

# Claiming Disability Living Allowance for a person aged 16 or over

---

## 1. Where to send the completed form

Please send your completed form to the office that deals with the area where you live. You can find the address by typing the first letters of your postcode into the box below.

**Please tell us the first letters of your  
postcode and then press enter**

Send the completed form to:

---

### **If you are still not sure where to send the form**

Phone the Benefit Enquiry Line (BEL).

Phone: **0800 88 22 00**.

Textphone: **0800 24 33 55** (for hearing or  
speech difficulties).

---

### **For existing Disability Living Allowance claims**

You can contact :

Disability Contact and Processing Unit

Warbreck House

Warbreck Hill

Blackpool FY2 0YJ

Phone: **08457 123456**

Email: **DCPU.Customer-services@dwp.gsi.gov.uk**

---

## 2. Print the form

Please print the form and fill it in with a pen.

**Disability and Carers Service**

**Notes**

**Claiming Disability Living Allowance for a  
person aged 16 or over**

<b>Contents</b>	<b>Page</b>
What is Disability Living Allowance?	3
Can I get Disability Living Allowance?	3
What do 'help with personal care' and 'supervise' mean?	4
When can I claim Disability Living Allowance?	4
How is Disability Living Allowance worked out?	
Disability Living Allowance – the care part	5
Disability Living Allowance – the mobility part – getting around outdoors	6
About medical examinations	6
If you want help filling in the claim form or any part of it	7
How your disabilities affect you	7
About you	
Do you normally live in Great Britain?	8
About your GP	8
About your illnesses and disabilities	
Special rules	9
Aids and adaptations you use	10
Getting around outdoors – how far can you normally walk?	11
About being in hospital, a care home or a similar place	12
How we pay you	13 to 14
How we collect and use information	14
Help and advice about other benefits	15

## What is Disability Living Allowance?

Disability Living Allowance is money to help with extra costs if you have a disability severe enough that you need someone to help look after you, or you have walking difficulties (or both), and you are under the age of 65 when you claim. If you are 65 or over, you may be able to get Attendance Allowance instead of Disability Living Allowance (see **Help and Advice about other benefits** on page 15).

**Even if you are not actually getting the help you need, you can still get Disability Living Allowance.**

You may not think of yourself as disabled, but if you have a health condition or illness that means you need the sort of help or have the sort of walking difficulties we tell you about in these notes you may be able to get Disability Living Allowance.

Your disability may be physical, or you may have mental-health problems, learning difficulties, or sight, hearing or speech difficulties.

- Disability Living Allowance is not usually affected by your income or savings, but if you get Constant Attendance Allowance or War Pensioners' Mobility Supplement with another benefit, you will not get Disability Living Allowance or you will get a lower amount of it.
- Disability Living Allowance is not usually taken off other benefits and tax credits you may receive.
- You can claim Disability Living Allowance even if you have not paid any National Insurance contributions.
- You do not have to pay tax on the Disability Living Allowance you receive.
- If you get Disability Living Allowance, you may get extra money with other benefits (see page 15).

## Can I get Disability Living Allowance?

You may get Disability Living Allowance if you are under 65 when you make your claim, and your disability means that:

- you need help with your personal care (see page 4), or you need someone to supervise you for your own or someone else's safety (see page 4), or
- you cannot walk, or you find it very hard to walk, or you need help to get around (or you have both personal care or supervision needs and walking difficulties), and
- you have had these needs or walking difficulties (or both) for at least three months and they are likely to continue for at least a further six months.

You can get Disability Living Allowance whether or not you are in work.

You do not usually need a medical examination.

## What do 'help with personal care' and 'supervise' mean?

'Help with personal care' means day-to-day help with things like:

- washing (or getting into or out of a bath or shower)
- dressing
- eating
- going to or using the toilet
- telling people what you need, or
- making yourself understood - for example, if you have learning difficulties.

'Supervise' means that you need someone to watch over you to avoid substantial danger to yourself or other people. This could mean:

- when you take medicines or have treatment
- keeping you away from danger that you may not know is there
- avoiding danger you could face because you cannot control the way you behave, or
- stopping you from hurting yourself or other people.

You may need help with personal care or supervision because you:

- find it hard to move your arms or legs or have no control over them
- get breathless easily or are in pain, or
- have behaviour difficulties, mental-health problems, or you get confused.

## When can I claim Disability Living Allowance?

You can normally only get Disability Living Allowance when you have had these care or supervision needs or walking difficulties (or both) for at least three months and they are likely to continue for a further six months – unless you claim under the special rules – see page 9. If you claim straight away, we will deal with your claim as soon as possible.

## How is Disability Living Allowance worked out?

There are two parts to Disability Living Allowance – the care part and the mobility part. You can get money for just one part, or for both.

How much you get is based on how much extra help you need.

### Care part

There are three care rates.

#### Lowest rate

You may get the lowest care rate of Disability Living Allowance if:

- you need help with personal care for some of the day, or
- your disability means that you cannot prepare a cooked main meal.

#### Middle rate

You may get the middle care rate of Disability Living Allowance if you need:

- help with personal care frequently throughout the day
- help with personal care during the night
- someone to supervise you continually throughout the day to help you avoid substantial danger
- someone to watch over you at night to help you avoid substantial danger, or
- someone with you when you are on dialysis.

#### Highest rate

You may get the highest care rate of Disability Living Allowance if you:

- meet both a day **and** a night condition for the middle rate (see above). In short, you need both help with personal care or someone to supervise you throughout the day **and** also help with personal care or someone to watch over you during the night.

You may also be able to get this rate if you claim under the special rules (see page 9).

# How is Disability Living Allowance worked out? continued

## Mobility part – getting around outdoors

There are two mobility rates.

### Lower rate

You may get the lower mobility rate of Disability Living Allowance if you can walk, but need guidance or supervision from another person to get around outdoors in places you don't know. This is to stop you putting yourself or others in danger, perhaps because you:

- have problems with the way you behave
- are blind or deaf
- have problems talking to others, or
- need someone to keep an eye on you.

### Higher rate

You may get the higher mobility rate of Disability Living Allowance if, even when you use an aid (like a stick or a false leg), you:

- cannot walk at all, or
- can only walk a short way without being in severe discomfort, or
- could become very ill if you try to walk.

You can find the current rates in the leaflet called **Benefit and Pension rates**, which you can get from any Jobcentre Plus office. The rates are also on the website at [www.direct.gov.uk/disability](http://www.direct.gov.uk/disability)

## About medical examinations

If we cannot get a clear picture of how your illnesses or disabilities affect you, we may ask a health care professional to examine you.

Medical Services arrange medical examinations for us. Medical Services will contact you to arrange an appointment. If you want an interpreter or a health care professional of the same sex as you, you should ask Medical Services about this when they contact you. They will, if it is possible, arrange it for you.

After your medical examination, Medical Services will send us a copy of the report. We will use this report when we make a decision on your claim. If you want to see the report, ask the office dealing with your claim for a copy.

## **If you want help filling in the claim form or any part of it**

If you need help, phone the Benefit Enquiry Line for people with disabilities and for carers.

The phone number is **0800 88 22 00**.

Lines are open from 8.30am to 6.30pm Monday to Friday, and from 9am to 1pm on Saturdays.

If you have speech or hearing difficulties, you can contact us using a textphone on **0800 24 33 55**. You can also use Typetalk.

The person you speak to may need to arrange for someone to phone you back. The person who calls you back is specially trained to help you fill in this form. They will have a copy of the form and they will go through it with you over the phone. Or they can fill in a form for you.

If they fill in the form for you, they will send it to you. You can then check it, sign it and send it back. They will send you an envelope. It will not need a stamp.

If you cannot use the phone, we may be able to send someone to visit you. Write to us at the address on the envelope that came with this claim pack. If you have a visit, it may take us longer to deal with your claim.

### **How your disabilities affect you**

You may not think of yourself as disabled, but if you have a health condition or illness that means you need the sort of help we tell you about in these notes, you may be able to get Disability Living Allowance.

We know that disabilities can affect people more on one day than another – you may have good days and bad days. And your disability may vary over time. Please try to tell us as much as you can about how your disability varies.

We also know that help needed during the day and help needed during the night can be different. There are separate questions for you to tell us about the different sort of help you may need.

You may find it helpful to keep a record of your needs. Try to list all the times when you need help from someone else or when you have difficulty doing something because there is nobody around to help you. If your condition varies, you may want to keep a record of your needs over a good day and over a bad day. Start from the time you get up in the morning, through 24 hours, to the time you get up the following morning. You can send in this record with your form if you want to.

## About you

**These notes give you more help and advice with some of the questions in the claim form**

### **8 Do you normally live in Great Britain?**

You must normally live in Great Britain and have lived there for 26 weeks in the last 52 weeks before you claim.

Time spent in a country that is part of the European Economic Area (EEA), or in Switzerland, may also be treated as being in Great Britain for the 26-week rule.

The 26-week rule does not apply if you are terminally ill and qualify under special rules.

### **16 About your GP**

Your doctor does not decide whether you get Disability Living Allowance.

We may need to ask your doctor for more information about your condition. We will only ask your doctor to give details of the medical facts. They do not have to give an opinion on problems you may have with daily living activities or whether you should get Disability Living Allowance.

# About your illnesses or disabilities and the treatment or help you receive

18

## Special rules

We have arrangements called special rules that help people who are terminally ill to get their benefit as quickly as possible. The special rules are for people who have a progressive disease and are not expected to live for longer than six months.

So that we can deal with your claim as quickly as possible, it is important that you send a DS1500 report with your claim. The notes below tell you how to get a DS1500 report.

If you don't have the DS1500 report by the time you fill in the claim form, send us the form straight away. Please send the DS1500 when you can.

### Getting Disability Living Allowance under the special rules means:

- you get the highest rate each week for help with personal care
- you get paid straight away (so you don't have to wait until you have needed help for three months – but changes like those on page 12 of these notes may still affect how much money you get), and
- we deal with your claim more quickly.

### Claiming under the special rules for someone else

You can claim under the special rules for someone else. You don't have to tell them you are claiming for them. Tell us about them on the claim form. We will normally write to them about whether they can get Disability Living Allowance, but we won't tell them anything about special rules.

If you are filling in this form as part of your job, you do not need to tell us your National Insurance number or date of birth at question 12.

### How to claim under the special rules

Please fill in the claim form. Tick the box at question 18 of the claim form to show you are claiming under the special rules. If you do not tick this box, we cannot normally pay you under the special rules.

### How to get a DS1500 report

Ask your doctor or specialist for a DS1500 report.

This is a report about your medical condition. You won't have to pay for it. You can ask the doctor's receptionist, a nurse or a social worker to arrange it for you. You don't have to see the doctor. Most doctors' practices provide DS1500 reports very quickly. Ask for the report in a sealed envelope if you do not want anyone to see it.

## About your illnesses or disabilities and the treatment or help you receive (continued)

22

### Please list the aids and adaptations you use.

We want to know if you use any aids or adaptations to help you do things. For example:

- a hoist, monkey pole or bed-raiser may help you get out of bed
- a commode, raised toilet seat or rails may help you with your toilet needs
- bath rails, a shower seat or a hoist may help you bath or shower
- a long-handled shoehorn, button hook, zip pull or sock aid may help you dress
- a stairlift, raised chair, wheelchair or rails may help you move about indoors
- a walking stick, walking frame, crutches or artificial limbs may help you get around outdoors
- special cutlery or a feeding cup may help you eat and drink, or
- a hearing aid, textphone, magnifier or braille terminal may help you communicate.

We also want you to tell us if you need help to use the aids or adaptations, and if you do, what help you get from another person.

## Getting around outdoors

### 24 How far can you normally walk (including any short stops) before you feel severe discomfort?

It is important you give us a clear picture of your walking ability. If you are not sure how far you can walk or how long it takes you, it may be useful to measure this so you can give accurate information. By severe discomfort, we mean things like shortness of breath, pain, extreme tiredness, or muscle spasms.

We understand that it can be hard to know how far you can walk. Several things can help you:

- Ask someone to walk with you and pace the distance you walk. The average adult step is just under one metre, so if the person walking with you took 100 steps, you would have walked about 90 metres.
- A size 9 shoe is about a third of a metre.
- The average four-door car is about four metres long.
- The average double-decker bus is about 11 metres long.
- A full-size football pitch is about 100 metres long.

If you still find it difficult to work out the distance you can walk in metres, please tell us:

- the number of steps you can take, and how long in minutes, it would take you to walk this distance, at questions 24 and 25
- about your walking speed, at question 26, and
- the way that you walk, at question 27. For example, shuffling or small steps.

## About being in hospital, a care home or a similar place

By care home we mean a home such as a residential care home, a residential school or college, nursing home or similar place.

We need to know if:

- you are in hospital, a care home or similar place when you make your claim, and
- the local authority or NHS pay anything towards the cost of your stay.

If we award you Disability Living Allowance when you are in hospital, a care home, a residential school or a similar place, we cannot start paying it until you come out. But if you are a private patient or resident, paying for your stay without help from public funds, we will be able to pay you.

We may be able to pay you if you are claiming under the special rules and you are in a hospice.

## How we pay you

Please read this section before you tell us your account details at question 59.

### We normally pay your money direct into an account

Many banks and building societies will let you collect money at the post office.

We will tell you when we will make the first payment and how much it will be for.

We will tell you if the amount we pay into the account is going to change.

### Finding out how much we have paid into the account

You can check your payments on account statements. The statements may show your National Insurance (NI) number next to any payments we have made. If you think a payment is wrong, get in touch with the office that pays you straight away.

### If we pay you too much money

We have the right to take back any money we pay that you are not entitled to. This may be because of the way the system works for payments into an account.

For example, you may give us some information, which means you are entitled to less money. Sometimes we may not be able to change the amount we have already paid you. This means we will have paid you money that you are not entitled to.

**We will contact you before we take back any money.**

### What to do now

- Tell us about the account you want to use at question 59. By giving us your account details you:
  - agree that we will pay you into an account, and
  - understand what we have told you above in the section **If we pay you too much money.**
- If you are going to open an account, please tell us your account details as soon as you get them.
- If you do not have an account, please contact us and we will give you more information.

**Fill in the rest of the form. You do not have to wait until you have opened an account, or contacted us.**

## How we pay you (continued)

### About the account you want to use

- You can use **an account in your name**, or a **joint account**.
- You can use **someone else's account** if:
  - the terms and conditions of their account allow this, and
  - they agree to let you use their account, and
  - you are sure they will use your money in the way you tell them.
- You can use a **credit union account**. You must tell us the credit union's account details. Your credit union will be able to help you with this.
- If you are an **appointee** or a **legal representative** acting on behalf of the customer, the account should be in your name only.

**It is very important you fill in all the boxes correctly, including the building society roll or reference number, if you have one. If you tell us the wrong account details your payment may be delayed or you may lose money.**

You can find the account details on your chequebook or bank statements. If you do not know the account details, ask the bank or building society.

## How we collect and use information

The information we collect about you and how we use it depends mainly on the reason for your business with us. But we may use it for any of the Department's purposes, which include:

- social security benefits and allowances
- child support
- employment and training
- private pensions policy, and
- retirement planning.

We may get information from others to check the information you give to us and to improve our services.

We may give information to other organisations as the law allows, for example to protect against crime.

To find out more about how we use information, visit our website [www.dwp.gov.uk/privacy-policy](http://www.dwp.gov.uk/privacy-policy) or contact any of our offices.

## Help and advice about other benefits

If you want general advice about any other benefits you may be able to claim, you can do the following.

- Phone the Benefit Enquiry Line for people with disabilities on **0800 88 22 00**.
- If you have speech or hearing difficulties, you can contact us using a textphone on **0800 24 33 55**. If you do not have your own textphone, some libraries or your local Citizen Advice Bureau may have one. You can also use Typetalk.
- Get in touch with Jobcentre Plus. You can find the phone number and address in the business number section of the phone book. Look under **Jobcentre Plus**.
- Get in touch with an advice centre like a Citizens Advice Bureau.

### **If you want more information about Carer's Allowance**

If you are claiming the care part of Disability Living Allowance and someone looks after you for 35 hours or more a week, they may be able to get Carer's Allowance. The enclosed information sheet has important information about Carer's Allowance. It tells you and your carer:

- how your benefit could be affected if your carer is paid Carer's Allowance
- how to get help and advice about Carer's Allowance
- how to make a claim
- when to make a claim to avoid losing benefit, and
- where to get a claim form or how to claim online.

### **If you want more information about Child Tax Credit or Working Tax Credit, you can do the following.**

- Phone the helpline on **0845 300 3900**
- If you have speech or hearing difficulties, you can contact us using a textphone on **0845 300 3909**
- If you need a form or help in Welsh, phone **0845 302 1489**
- You can visit the website at **[www.hmrc.gov.uk](http://www.hmrc.gov.uk)**

### **If you want more information about Pension Credit, you can do the following.**

- You can get a leaflet about Pension Credit
- Phone the Pension Service on **0800 99 1234**
- If you have speech or hearing difficulties, you can contact us using a textphone on **0800 169 0133**
- You can visit the website at **[www.direct.gov.uk/pensioncredit](http://www.direct.gov.uk/pensioncredit)**

## **Disability Living Allowance (Adult), Carer's Allowance and Carer's Credit**

**Please read this then pass it to your carer if you have one.**

This leaflet is in two parts:

- Part one – for you and
- Part two – for your carer, if you have one. It gives information about Carer's Allowance and Carer's Credit.

### **Part one – for you**

#### **Your benefit could be affected if someone claims Carer's Allowance for looking after you.**

If your claim for Disability Living Allowance is successful, you may get an extra amount for severe disability with an income-related benefit or Pension Credit.

If someone is paid Carer's Allowance for looking after you, you may not be able to get this extra amount. Contact the office dealing with your benefits for more information.

**Your Disability Living Allowance will not be affected.**

### **Part two – for your carer**

#### **Carer's Allowance**

If you are caring for someone, for 35 hours or more each week, who is going to claim Disability Living Allowance, you may want to claim Carer's Allowance. Do not claim Carer's Allowance until the person you care for is awarded Disability Living Allowance at the middle or highest rate for care, but you must claim Carer's Allowance within three months of the Disability Living Allowance decision being made or you could lose benefit.

#### **Carer's Allowance and other benefits**

Some benefits, allowances or pensions can affect how much Carer's Allowance we can pay. This means that if you get another benefit, we may not pay Carer's Allowance at all, or pay it at a reduced rate. But you may still be entitled to Carer's Allowance even if we cannot pay it, and being entitled means that you may get an extra amount paid with income-based Jobseeker's Allowance, income-related Employment and Support Allowance, Income Support, Pension Credit, Housing Benefit or Council Tax Benefit.

## How to claim Carer's Allowance or find out more information

- Visit our website at [www.direct.gov.uk/carers](http://www.direct.gov.uk/carers)
- Call the Benefit Enquiry Line from 8.30am to 6.30pm Monday to Friday, or 9am to 1pm on Saturday  
Telephone **0800 88 22 00**  
Textphone **0800 24 33 55**.
- Write to Carer's Allowance Unit, Palatine House,  
Lancaster Road, Preston, PR1 1HB.
- email [cau.customer-services@dwp.gsi.gov.uk](mailto:cau.customer-services@dwp.gsi.gov.uk)

## Carer's Credit

If you cannot get Carer's Allowance and look after one or more disabled people for a total of 20 hours or more a week, you may want to apply for Carer's Credit. This is a National Insurance Credit for carers of working age that can protect your future entitlement to the basic element of the State Pension and bereavement benefits. The credit may also help you build up some additional pension, sometimes called State Second Pension. Any additional pension you are entitled to will be paid with your basic State Pension when you claim it.

The earliest you can apply for Carer's Credit is 6 April 2010.

You do not need to apply for Carer's Credit if you get Child Benefit for a child under age 12 or get Carer's Allowance as you will already get National Insurance credits.

You can find out more about Carer's Credit and how to apply by visiting [www.direct.gov.uk/carers](http://www.direct.gov.uk/carers) or by phoning **0845 608 4321** or by Textphone **0845 604 5312**.

We can send you this leaflet in other formats, such as large print.

Other conditions of entitlement may apply. This is not intended to be a complete statement of law and you should not rely on it as such.

**Please fill in this claim form and send it back to us as soon as you can. We can only consider paying benefit from the date we receive it.**

**If you want help filling in this form, you can phone the Benefit Enquiry Line (BEL) or contact an organisation like Citizens Advice.**

BEL is open from 8.30am to 6.30pm  
Monday to Friday, and from  
9am to 1pm on Saturdays.  
Phone **0800 88 22 00**.

If you have speech or hearing difficulties, you can contact us using a textphone on **0800 24 33 55**.

Textphones do not accept texts from mobile phones.

You can also use Typetalk.

We can send you a form in braille or in large print. Or, BEL can arrange to fill in a form with you over the phone. They will send you the filled-in form in braille or in large print.

We can also arrange for interpreters if you phone us or visit us. If you want any more information about this, please phone BEL.

---

**Please keep this page** with the notes about claiming Disability Living Allowance. You may need it after you have returned the form to us.

# Things to do before you fill in the claim form

Check if you can get Disability Living Allowance. Work through the checklist 'Can I get Disability Living Allowance?' which is included in this pack.

Before you fill in the form, it will be useful to have ready some of the things listed below. Do not worry if you only have some of them.

- Your National Insurance number. You can find this on your National Insurance number card, letters from the Department for Work and Pensions, or payslips. If you do not have a National Insurance number, or you do not know it, get in touch with Jobcentre Plus. They will help you apply for or trace your number.
- The name of your GP and the address of your GP's surgery.
- Details of your medication or an up-to-date printed prescription list if you have one.
- Details of anyone you have seen about your illnesses or disabilities in the last 12 months, apart from your GP.
- Your hospital record number (if you know it). You can find this on your appointment card or letter.
- If you have been in a hospital, care home, residential school, college or similar place – the dates you went in and came out, and the name and address of the place you stayed.
- You may also find it helpful to keep a record – write down a list of things you have needed help with or found difficult over one or two days.

**i** For more information please read page 7 of the notes.

You do not have to fill in the form in one go. Take your time so that you can describe all the help you need.

## How to fill in the claim form

Please use black ink to fill in the form. Do not worry if you are not sure how to spell something or you make a mistake. If you want to correct a mistake, please cross it out with a pen – do not use correction fluid.

Please tick the box to show your answer. For example:

Yes  No

## What happens next

Fill in the form and post it back to us.

Write in this box the date you post your form to us.

We will write to tell you that we have received your form. If you do not get this letter within two weeks of sending your form to us, please phone us on **08457 12 34 56**. If you have speech or hearing difficulties, you can contact us using a textphone on **08457 22 44 33**.



# About you (continued)

**8** Do you normally live in Great Britain?

Great Britain is England, Scotland and Wales.



For more information please read page 8 of the notes.

Yes  Please continue below.

No  Go to question 9.

If you live in Wales and would like us to contact you in Welsh in future, tick this box.

**9** Have you been abroad for more than a total of 13 weeks in the last 52 weeks?

Abroad means out of Great Britain.

Yes  Please continue below.

No  Go to question 10.

Please tell us when you went abroad.

From

To

Tell us where you went.

Tell us why you went.

If you have been abroad more than once in the last 52 weeks, please tell us the dates you went, where you went and why you went at question 61 **Extra information**.

**10** What type of accommodation do you live in?

For example, you may live in a house, bungalow, flat, supported housing, residential care home, nursing home, residential school or somewhere else.

**11** Where is there a toilet in your home?

Upstairs  Downstairs

Other

Tell us where.

Where do you sleep in your home?

Upstairs  Downstairs

Other

Tell us where.

# Signing the form for someone else

12

## Signing the form for someone else

You can fill in this form for another adult, but they must still sign it themselves unless **one or more of the following apply**. Please tick all the relevant boxes.

- I hold a power of attorney to receive and deal with their benefits from social security, or
- I act as a deputy for them, appointed by the Court of Protection, or
- (In Scotland) I am a judicial factor, guardian, tutor or curator bonis appointed under Scottish law.

**Send us the relevant document (or certified copy) with this claim form and sign the declaration on their behalf.** Copies must be certified and signed as being true and complete by the person this form is about, a solicitor or a stockbroker.

- I am an appointee, appointed by the Department for Work and Pensions (DWP), to receive and deal with their benefits and their letters from social security.

**We will send all letters about Disability Living Allowance to you.**

- They cannot manage their affairs due to a mental-health problem or learning disability.

**We will contact you about this.** If the customer cannot manage their affairs, the DWP may appoint you to get their benefits and to deal with letters from social security.

- They are so ill or disabled they find it impossible to sign for themselves.

**We will contact you about this.**

- I am claiming for them under the special rules.

**i** You must read the **notes about special rules** on page 9 of the notes before you tick this box and the box at question 18.

If the person does not know you are signing this form for them, tell us why.

Your name

National Insurance number 

Letters	Numbers	Letter
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

Date of birth (day/month/year)

Your address   
  
Postcode

Daytime phone number, including the dialling code

# About your illnesses or disabilities and the treatment or help you receive

**13** Please list separately details of your illnesses or disabilities in the table below.

By illnesses or disabilities we mean physical, sight, hearing or speech difficulty or mental-health problems.

**If you have a spare up-to-date printed prescription list**, please send it in with this form. If you send in your prescription list you do not need to tell us about your medicines and dosage in the table below.

By treatments we mean things like physiotherapy, speech therapy, occupational therapy or visiting a day-care centre or a mental-health professional for counselling or other treatments.

You can find the dosage on the label of your medicine.

Name of illness or disability	How long have you had this illness or disability?	What medicines or treatments (or both) have you been prescribed for this illness or disability?	What is the dosage and how often do you take each of the medicines or receive treatment?
<b>Example</b> Stroke	14 months	Aspirin Physiotherapy	30 milligrams (mg) One tablet a day Two days a week
<b>Example</b> Kidney failure	About a year	Dialysis	Two times a week
<b>Example</b> Learning difficulties	17 years	None	None

If you need more space to tell us about your illnesses or disabilities, please continue at question 61 **Extra information**.



# About your illnesses or disabilities and the treatment or help you receive (continued)

## 15 Does anyone help you because of your illnesses or disabilities?

For example, a carer, support worker, friend, neighbour or family member.

Yes  Please continue below.

No  Go to question 16.

Their name

Their address

Postcode									

Their phone number, including the dialling code

What help do you get from them?

Their relationship to you

How often do you see them?

If more than one person helps you, please tell us their name and how they help you at question 61 **Extra information**.

## 16 About your GP



For more information please read page 8 of the **notes**.

Their name

If you do not know your GP's name, please give the name of the surgery or health centre.

Their address

Postcode									

Their phone number, including the dialling code

When did you last see them because of your illnesses or disabilities?

# About your illnesses or disabilities and the treatment or help you receive (continued)

## 17 Consent

We may want to contact your GP, or the people or organisations involved with you, for information about your claim. This may include medical information. You do not have to agree to us contacting these people or organisations, but if you don't agree, we may be unable to make sure you are entitled to the benefit you are claiming.

We, or any health care professional working for an organisation approved by the Secretary of State, may ask any person or organisation to give them or us any information, including medical information, which we need to deal with:

- this claim for benefit, or
- any appeal or other request to reconsider a decision about this claim.

**Please tick one of the consent options then sign and date below.**

I agree to you contacting the people or organisations described in the statement above.

I do not agree to you contacting the people or organisations described in the statement above.

**Signature**

**Date**

**Please make sure you also sign and date the declaration at question 62.**

# About your illnesses or disabilities and the treatment or help you receive (continued)

## 18 Special rules

**i** You must read page 9 of the **notes** about special rules before you tick the box below.

The special rules apply to people who have a progressive disease and are not expected to live longer than six months.

**If you are not claiming under the special rules, please go to question 19.**

**If you are claiming under the special rules, tick this box.**

If you have any walking difficulties, please make sure you answer questions 23 to 34 **Getting around outdoors.**

If you are claiming under special rules, you do not need to answer questions 35 to 54 **Help with your care needs.**

Please answer **all** the questions on this form that apply to you, or the person you are claiming for.

Please send this form to us with a DS1500 report. You can get the report from your doctor or specialist.

If you have not got your DS1500 report by the time you have filled in the claim form, send the claim form straight away. If you wait, you could lose money.

Please send the DS1500 report when you can.

Make sure you sign the **consent** question 17 and the **declaration** question 62.

## 19 Do you have any reports about your illnesses or disabilities?

These may be from a person who treats you, for example an occupational therapist, hospital doctor or counsellor. It may be an assessment report, a care plan or something like this.

Yes  Please send us a copy if you have one.

No  Go to question 20.

**Do not worry if you have no reports. Just send in your form.**

# About your illnesses or disabilities and the treatment or help you receive (continued)

**20** Are you on a waiting list for surgery?

Yes  Please tell us about this in the table below.

No  Go to question 21.

The date you were put on the waiting list	What surgery are you going to have?	When is the surgery planned for, if you know this?
<b>Example</b> 1 July 2009	Operation to replace my right hip	1 December 2009

**21** Have you had any tests for your illnesses or disabilities?

For example, a peak flow, a treadmill exercise, a hearing or sight test or something else.

Yes  Tell us about these in the table below.

No  Go to question 22.

Date and type of test	Results
<b>Example</b> April 2009 treadmill test	Four minutes (stage 2)

# About your illnesses or disabilities and the treatment or help you receive (continued)

**22** Please list the aids and adaptations you use.

Put a tick in the second box against those that have been prescribed by a health care professional, for example an occupational therapist.

If you have difficulty using any aids or adaptations or you need help from another person to use them, tell us in the table below.

**i** For more information please read page 10 of the notes.

Aids and adaptations	<input checked="" type="checkbox"/>	How does this help you?	What difficulty do you have using this aid or adaptation?
Example Hoist	<input type="checkbox"/>	Helps me get out of bed	None
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

If you need more space to tell us about your aids or adaptations, please continue at question 61 **Extra information**.

# Getting around outdoors

This is about your ability to walk outdoors on a reasonably flat surface. We cannot take account of any problems you may have walking on steps or uneven ground.

**i** For more information please read pages 6 and 11 of the **notes**.

**23** Do you have physical problems that restrict your walking?

Yes  Go to question 24.      No  Go to question 31.

It is important you give us a clear picture of your walking ability. If you are not sure how far you can walk or how long it takes you, it may be useful to measure this so you can give accurate information. By severe discomfort, we mean things like shortness of breath, pain, extreme tiredness, or muscle spasms.

**24** How far can you normally walk (including any short stops) before you feel severe discomfort?

metres

or

yards

**25** How many minutes can you walk before you feel severe discomfort?

minutes

**26** Please tick the box that best describes your walking speed.

Normal  more than 60 metres (66 yards) a minute

Slow  40 to 60 metres (44 to 66 yards) a minute

Very slow  less than 40 metres (44 yards) a minute

If none of these boxes describes your walking speed, tell us in your own words about your walking speed.


## Getting around outdoors (continued)

27 Please tick the box that best describes the way you walk.

Normal

Reasonable

For example, you walk with a slight limp.

Poor

For example, you shuffle, or walk with a heavy limp, or a stiff leg or have problems with balance.

Extremely poor

For example, you drag your leg, stagger or need physical support.

If none of these boxes describes the way you walk, tell us in your own words about the way you walk.


28 Do you need physical support from another person to help you walk?

Yes

Please tick the boxes that apply to you.

No

Go to question 29.

I cannot walk without physical support.

I would fall without physical support.

I would injure myself without physical support.

If none of these boxes describes the help you need, tell us why you need physical support in the box below.


## Getting around outdoors (continued)

29 How many days a week do you have difficulty walking?

days

30 Do you fall or stumble when walking outdoors?

For example, you may fall or stumble because of weak muscles, stiff joints or your knee giving way.

Yes  Please continue below.

No  Please go to question 31.

**Why do you fall?**


**How often do you fall?**

Tell us roughly how many times you fall or stumble for example, every day, once a week, twice a week, once a month.


**Do you need help to get up after a fall?**

Yes  Tell us why in the box below.

No  Please go to question 31.


# Getting around outdoors (continued)

## Having someone with you when you are outdoors

**31** Do you need someone with you to guide or supervise you when walking outdoors in unfamiliar places?

For example, you may have a mental-health problem (such as agoraphobia), a learning disability, a sight, hearing or speech difficulty, or a physical disability (for example, problems with balance) and need someone with you to make sure you do not put yourself or others in danger. Or you may need help to move around in crowds or traffic, or cross unfamiliar roads.

Yes  Please tick the boxes that apply to you.

No  Go to question 33.

**Please tell us why you need supervising or guiding outdoors.**

To avoid danger

I may get lost or wander off

I have anxiety or panic attacks

To make sure I am safe

If none of these boxes describes why you need help, tell us in your own words in the box below.

Tell us what problems you would have in unfamiliar places. Tell us what another person could do to help you so that you could walk around in unfamiliar places.


**32** How many days a week do you need someone with you when you are outdoors?

days



## Your care needs during the day

During the day includes the evening. Care needs during the night are covered later.

If you are claiming under special rules, please go to question 55. You do not have to answer any more questions until then.

By care needs we mean help or supervision, due to an illness or disability, with:

- everyday tasks like getting in and out of bed, dressing, or washing
- taking part in certain hobbies, interests, social or religious activities, or
- communication.

Help means physical help, guidance or encouragement from someone else so you can do the task.

Use the boxes to tell us about the difficulty you have or the help you usually need.

It is important that you tell us about the difficulty you have or the help you need, whether you get the help or not.



For more information read page 4 of the **notes**.

### For example

If you need help to get to and use the toilet four times a day, you would fill in the boxes as shown below.

**I have difficulty or need help:**

- with my toilet needs

**How often? How long each time?**

**4**

**5**

minutes

# Your care needs during the day (continued)

**35** Do you usually have difficulty or do you need help getting out of bed in the morning or getting into bed at night?

Yes  Please continue below.

No  Go to question 36.

**I have difficulty or need help:**

- getting into bed
- getting out of bed

**How often? How long each time?**

<input type="text"/>	<input type="text"/> minutes
----------------------	------------------------------

<input type="text"/>	<input type="text"/> minutes
----------------------	------------------------------

**I have difficulty concentrating or motivating myself and need:**

- encouraging to get out of bed in the morning
- encouraging to go to bed at night

**How often? How long each time?**

<input type="text"/>	<input type="text"/> minutes
----------------------	------------------------------

<input type="text"/>	<input type="text"/> minutes
----------------------	------------------------------

**Is there anything else you want to tell us about the difficulties you have or the help you need getting in or out of bed?**

For example, you may go back to bed during the day or stay in bed all day.

Yes  Tell us in the box below.

No  Go to question 36.


# Help with your care needs during the day (continued)

36

**Do you usually have difficulty or do you need help with your toilet needs?**

This means things like getting to the toilet, or using the toilet, commode, bedpan or bottle. It also means using or changing incontinence aids, or a catheter or cleaning yourself.

Yes  Please continue below.

No  Go to question 37.

**Please tell us what help you need and how often you need this help.**

**I have difficulty or need help:**

- with my toilet needs
- with my incontinence needs

**How often?**

**How long each time?**

 minutes minutes

**I have difficulty concentrating or motivating myself and need:**

- encouraging with my toilet needs
- encouraging with my incontinence needs

**How often?**

**How long each time?**

 minutes minutes

**Is there anything else you want to tell us about the difficulties you have or the help you need with your toilet needs?**

Yes  Tell us in the box below.

No  Go to question 37.


# Help with your care needs during the day (continued)

37

**Do you usually have difficulty or do you need help with washing, bathing, showering or looking after your appearance?**

This means things like getting into or out of the bath or shower, checking your appearance or looking after your personal hygiene. Personal hygiene includes things like cleaning your teeth, washing your hair, shaving, or coping with periods.

Yes  Please continue below.

No  Go to question 38.

**Please tell us what help you need and how often you need this help.**

**I have difficulty or need help:**

**How often?**

**How long each time?**

- looking after my appearance
- getting in and out of the bath
- washing and drying myself or looking after my personal hygiene
- using a shower

 minutes minutes minutes minutes

**I have difficulty concentrating or motivating myself and need:**

**How often?**

**How long each time?**

- encouraging to look after my appearance
- encouraging or reminding about washing, bathing, showering, drying or looking after my personal hygiene

 minutes minutes

**Is there anything else you want to tell us about the difficulty you have or the help you need washing, bathing, showering or looking after your appearance or personal hygiene?**

Yes  Tell us in the box below.

No  Go to question 38.


# Help with your care needs during the day (continued)

**38** Do you usually have difficulty or do you need help with dressing or undressing?

Yes  Please continue below.

No  Go to question 39.

Please tell us what help you need and how often you need this help.

**I have difficulty or need help:**

- with putting on or fastening clothes or footwear
- with taking off clothes or footwear
- with choosing the appropriate clothes

**How often?**

**How long each time?**

 minutes minutes minutes

**I have difficulty concentrating or motivating myself and need:**

- encouraging to get dressed or undressed
- reminding to change my clothes

**How often?**

**How long each time?**

 minutes minutes

**Is there anything else you want to tell us about the difficulty you have or the help you need dressing or undressing?**

For example, you may get breathless or feel pain or it may take you a long time.

Yes  Tell us in the box below.

No  Go to question 39.


# Help with your care needs during the day (continued)

**39** Do you usually have difficulty or do you need help with moving around indoors?  
By indoors we mean anywhere inside, not just the place where you live.

Yes  Please tick the boxes that apply to you.

No  Go to question 40.

**I have difficulty or need help:**

- walking around indoors
- going up or down stairs
- getting in or out of a chair
- transferring to and from a wheelchair

**I have difficulty concentrating or motivating myself and need:**

- encouraging or reminding to move around indoors

**Is there anything else you want to tell us about the difficulty you have or the help you need with moving around indoors?**

For example, you may hold on to furniture to get about or it may take you a long time.

Yes  Tell us in the box below.

No  Go to question 40.


# Help with your care needs during the day (continued)

40

## Do you fall or stumble because of your illnesses or disabilities?

For example, you may fall or stumble because you have weak muscles, stiff joints or your knee gives way, or you may have problems with your sight, or you may faint, feel dizzy, blackout or have a fit.

Yes  Please continue below.

No  Go to question 41.

## What happens when you fall or stumble?

Tell us why you fall or stumble and if you hurt yourself.


## Do you need help to get up after a fall?

Tell us if you have difficulty getting up after a fall and the help you need from someone else.

Yes  Tell us in the box below.

No


## When did you last fall or stumble?

If you don't know the exact date, tell us roughly when this was.

/  /
------

## How often do you fall or stumble?

Tell us roughly how many times you have fallen or stumbled in the last month or year.

times last month
------------------

times last year
-----------------

# Help with your care needs during the day (continued)

41

**Do you usually have difficulty or do you need help with cutting up food, eating or drinking?**

This means things like getting food or drink into your mouth or identifying food on your plate.

Yes  Please continue below.

No  Go to question 42.

**I have difficulty or need help:**

- eating or drinking
- cutting up food on my plate

**How often?**

**How long each time?**

 minutes minutes

**I have difficulty concentrating or motivating myself and need:**

- encouraging or reminding to eat or drink

**How often?**

**How long each time?**

 minutes

**Is there anything else you want to tell us about the difficulty you have or the help you need with cutting up food, eating or drinking?**

Yes  Tell us in the box below.

No  Go to question 42.


# Help with your care needs during the day (continued)

42

**Do you usually have difficulty or do you need help with taking your medicines or with your medical treatment?**

This means things like injections, an inhaler, eye drops, physiotherapy, oxygen therapy, speech therapy, monitoring treatment, coping with side effects, and help from mental-health services. It includes handling medicine and understanding which medicines to take, how much to take and when to take them.

Yes  Please continue below.

No  Go to question 43.

**Please tell us what help you need and how often you need this help.**

**I have difficulty or need help:**

- taking my medicine
- with my treatment or therapy

**How often?**

**How long each time?**

 minutes minutes

**I have difficulty concentrating or motivating myself and need:**

- encouraging or reminding to take my medication
- encouraging or reminding about my treatment or therapy

**How often?**

**How long each time?**

 minutes minutes

**Is there anything else you want to tell us about the difficulty you have or the help you need taking your medication or with medical treatment?**

Yes  Tell us in the box below.

No  Go to question 43.


# Help with your care needs during the day (continued)

43

**Do you usually need help from another person to communicate with other people?**

For example, you may have a mental-health problem, learning disability, sight, hearing or speech difficulty and need help to communicate. Please tell us about difficulties you have even when using normal aids such as glasses or a hearing aid.

Yes  Please tick the boxes that apply to you.

No  Go to question 44.

**I have difficulty or need help:**

- understanding people I do not know well
- being understood by people who do not know me well
- concentrating or remembering things
- answering or using the phone
- reading letters, filling in forms, replying to mail
- asking for help when I need it

**Is there anything else you want to tell us about the difficulty you have or the help you need from another person to communicate with other people?**

For example, you use BSL (British Sign Language).

Yes  Tell us about your communication needs in the box below.

No  Go to question 44.


# Help with your care needs during the day (continued)

44

**Do you usually need help from another person to actively take part in hobbies, interests, social or religious activities?**

We want to know this because we can consider the help you need or would need to take part in these activities, as well as the other help you need during the day.

Yes  Please continue below.

No  Go to question 45.

Tell us about the activities and the help you need from another person **at home**.

What you do or would like to do	What help do you need or would you need from another person to do this?	How often would you do this and how long would you need this help each time?
<b>Example</b> Listening to music	I cannot see and need help to find the disc I want and put the disc in the player.	Four or five times a week, one to two minutes each time.

Tell us about the activities and the help you need from another person **when you go out**.

What you do or would like to do	What help do you need or would you need from another person to do this?	How often would you do this and how long would you need this help each time?
<b>Example</b> Swimming	When I get to the swimming pool I need help to get changed, to dry myself and to get in and out of the pool.	Two or three times a week, 30 minutes each time.

If you need some more space to tell us about hobbies, interests, social or religious activities please continue at question 61 **Extra information**.

# Help with your care needs during the day (continued)

**45** How many days a week do you have difficulty or need help with the care needs you have told us about?

**46** Do you usually need someone to keep an eye on you?

For example, you may have a mental-health problem, a learning disability, or a sight, hearing or speech difficulty, and need supervision.

Yes  Please tick the boxes that apply to you.

No  Go to question 47.

**Please tell us why you need supervision.**

- To prevent danger to myself or others.
- I am not aware of common dangers.
- I am at risk of neglecting myself.
- I am at risk of harming myself.
- I may wander.
- To discourage antisocial or aggressive behaviour.
- I may have fits, dizzy spells or blackouts.
- I may get confused.
- I may hear voices or experience thoughts that disrupt my thinking.

**How long can you be safely left for at a time?**

**Is there anything else you want to tell us about the supervision you need from another person?**

Yes  Tell us in the box below.

No  Go to question 47.


## Help with your care needs during the day (continued)

47 How many days a week do you need someone to keep an eye on you?

days

48 **Would you have difficulty preparing and cooking a main meal for yourself?**

This means planning and preparing a freshly cooked main meal for yourself on a traditional cooker (in other words, not using a microwave oven or convenience foods), assuming you have all the ingredients you need.

**This does not mean reheating ready-made meals or convenience foods.**

Yes  Please tick the boxes that apply to you.

No  Go to question 49.

- I have difficulty or need help planning a meal, for example measuring amounts, following a logical order of tasks, or knowing when food is cooked properly.
- I lack the motivation to cook.
- I have physical difficulties, for example coping with hot pans, peeling and chopping vegetables, or using taps, switches, knobs, kitchen utensils or can-openers, or carrying, lifting, standing or moving about to perform tasks.
- I would be at risk of injury preparing a cooked main meal for myself.

How many days a week would you need this help?

days

**Is there anything else you want to tell us about the difficulty you would have planning, preparing and cooking a main meal?**

Yes  Tell us in the box below.

No  Go to question 49.


# Help with your care needs during the night

By night we mean when the household has closed down at the end of the day.

**49** Do you usually have difficulty or need help during the night?

This means things like settling, getting into position to sleep, being propped up or getting your bedclothes back on the bed if they fall off, getting to the toilet, using the toilet, using a commode, bedpan or bottle, getting to and taking the tablets or medicines prescribed for you and any treatment or therapy.

Yes  Please continue below.

No  Go to question 50.

Please tell us what help you need, how often and how long each time you need this help for.

**I have difficulty or need help:**

**How often? How long each time?**

- turning over or changing position in bed
- sleeping comfortably
- with my toilet needs
- with my incontinence needs
- taking medication
- with treatment or therapy

<input type="text"/>	<input type="text"/> minutes
<input type="text"/>	<input type="text"/> minutes
<input type="text"/>	<input type="text"/> minutes
<input type="text"/>	<input type="text"/> minutes
<input type="text"/>	<input type="text"/> minutes
<input type="text"/>	<input type="text"/> minutes

**I have difficulty concentrating or motivating myself and need:**

**How often? How long each time?**

- encouraging or reminding about my toilet or incontinence needs
- encouraging or reminding about medication or medical treatment

<input type="text"/>	<input type="text"/> minutes
<input type="text"/>	<input type="text"/> minutes

Is there anything else you want to tell us about the difficulty you have or the help you need during the night?

Yes  Tell us in the box below.

No  Go to question 50.


**50** How many nights a week do you have difficulty or need help with your care needs?

<input type="text"/> nights
-----------------------------

# Help with your care needs during the night (continued)

## 51 Do you usually need someone to watch over you?

For example, you may have a mental-health problem, learning disability, sight, hearing or speech difficulty and need another person to be awake to watch over you.

Yes  Please tick the boxes that apply to you.

No  Go to question 52.

Please tell us why you need watching over.

- To prevent danger to myself or others.
- I am not aware of common dangers.
- I am at risk of harming myself.
- I may wander.
- To discourage antisocial or aggressive behaviour.
- I may get confused.
- I may hear voices or experience thoughts that disrupt my thinking.

How many times a night does another person need to be awake to watch over you?

How long on average does another person need to be awake to watch over you at night?

 minutes

Is there anything else you want to tell us about why you need someone to watch over you?

Yes  Tell us in the box below.

No  Go to question 52.


## 52 How many nights a week do you have difficulty or need help caring for yourself?

 nights



# About time spent in hospital, a care home or a similar place

55 Are you in hospital, a care home or similar place now?

For example, a residential care home, nursing home, hospice, boarding school, residential college, school or similar place.



For more information please read page 12 of the notes.

Yes  Tell us when you went in.

No  Go to question 56.

	/		/	
--	---	--	---	--

Please tell us the full name and address of the place you are staying.

Postcode									

If you are in hospital, why did you go into hospital?

--

Does the local authority, NHS trust, primary care trust or a government department pay any costs for you to live there?

Yes  If 'Yes', which authority, NHS trust, primary care trust or government department pays?

No  Go to question 56.

--

# About time spent in hospital, a care home or a similar place (continued)

**56** Have you come out of hospital, a care home or similar place in the past six weeks?

Yes  Tell us when you went in.

No  Go to question 57.

/  /
------

Tell us when you came out.

/  /
------

Please tell us the full name and address of the place where you were staying.

Postcode							

If you have been in hospital, why did you go into hospital?

--

**57** Have you been in hospital in the past two years?

Yes  Please continue below.

No  Go to question 58.

Why did you have to go into hospital?


# About other benefits

**58** About other benefits you are getting or waiting to hear about

Please tick the relevant boxes if you are getting or waiting to hear about any of the following benefits.

War Pensions Constant Attendance Allowance

Industrial Injuries Disablement Benefit Constant Attendance Allowance

War Pensions Mobility Supplement

# How we pay you



Please read pages 13 and 14 of the **notes** before you fill in this page.

**Please tell us the account details below.**

59

## **Name of account holder**

Please write the name of the account holder exactly as it is shown on the chequebook or statement.

## **Full name of bank or building society**

## **Sort code**

Please tell us all six numbers  
for example, 12-34-56

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

## **Account number**

Most account numbers are eight numbers long. If your account number has fewer than 10 numbers, please fill in the numbers from the left.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

## **Building society roll or reference number**

If you are using a building society account you may need to tell us a roll or reference number. This may be made up of letters and numbers, and may be up to 18 characters long. If you are not sure if the account has a roll or reference number, ask the building society.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

You may get other benefits and entitlements we do not pay into an account. If you want us to pay them into the account above, please tick this box.





# Declaration

**62** We cannot pay any benefit until you have signed the declaration and returned the form to us. Please return the signed form straight away.

**I declare** that the information I have given on this form is correct and complete as far as I know and believe.

**I understand** that if I knowingly give false information, I may be liable to prosecution or other action.

**I understand** that I must promptly tell the office that pays my Disability Living Allowance of anything that may affect my entitlement to, or the amount of, that benefit.

**I understand** that the Department for Work and Pensions may use the information which it has now or may get in the future to decide whether I am entitled to:

- the benefit I am claiming
- any other benefit I have claimed
- any other benefit I may claim in the future.

**This is my claim for Disability Living Allowance.**

**Signature**

**Date**

**Print your name here**



For information about how we collect and use information, see page 14 of the notes.

## What to do now

Check that you have filled in all the questions that apply to you or the person you are claiming for.

Make sure you have signed the **consent** question 17 and the **declaration** question 62.

**Please list all the documents you are sending with this claim form below.**

For example, a prescription list, medical report, or care plan.


Send the claim form back to us in the envelope we have sent you. It does not need a stamp.



For help and advice about other benefits, see page 15 of the notes.

