Department for Communities
www.communities-ni.gov.uk

(Hospital Address Stamp)

PLEASE USE BLOCK CAPITALS

To: Hospital Staff

This form should be completed by you on the admission of a patient and sent without delay to the benefit address which your patient is in receipt of. List of addresses held here **www.communities-ni.gov.uk/publications/cf73-notification-hospital-admission-patients-benefit-or-state-pension**. The patients National Insurance Number and benefit type must be entered. Every effort should be made to obtain sufficient particulars to enable a correct determination to be made on any benefit claim.

Any information that we ask you for is necessary to enable the Department for Communities (DfC) to carry out its official duties. The legal basis for the request is UKGDPR Article 6(1)(e) and Article 9(2)(b) for special category information.

1.National Insurance Number: Date of birth:

2.Title: Mr, Mrs, Ms, Miss Surname:

Other name(s):

3.Please indicate below which benefits are currently in payment for the patient.

☐ Employment Support Allowance ☐ Industrial Injuries Benefit

☐ Personal Independence Payment ☐ Disability Living Allowance

☐ Attendance Allowance ☐ Carers Allowance

☐ Pension Credit ☐ State Pension ☐ Universal Credit (UC)

Note: If UC in payment return to Freepost, UNIVERSAL CREDIT NORTHERN IRELAND

4.Date of admission:

5. Date of discharge, if known/applicable:

6.(a) Last home address:

6.(b)Address from which admitted if different from (a):

7.Was the patient admitted on transfer from prison or another place of detention?

No ☐ Yes ☐ If 'Yes' give:

(a) details of any Court order, etc:

(b) the earliest date on which sentence will expire:

8. Has a Controller been appointed by the High Court? No ☐ Yes ☐If 'Yes' give:

(a) date of appointment:

(b) name and address:

If 'No' state:

(a) can the patient manage their own affairs? No ☐ Yes ☐

(b) name, address and relationship of next of kin:

9. Please state how long the patient is likely to remain in hospital:

Note: For this purpose, a person should still be regarded as in hospital when released on licence (or probation)

FOR USE IN THE DEPARTMENT FOR COMMUNITIES

Part A

Title to benefit or credits considered: intls Date

Form CF74 issued: intls Date

PERSONS OVER PENSION AGE

Part B

To:

The contributor named overleaf has not claimed State Pension.

Pension number:

Signature: **Date:**

Pensions Service

CF73