**[Insert your name]**

 **[Insert National insurance number]**

**[Insert Date of birth]**

For the attention of the Universal Credit Department

**[Insert date]**

**[Insert address of your local job centre plus]**

**- COMPLEX NEEDS ALERT-**

I write to formally request that my case is dealt with under your Complex Needs policy and in accordance with the provision of the Equality Act 2010.

**Framework for support and adjustments**

Your Complex Needs guidance states that complex needs could arise from personal circumstances, life events, health problems or disabilities and recognises that some claimants may have complex needs because of the design of Universal Credit. It is noted in this guidance that someone who is ‘blind or partially sighted’ would qualify as a claimant with complex needs.

I am certified as sight impaired / severely sight impaired **[delete as applicable]**.

Additionally, my case must be dealt with in accordance with the provisions of the Equality Act 2010. Any person who is certified sight impaired / severely sight impaired is automatically considered to be disabled within the meaning of this act (s.6 Equality Act 2010 (disability regulations 2010). You are a service provider within the meaning of s. 29(1) of the Equality Act. Under s.20 of the Act, a service provider has a duty to make reasonable adjustments to any “provision, criterion or practice” that puts the disabled person at a substantial disadvantage when using the service.

**My circumstances**

**[Insert details of your circumstances and the difficulties you have because of your sight loss and / or other disabilities and health condition(s). If you have a copy of medical evidence supporting this, then you can refer to this and attach it with this letter.]**

**What I need**

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

**[Delete and amend as applicable].**

* I will struggle to make or run a fully accurate claim and need support
* I need home visits/telephone call because I cannot attend appointments
* I cannot access a computer due to my visual impairment
* I will need to be sent all notifications and statements in an accessible format **[specify font size / telephone / braille / audio / email** - **delete as appropriate].**
* I will need my conditionality requirements tailored to reflect my individual circumstances
* Other needs/problems **[Insert details of any other needs.]**

**Information concerning my disability [delete paragraph if not relevant to you]**

I wish to nominate a health professional and/or support worker (details below) who has knowledge of me, and request that you contact them to gather information about my disability and Complex Needs. I request that this is done as a preventative measure, so that incorrect decisions or processes are therefore avoided.

**[Insert name, job title and contact details]**

I authorise any person(s) specified above to receive and/or disclose any information about my disability in relation to my benefit entitlements.

Yours faithfully,

**[insert name]**

**[insert address]**

**[insert contact details and preferred format]**