|  |  |
| --- | --- |
| **ADVICE SERVICE ALLIANCE** **Advice Quality Standard** **Casework Experience and Range**Form: Case 1 – Health and Community Care  | AQS_logo_CMYK(300dpi)hi res print |

##### This form must be completed if applying for certification to Advice with Casework in the Health and Community Care.

Cases listed to fulfill the criteria must be cases which were active within the last 12 months. Please complete column 3 with either the case reference or file name. Please also state the caseworker responsible for the case if applying through the 12-hour caseworker route (D5.1).

|  |  |  |
| --- | --- | --- |
| Requirement | **File Ref No / Filename** | **Initials of Caseworker** |
| 1 | Nine out of sixteen of sections 1.1 to 1.16: |
|  | 1.1 | Representation or casework to prepare clients for assessments (Care Act 2014). |  |  |
|  | 1.2 | Entitlement to services under the Care Act 2014  |  |  |
|  | 1.3 | Provision of accommodation under the Care Act 2014. |  |  |
|  | 1.4 | Provision of domiciliary services. |  |  |
|  | 1.5 | Challenging charges for domiciliary services. |  |  |
|  | 1.6 | Entitlement to services under the Children and Families Act 2014. |  |  |
|  | 1.7 | Representation or casework to prepare clients for complaints (community care or health). |  |  |
|  | 1.8 | Disability Living Allowance/ Personal Independence Payment |  |  |
|  | 1.9 | The Care and Support (Direct Payments) Regulations 2014. |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 1.10 | Assessments for residential and nursing home care. |  |  |
|  | 1.11 | Paying for care in residential or nursing home (including payment for health care). |  |  |
|  | 1.12 | Hospital discharge arrangements. |  |  |
|  | 1.13 | Services under Section 117 of the Mental Health Act 1983. |  |  |
|  | 1.14 | Accessing health care where it has been refused. |  |  |
|  | 1.15 | Accessing mobility services (concessionary travel, Blue Badge, Motability etc.) |  |  |
|  | 1.16 | Explaining the consequences of transfer of assets and making a referral to progress the case. |  |  |

|  |
| --- |
| **I confirm the above information is accurate.** |
| **Name (please print):** |  |
| **Signature:** |  |
| **Date:** |  |
|  |  |