**Record of telephone confirmation of client’s benefit entitlement for Legal Aid eligibility assessment.**

|  |  |
| --- | --- |
| Client Name: |  |
| National Insurance number: |  |
| Name of issuing department rang: |  |
| Date of phone call: |  |
| Name of person spoken to: |  |
| Contact details of person spoken to: |  |
| Client reference (if applicable): |  |
| Client present during call (Y/N): |  |

|  |  |
| --- | --- |
| Name of Benefit: |  |
| Is this contributions-based or income-related? (please tick relevant box) | Contribution Based | Income Related/Based |
| Date benefit started: (please confirm this information) |  |
| Is this ongoing? | YES  | NO |
| If not ongoing, what date did the benefit stop? |  |
| Is this a joint claim? | YES | NO |
| If yes what is the name of the other person? |  |

Please confirm the value and frequency of the payments.

|  |  |
| --- | --- |
| **Amount** | £ |
| **Frequency:Weekly, Monthly etc** |  |

Any other relevant information: