........................................................................................

Address..........................................................................................................................

I have started a claim for Universal Credit or I am receiving Universal Credit.

The DWP defines certain claimants as having Complex Needs. I believe I have Complex Needs for the reason(s) set out below. This is a formal request for you to ensure that (i) all steps and reasonable adjustments are therefore made and (ii) full support is provided to me, as required by the Equality Act and various DWP policies and procedures etc that should be implemented due to my vulnerability.

**2. REASON(S) I HAVE COMPLEX NEEDS**

Diagnoses or problems ................................................................................................

Other relevant personal circumstances........................................................................

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**3. THE KINDS OF SUPPORT / PROTECTION I NEED**

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

* I will struggle to make or run an 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 effects of alcohol/drugs/medication
* I will struggle to notify changes of circumstance as I am vulnerable
* I will need special help when moving onto UC
* Other needs / problems...........................................................................

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**4. I REQUEST THAT YOU OBTAIN EXTRA INFORMATION ABOUT MY VULNERABILITY**

I wish to nominate a health professional / support worker / other professional (details below) who has knowledge of me, and I 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 can be avoided. I expressly request that they are contacted before any **adverse** decisions that may be considered now or in the future.

Name and Job Title.....................................................................................................

Contact details...........................................................................................................

**5. MY NOMINATED THIRD PARTY**

Please consult my support worker, or other nominated third party named below, about any problems with my claim as they can help resolve any issues:

Name and Job Title...................................................................................................

Contact details.........................................................................................................

**6. DATA PROTECTION**

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

**7. REQUEST FOR DECISION AND NOTIFICATION**

Please confirm to me in writing whether you agree that I have Complex Needs, and if so the kind of additional support I can therefore reasonably expect.

**8. AUTHORISATION**

SIGNATURE OF CLAIMANT.......................................................................................

PRINT NAME................................................................... DATE................................