

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.

This pack is available in
large print or braille.
Please phone **0800 88 22 00.**

Notes

If you want help filling in the claim form,
phone the Benefit Enquiry Line (BEL).

The person you speak to will arrange for someone to phone you back
and go through the form with you. If you cannot use the phone, we
may be able to send someone to visit you.

We can also arrange interpreters if you phone or visit us.

Phone **0800 88 22 00**

If you have speech or hearing difficulties, you can contact BEL by
textphone on **0800 24 33 55**. You can also use Text Relay.

Our **textphone** service does not receive messages from mobile phones.

Or you can contact an organisation like Citizens Advice.

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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.
- 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. If you have good days and bad days, or your disability varies over time, 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 the record with your form if you want to.

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 is Disability Living Allowance and can I get it?

Disability Living Allowance (DLA) is to help with extra costs you may have because you are disabled. You may get DLA if you are under 65 and have a physical or mental disability severe enough that:

- you need help with your personal care or someone to supervise you, (see page 16 of the form) or
- you are unable to walk, or find walking very hard, or you need help to get around, and
- you have had these care needs or walking difficulties (or both) for at least three months, and they must be likely to continue for at least another 6 months. However if you are terminally ill, there are special rules for claiming – see page 8.

You may not think of yourself as disabled, but if you have a health condition or illness that means you need help or have walking difficulties, you may be able to get DLA.

You can get DLA even if no-one is helping you to look after yourself or to get around.

You can get DLA and be in work, provided you need help to look after yourself or have walking difficulties, or both.

If you are 65 or over, you may be able to get Attendance Allowance (AA) instead of DLA.

You don't usually need to have paid any National Insurance contributions. We don't take your savings into account. We don't usually take income into account or take DLA off any other benefits or tax credits, and DLA is tax-free. But, if you or a member of your family live or work in another European Economic Area country or Switzerland, different conditions may apply.

You can find out more about AA and DLA by visiting the Directgov website www.direct.gov.uk/disability or by phoning BEL - see page 1.

When can I claim DLA?

You should claim straight away and we will deal with your claim as soon as possible.

How is DLA worked out?

There are two parts to DLA – 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. For details of the amounts of DLA, go to www.direct.gov.uk or contact BEL.

In official forms and letters, you may sometimes see the word ‘component’ being used instead of ‘part’, but they mean the same.

Care part

There are three care rates.

Lowest rate

You may get the lowest care rate of DLA if:

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

Middle rate

You may get the middle care rate of DLA 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 DLA if you:

- meet both a day and a night condition for the middle rate (see above).

You may also be able to get this rate if you claim under the special rules (see page 8).

If you are getting Constant Attendance Allowance with Industrial Injuries Disablement Benefit or a War Disablement Pension at a higher rate than your DLA care rate, you will get this instead of DLA for care.

If it is less, we will reduce your DLA by the amount of your Constant Attendance Allowance.

How is DLA worked out? continued

Mobility part – getting around outdoors

There are two mobility rates.

Lower rate

You may get the lower mobility rate of DLA if you can walk, but need guidance or supervision most of the time from another person to get around outdoors in places you don't know. This is to stop you putting yourself or other people 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 DLA if due to a physical disability, even when you use an aid (like a stick or false leg), you:

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

You may also be able to get the higher rate if you:

- have been assessed as 100% blind and at least 80% deaf and need someone with you when you go outdoors
- (from 11 April 2011) are certified by your eye care specialist as severely sight impaired or blind and your best corrected (with glasses or lenses) visual acuity (ability to see fine detail) is less than 3/60 or is 3/60 or more but less than 6/60 together with a complete loss of peripheral visual field (vision out to the side) and a central visual field of no more than 10 degrees in total
- have had both legs amputated above the ankle
- were born without legs or feet, or
- get the highest care rate of DLA and are severely mentally impaired (that is, you have severe learning difficulties) and have severe behaviour problems.

War Pensioners' Mobility Supplement is more than the higher-rate mobility part of DLA. If you are getting War Pensioners' Mobility Supplement, we won't pay you DLA for mobility.

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, who arrange medical examinations for us will contact you if an examination is required.

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

About you

8

Do you normally live in Great Britain?

Generally, you must be ordinarily resident and present in Great Britain, not be subject to immigration control and have lived here or in Northern Ireland, the Isle of Man, or the Channel Islands for 26 weeks in the last 52 weeks.

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

If you have come to Great Britain from a country that is part of the European Economic Area (EEA), or Switzerland, then depending on your circumstances you may not have to wait 26 weeks before you can get DLA.

If you or a member of your family live in another country that is part of the EEA, or in Switzerland, then you may be able to get the care part of DLA if the UK is responsible for paying you sickness benefits.

You can find more information about claiming DLA when you live in another country that is part of the EEA, or in Switzerland on our website [**www.direct.gov.uk/claimingbenefits**](http://www.direct.gov.uk/claimingbenefits)

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

18 Special rules

We have special rules for people who are terminally ill (this means people who have a progressive disease and are not expected to live longer than another 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 DLA under the special rules means:

- you get the highest rate of the care part, whatever your care needs are
- you get the care part and (if you meet the conditions) the mobility part paid straight away (so you don't have to wait until you have needed help for three months – but changes like those on page 10, question 55 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 DLA, 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)

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

If you can send us a copy of any reports you hold it may help us to deal with your claim. If you have a Certificate of Vision impairment from an eye care specialist you need to send us a copy. If this certifies you as severely sight impaired you may be able to get the higher rate mobility part.

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 nearly 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.

55 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.

If we award you the care part of DLA when you are in hospital, a care home, a residential school or a similar place, we cannot start paying it until you come out. The same applies to the mobility part if you are in an NHS hospital, but the mobility part can be paid if you are in a care home. If you are a private patient or resident, paying for your stay without help from public funds, we will be able to pay you both the care and mobility parts.

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

59 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.

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
- 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 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 and carers:
Phone: **0800 88 22 00**
Textphone: **0800 24 33 55**
- Visit the Directgov website at
www.direct.gov.uk/disability
www.direct.gov.uk/carers
- Contact Jobcentre Plus. The number is in the phone book.
Look under **Jobcentre Plus**.
- Contact an advice service like Citizens Advice.

To find out about Child Tax Credit or Working Tax Credit

- Contact the Tax Credit Helpline:
Phone: **0845 300 3900**
Textphone: **0845 300 3909**
- If you need a form or help in Welsh
phone: **0845 302 1489**
- Visit the website at **www.hmrc.gov.uk**

To find out about Pension Credit

- you can get a leaflet about Pension Credit
- contact The Pension Service:
Phone: **0800 99 1234**
Textphone: **0800 169 0133**, or
- visit the website at **www.direct.gov.uk/pensioncredit**

Carer's Allowance and Carer's Credit

If you are claiming the care part of DLA and someone cares for you, read the information sheet about Carer's Allowance and Carer's Credit we have sent with this claim pack.

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.

/	/
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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**.

Disability and Carers Service

Department for
Work and Pensions

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**
- 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**

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.

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** 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.

Disability and Carers Service

Department for Work and Pensions

Disability Living Allowance claim for a person aged 16 or over

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 day we receive it.



Before you fill in this form, read page 3 of the notes booklet that came with this form.

About you

Please tell us your personal details. **If you are filling in this form for someone else, tell us about them, not you.**

1 Surname or family name

All other names in full

Title

For example, Mr, Mrs, Miss, Ms

Letters Numbers Letter

2 National Insurance number

<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"/>
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3 Date of birth (day/month/year)

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
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4 Sex

Male Female

5 Address where you live

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

6 Daytime phone number where we can contact you or leave a message.

Phone number, including the dialling code

If you have speech or hearing difficulties and want us to contact you by textphone, please tick this box.

Textphone number

7 What is your nationality?

For example, British, Spanish, Turkish

About you (continued)

8 Do you normally live in Great Britain?

Great Britain is England, Scotland and Wales.



For more information please read page 7 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 8 of the **notes**. Then decide if you should tick this box.

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"/>
<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

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

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?
Example Eye problem - Glaucoma	About 14 months	Eye drops	Twice a day
Example Kidney failure	About a year	Dialysis	Two times a week
Example 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)

14 Apart from your GP, in the last 12 months have you seen anyone about your illnesses or disabilities?

For example, a hospital doctor or consultant, district or specialist nurse, community psychiatric nurse, occupational therapist, physiotherapist, audiologist or social worker.

Yes Please continue below.

No Go to question 15.

Their name

(Mr, Mrs, Miss, Ms, Dr)

Their profession or specialist area

The address where you have seen them

For example, the address of the health centre or hospital

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

Their phone number,
including the dialling code

Your hospital record number

You can find this on your appointment card or letter.

Which of your illnesses or disabilities have you seen them about?

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

How often do you usually see them because of your illnesses or disabilities?

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

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
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If you have seen more than one professional, please tell us their contact details, what they treat you for and when you last saw them 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

The GP only gives details of medical fact, they don't decide if you can get Disability Living Allowance.

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 8 of the **notes** about special rules before you complete this question.

The special rules are for people who have a progressive disease and are not expected to live longer than another 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, a certificate of vision impairment or something like this.

i For more information please read page 9 of the **notes**.

Yes Please tick the boxes that apply and send us a copy.

No Go to question 20.

Assessment Report Certificate of Vision Impairment

Care Plan Hospital Report

Other, please tell us what.

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?
Example 1 December 2010	Operation to replace my right hip	1 June 2011

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
Example February 2011 treadmill test	Four minutes (stage 2)
Example January 2011 eyesight test	Referral to hospital doctor needed.

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 9 of the **notes**.

Aids and adaptations		How does this help you?	What difficulty do you have using this aid or adaptation?
Example Hoist	✓	Helps me get out of bed	None

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 10 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 with personal care or someone to supervise you, due to an illness or disability.

'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
- getting 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.

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.

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?

4

How long each time?

5 minutes

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

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

How often?

How long each time?

 minutes

• getting out of bed

 minutes

I have difficulty concentrating or motivating myself and need:

• encouraging to get out of bed in the morning

How often?

How long each time?

 minutes

• encouraging to go to bed at night

 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:

How often?

How long each time?

- with my toilet needs

 minutes

- with my incontinence needs

 minutes

I have difficulty concentrating or motivating myself and need:

How often?

How long each time?

- encouraging with my toilet needs

 minutes

- encouraging with my incontinence needs

 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
- with my incontinence needs
- 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:

How often?

How long each time?

- with putting on or fastening clothes or footwear

 minutes

- with taking off clothes or footwear

 minutes

- with choosing the appropriate clothes

 minutes

I have difficulty concentrating or motivating myself and need:

How often?

How long each time?

- encouraging to get dressed or undressed

 minutes

- reminding to change my clothes

 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:	How often?	How long each time?
• taking my medicine	<input type="text"/>	<input type="text"/> minutes
• with my treatment or therapy	<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 to take my medication	<input type="text"/>	<input type="text"/> minutes
• encouraging or reminding about my treatment or therapy	<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 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.

44

How many days a week do you have difficulty or need help with the care needs you have told us about on questions 35 to 43?

days

Help with your care needs during the day (continued)

45

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 46.

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?
Example 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?
Example 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)

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 48.

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.

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

 days

Help with your care needs during the day (continued)

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 51.

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:

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

How often?

How long each time?

 minutes minutes minutes minutes minutes minutes

I have difficulty concentrating or motivating myself and need:

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

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 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?

 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 53.

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 need someone to watch over you?

 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 10 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 11 and 12 of the **notes** before you fill in this page.

Please tell us the account details below.

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.

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

--	--	--	--	--	--

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.

--	--	--	--	--	--	--	--	--	--

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.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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, my benefit may be stopped and 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 or be awarded 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 12 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, a certificate of vision impairment, a medical report or a care plan.



For help and advice about other benefits, see page 13 of the **notes**.

What happens next



For information about what happens next, see page 14 of the **notes**.