

5 Sex

Male Female

6 Address where you live

Postcode									

7 Previous address

Postcode									

8 Date of birth (DD MM YYYY)

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

9 Daytime telephone number (Where we can contact you or leave a message.)

If we have a question about your claim it is useful for us to telephone you. This saves time and could save you having to fill in more forms.

Tick to show how you would prefer us to contact you.

Phone Fax Textphone Mobile

Phone number,
including dialling code

Dialling Code	Number
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Mobile number

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

10 What is your nationality?



For more information about nationality, see page 3 of the **Additional Notes**.

11 Do you normally live in Great Britain?

Great Britain is England, Scotland and Wales.



For more information please read page 3 of the **Additional Notes**.

Yes No

You must normally live in Great Britain and have lived here for 26 weeks in the last 12 months (52 weeks) to receive Disability Living Allowance.

12 Have you been abroad for more than a total of 13 weeks in the last 12 months (52 weeks)?

Abroad means out of Great Britain.

Yes Please continue below
 No Go to **Part 2 – About your illnesses or disabilities and the treatment or help you receive**, page 4

If you have been abroad for more than 13 weeks in the last 12 months (52 weeks), please tell us when you went abroad, where you went and why you went.

From To

Tell us where you went

Tell us why you went

If you have been abroad more than once in the last 12 months (52 weeks), please tell us the dates you went, where you went and why you went at **Part 7 – Additional Information**, page 35.

The more you can tell us about your illnesses or disabilities, the easier it is for us to get a clear picture of the help you need. This may help us deal with your claim more quickly. We ask for details about your current medicines, tablets or other treatment you receive because of your illnesses or disabilities. By other treatment we mean things like physiotherapy, speech therapy, occupational therapy or visiting a day care centre or a mental health professional for counselling or other psychological treatments.

If you have a spare up to date printed prescription list from your doctor, please send it in with this form. If you are sending a prescription list you do not need to complete the last two columns of the table below. ▼

If you have been assessed for a home help, meals on wheels or disability aids, or if you have a care plan, an occupational therapy report or another report, please send copies, if you can, with this claim form. Please also send any medical reports from the person who gave you the diagnosis or who now treats your illness or disability.

13 Please list separately details of your illnesses, disabilities or diagnosis.

By this we mean physical or sensory impairments, or mental health problems. A diagnosis means a medical professional, such as a GP, hospital consultant or psychiatrist, has identified the medical condition leading to your illness or disability. If this is still under investigation or even if you have no treatment or medication, please tell us below. ▼

Name of illness, disability, or diagnosis	How long have you had this illness or disability?	What medicines and/or treatments have you been prescribed for this illness or disability?	What is the dosage and how often do you take each of the medicines and/or receive treatments?
Examples Stroke	14 months	Aspirin Physiotherapy	30mg 1 x daily 2 days a week
Renal failure	1 year	Kidney dialysis	2 times a week
Learning difficulties	17 years	None	None
1			
2			
3			
4			

Please tick against any medicines taken or treatment received for more than a year on the list above or on your prescription list.

If you need more space to tell us about your illnesses or disabilities, please continue at **Part 7 – Additional Information**, page 35.

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

14 In the last 12 months, have you seen anyone, apart from your GP, in connection with your illnesses or disabilities?

For example, a hospital consultant or doctor, district or specialist nurse, community psychiatric nurse, occupational therapist, physiotherapist, audiologist or social worker. You may not see your GP on a regular basis because you receive care for your illnesses or disabilities from someone else. Tell us their professional address where you see them, such as a health centre or hospital.

Yes Please continue below

No Go to question 15, page 6

Their name

Mr/Mrs/Miss/Ms/Dr

Their profession or specialism

The address where you see them

Postcode									

Their phone number, including dialling code

Dialling Code

Number

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

Hospital record number, if known

Which of your illnesses or disabilities do you see them about?

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?

--

--

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

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 **Part 7 – Additional Information**, page 35.

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

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

For example, a carer, support worker, friend, neighbour or family member. We ask for these details as we may need to contact them for more information.

Yes Please continue below ▼ No Go to question 16, below ▼

Their name

Their address

Postcode							

Their phone number, including dialling code

Dialling Code					Number									

What help do you get from them?

Their relationship to you

How often do you see them?

When did you last see them?

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

If more than one person helps you, please tell us their contact details and how they help you at **Part 7 – Additional Information**, page 35.

16 Your GP's name

Your GP's address

Postcode							

Your GP's phone number, including dialling code

Dialling Code					Number									

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

16 continued

Which of your illnesses or disabilities do you see them about?

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?

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

We ask for details of your GP as we may need to contact them for more information. If you do not know your GP's name, please give the name of the doctor's surgery or Health Centre.

17 Consent

We may wish to contact your GP or person(s) or organisation(s) involved with you for information in relation to your claim. This may include medical information in respect of your claim. You do not have to agree to us contacting those persons or organisations. If you do not, however, agree to us obtaining such information, it may mean that we are unable to obtain enough information to satisfy ourselves that you meet the conditions of entitlement in respect of your claim.

The Department for Work and Pensions or any doctor providing medical services on behalf of an organisation approved by the Secretary of State, may ask any person(s) or organisation(s) for any information, including medical information, which is needed to deal with:

- this claim for benefit, and/or
- any appeal or other reconsideration of a decision in relation to this claim

and that the information may be given to that doctor or to the Department.

Now please tick one of the consent options below.

I agree to you contacting person(s) or organisation(s) as in the statement above

I do not agree to you contacting person(s) or organisation(s) as in the statement above

Now sign and date below

Signature

--

Date

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

Please make sure you also sign and date the Declaration on page 41.

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

18 Special Rules



You must read page 4 of the **Additional Notes** included with this claim form about **Special Rules** before you tick the box below.

The special rules apply to people who suffer from a progressive disease and are not expected to live longer than 6 months.

If you are not claiming under the Special Rules please go to page 9.

If you are claiming under the Special Rules, tick here

- If you have any walking difficulties, please make sure you have completed Part 3 – Getting around outdoors.
- If you are sending a DS1500 report, available from your doctor or specialist, with this claim, you do not need to complete Part 4 – Help with your care needs.
- If you are not sending the DS1500 report yet, complete the rest of this form and send it to us as soon as you can. If you wait, you could lose money. You can send the DS1500 report after the claim form.
- Please check that you have answered all the questions on this form that apply to you, or to the person you are claiming for. Make sure you sign the consent on page 7 and declaration on page 41.

There are 2 rates for the help you may need with getting around outdoors – a higher and lower rate. The current rates are in leaflet **GL23 Social Security benefit rates** available from any social security office or our website at: www.dwp.gov.uk

You may get the **higher rate** if you:

- cannot walk at all, or
- you can walk but your ability to do so is severely restricted as a result of a physical disability.

This refers to your ability to walk outdoors on a reasonably flat surface. Any problems you may have walking on steps or uneven ground cannot be taken into account.

You may get the **lower rate** if you:

- cannot walk outdoors in unfamiliar places without guidance or supervision from another person most of the time due to a mental or physical disability.

Remember: if you need more space to tell us about your walking outdoors please go to question 31 on page 13.

19 Are you able to walk?

Please tick No if you cannot walk at all.

Yes Go to question 20, below ▼ No Go to question 32, page 13 to tell us how long you have been unable to walk

20 Do you have physical problems that restrict your walking?

Yes Go to question 21, below ▼ No Go to question 29, page 12

21 Why is your walking limited?

Due to pain

Due to breathlessness

Other

Please state below ▼

22



For more information please read page 5 of the **Additional Notes**.

It is important you give us a clear picture of your walking ability. If you are unsure 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, muscle spasms or something else like this.

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

 metres

How long on average would it take you to walk this far?

 minutes

23

Only answer this question, if you have been unable to answer question 22.

How many minutes can you walk for before you feel severe discomfort?

 minutes

If you are unsure how long you can walk for, it may be useful to time this so you can give accurate information.

24

Please tick the box that best describes your walking speed.

Normal / Moderate (approximately 51 metres or more a minute)

Slow (approximately 40-50 metres a minute)

Very slow (under 40 metres a minute)

Other Please state below ▼

25

Please tick the box that best describes the way you walk

Normal manner

Adequate For example, you walk with a slight limp.

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

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

Other Please state below ▼

26 Do you use any aids or equipment to help you walk outdoors?

Yes Tick the relevant boxes No Go to question 27, below ▼

Wheelchair Walking stick Walking frame Other
Please state below ▼

Tell us how the aids or equipment help you. If you are unable to use them without help, tell us what help you get from another person. If you use any other aids or equipment, such as crutches or artificial limbs, tell us about them.

27 Do you need physical support from another person to help you walk or prevent you from falling or stumbling?

Yes Tick the relevant boxes No Go to question 28, below

▼

To walk

To prevent falls

To prevent injury

To help you if you fall

Other Please state below ▼

Tell us why you fall, what happens when you fall and how often you fall.

28 How many days a week do you have this amount of difficulty walking?

	days
--	------

Having someone with you when you are outdoors

29 Do you need someone with you to give you guidance and/or supervision when walking outdoors in unfamiliar places?

For example, you may have a mental health problem (eg agoraphobia), learning disability or sensory impairment, physical impairment (eg 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, traffic or cross unfamiliar roads.

Yes Tick the relevant boxes No Go to question 31, page 13

- ▼
- To avoid danger
- You may get lost or wander off
- Due to anxiety or panic attacks
- To make sure you are safe
- Other Please state below ▼

Tell us what problems you would encounter in unfamiliar places and how another person would be able to assist you. Tell us what they would do to help you so that you can walk around in unfamiliar places.

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

	days
--	------

There are 3 rates for help with personal care, highest, middle and lowest rate. You can find the current rates in leaflet **GL23 Social Security benefit rates** available from any social security office or our website at: www.dwp.gov.uk

Personal care means needing help or supervision with:

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

You may get the **highest rate** if you:

- need help with personal care or require someone to keep an eye on you to prevent danger to yourself or others, during the day and night, or
- are claiming under the **Special Rules** – before you claim under the **Special Rules**, you must read the **Additional Notes** about **Special Rules** on page 4 of the **Additional Notes** sheet included with this claim form.

You may get the **middle rate** if you need help with personal care during the:

- day, or you need someone to keep an eye on you to prevent danger to yourself or others, or
- night, or you need someone to be awake to keep an eye on you to prevent danger to yourself or others.

You may get the **lowest rate** if you:

- would not be able to plan or prepare a freshly cooked main meal for yourself, on a traditional cooker (in other words, not using a microwave oven or convenience foods) and assuming that you have all the ingredients you need, or
- have care needs for some time during the day.

33 Do you have care needs?

Yes Go to question 34, page 15 No Go to **Part 5 – About nights in Hospital or in a Nursing or Residential Care Home**, page 30

Tick the boxes to tell us whether or not you need help from someone else with the everyday tasks in question. Help means either physical help or encouragement from someone else to enable you to do the task.

We need to know about the help you need even if you do not actually get this help or if you still have difficulties even with help.

If you need physical help, tick the boxes 'you need help to' do the task.

If you lack motivation and need prompting, reminding or encouraging, tick the boxes 'you need encouraging to' do the task.

If there is not a tick box that describes the help you need, please tell us about it in the text boxes provided.

During the day includes the evening.

34

Do you need help from another person getting out of bed in the morning and/or getting into bed at night?

Yes Please tick all the boxes that apply to you

No Please answer the question about aids and equipment below ▼

You need help to get in bed

You need help to get out of bed

You need encouraging to get out of bed in the morning

You need encouraging to go to bed at night

How long in total do you need this help for? minutes

How many days a week do you need this help? days

Do you use any aids or equipment to get out of and/or into bed?

Yes Tick the relevant boxes ▼

No Go to question 35, page 16

Hoist Monkey pole Bed Raiser Other Please state below ▼

Tell us how aids or equipment help you. If you are unable to use them without help, tell us what help you get from another person. If you use any other aids or equipment tell us about them.

35 Do you need help from another person with your toilet needs?

This means things like getting to the toilet, using the toilet, using a commode, bedpan or bottle instead of the toilet, using or changing incontinence aids, using a catheter, cleaning yourself, or some other help.

Yes Please continue below

No Please answer the question about aids and equipment below ▼

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

For example

If you need help to get to the toilet four times a day and it takes you five minutes each time, you would complete the boxes as shown below.

	How often	How long each time
You need help with your toilet needs	<input checked="" type="checkbox"/> 4	<input type="text" value="5"/> minutes
You need help with your toilet needs	<input type="checkbox"/> <input type="text"/>	<input type="text"/> minutes
You need help with your incontinence needs	<input type="checkbox"/> <input type="text"/>	<input type="text"/> minutes
You need encouraging or reminding with your toilet and/or incontinence needs	<input type="checkbox"/> <input type="text"/>	<input type="text"/> minutes
How many days a week do you need this help?		<input type="text"/> days

Do you use any aids or equipment to help with your toilet needs?

Yes Tick the relevant boxes ▼

No Answer the question below

Commode Rails Raised toilet seat Other Please state below ▼

Tell us how aids or equipment help you. If you are unable to use them without help, tell us what help you get from another person. If you use any other aids or equipment tell us about them.

Please tell us where the toilet is in the house

Upstairs Downstairs Other

36

Do you need help from another person with washing, bathing, showering or with looking after your appearance?

This means things like getting into or out of the bath or shower, cleaning your teeth, washing your hair, shaving, checking your appearance, your personal hygiene, or something else.

Yes Please continue below
▼

No Please answer the question about aids and equipment below ▼

Please tell us what help you need, how often and how long on average you need this help for.

You need help to look after your appearance or hygiene minutes

You need encouraging to look after your appearance or hygiene minutes

You need help to wash and dry yourself minutes

You need help to get in and out of the bath minutes

You need help to use a shower minutes

You need encouraging or reminding with washing, bathing, showering and drying minutes

How many days a week do you need this help? days

Do you use any aids or equipment to help you with washing, bathing, showering or with looking after your appearance?

Yes Tick the relevant boxes ▼ No Go to question 37, page 18

Bath Rails Shower seat Hoist Other Please state below ▼

Tell us how aids or equipment help you. If you are unable to use them without help, tell us what help you get from another person. If you use any other aids or equipment tell us about them.

37 Do you need help from another person to get dressed or undressed?

This means things like needing someone to help choose suitable clothing, you may need someone to remind you to change your clothes, you may need someone to help you with some or all clothes, you may get breathless or feel pain or it may take you a long time.

Yes Please continue below
▼

No Please answer the question about aids and equipment below ▼

Please tell us what help you need, how often and how long on average you need this help for

You need help with lower clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="minutes"/>
You need help with upper clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="minutes"/>
You need help with small fastenings, small buttons and laces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="minutes"/>
You need help to select the appropriate clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="minutes"/>
You need reminding or encouraging with dressing and undressing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="minutes"/>
How many days a week do you need this help?			<input type="text" value="days"/>

Do you use any aids or equipment to help you with dressing or undressing?

Yes Tick the relevant boxes ▼ No Go to question 38, page 19

Shoe horn Button hook Zip pull Other Please state below ▼

Tell us how aids or equipment help you. If you are unable to use them without help, tell us what help you get from another person. If you use any other aids or equipment tell us about them.

38 Do you need help from another person to move about indoors?

This means things like getting in and out of chairs, walking around indoors, going up and down stairs, using a wheelchair and transferring from a wheelchair to something else.

Yes Please continue below
▼

No Please answer the question about aids and equipment below ▼

Please tell us what help you need and how often on average you need this help for

		How often
You need help to walk on the level indoors	<input type="checkbox"/>	<input type="text"/>
You need help with getting in and out of a normal chair	<input type="checkbox"/>	<input type="text"/>
You need help using stairs	<input type="checkbox"/>	<input type="text"/>
You need help to get up after a fall	<input type="checkbox"/>	<input type="text"/>
You need help transferring to and from a wheelchair	<input type="checkbox"/>	<input type="text"/>
You need encouraging to move around indoors	<input type="checkbox"/>	<input type="text"/>
How many days a week do you need this help?		<input type="text"/> days

Do you use any aids or equipment to move about indoors?

Yes Tick the relevant boxes ▼ No Go to question 39, page 20

Stair Lift Raised Chair Rails Other Please state below ▼

Tell us how aids or equipment help you. If you are unable to use them without help, tell us what help you get from another person. If you use any other aids or equipment tell us about them.

39 Do you fall or stumble?

Yes please continue below ▼ No Please go to question 40, below ▼

Please tell us why you fall, what happens when you fall and how often you fall.

40 Would you be able to prepare a cooked 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) and assuming you have all the ingredients you need.

Yes Go to question 41, page 21 No Please continue below ▼

You have difficulties planning a meal, for example measuring quantities, following a logical order of tasks, telling when food is cooked properly or you lack the motivation to cook

You 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

You would be at risk of injury preparing a cooked main meal for yourself

How many days a week would you need this help? days

Is there anything else you want to tell us about the difficulties you would have cooking a main meal?

Yes Tell us in the box below ▼ No Go to question 41, page 21

41 Do you need help to cut up food, eat or drink at mealtimes?

This means getting already prepared food or drink into your mouth, or things like identifying food items on your plate. Please answer this section as if you are using your normal aids and appliances such as special cutlery.

Yes Please continue below
▼

No Please answer the question about aids and equipment below ▼

Please tell us what help you need, how often and how long on average you need this help for

You need help to eat or drink minutes

You need help with cutting up food on a plate minutes

You need reminding or encouraging to eat or drink minutes

How many days a week do you need this help? days

Do you need any aids or equipment to cut up food, eat or drink?

Yes Tick the relevant boxes ▼

No Go to question 42, page 22

Special cutlery Feeding Cup Other Please state below ▼

Tell us how aids or equipment help you. If you are unable to use them without help, tell us what help you get from another person. If you use any other aids or equipment tell us about them.

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

For example, you have difficulty understanding or being understood, hearing, using the phone, speaking to someone who does not know you well, asking for help when you need it, concentrating or remembering things, reading letters, filling in forms or you do not open or respond to mail. Or something else, for example you need to use sign language or have a learning disability. Please answer the questions as if using your normal aids and appliances such as a hearing aid.

Yes Please tell us about your communication needs below
▼

No Please answer the question about aids and equipment below ▼

Do you use any aids or equipment to communicate with other people?

Yes Tick the relevant boxes ▼

No Go to question 44, page 24

Hearing Aid Textphone Braille terminal Other Please state below.
▼

Tell us how aids or equipment help you. If you are unable to use them without help, tell us what help you get from another person. If you use any other aids or equipment tell us about them.

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

Yes Please continue below

No Go to question 45, page 25

Please tell us about the help you need from another person **at home** and **when you go out**.

Tell us about the different things you do **or would do** if you had the help you need.

Tell us how often you need or would need this help.

How long each time do you need this help?

Tell us how often you need or would need this help.

How long each time do you need this help?

If you need some more space to tell us about your hobbies, interests, social or religious activities please continue at **Part 7 – Additional Information**, page 35.

45

Do you need supervision from another person?

For example you may have a mental health problem, learning disability, sensory impairment or you may have dizzy spells, blackouts, fits and you need supervision.

Yes Please continue below ▼

No Go to question 46, page 26

If "yes" how long can you be safely left for at a time?

A few minutes Less than an hour An hour or more Not at all

Please tell us why you require supervision

To prevent danger to yourself or others

As you are unaware of common dangers

As you are at risk of self-neglect

As you are at risk of self-harm

As you are at risk of wandering

To supervise if you are taking medication or having medical treatment

To discourage antisocial or aggressive behaviour

To supervise you during potentially dangerous activities

Other (please state below) ▼

How many days a week do you need this help?

 days

The night is when the household has closed down at the end of the day.

46 Do you need help from another person to turn over or change position in bed?

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.

Yes Please continue below ▼ No Go to question 47, below ▼

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

You need help to turn over or change position in bed minutes

You need help to sleep comfortably minutes

How many nights a week do you need this help? nights

Is there anything else you want to tell us about the help you need when you are in bed at night?

Yes Tell us in the box below ▼ No Go to question 47, below ▼

47 Do you need help from another person with your toilet needs?

This means things like getting to the toilet, using the toilet, using a commode, bedpan or bottle etc.

Yes Please continue below ▼ No Go to question 48, page 27

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

You need help with your toilet needs minutes

You need help with your incontinence needs minutes

You need encouraging or reminding with your toilet and/or incontinence needs minutes

47 continued

How many nights a week do you need this help?

nights

Is there anything else you want to tell us about help with your toilet needs during the night?

Yes Tell us in the box below ▼

No Go to question 48, below ▼

48 Do you need help from another person to take your medication or with your medical treatment?

This means things like getting to and taking the tablets or medicines prescribed for you and any therapy you have.

Yes Please continue below

No Go to question 49, page 28



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

You need help to take your medicine

minutes

You need help with treatment or therapy

minutes

You need reminding or encouraging with medication or medical treatment

minutes

How many nights a week do you need this help?

nights

Is there anything else you want to tell us about the help you need with medication or medical treatment during the night?

Yes Tell us in the box below ▼

No Go to question 49, page 28

We need to know about any nights you spent in hospital or a nursing or residential care home. We also need to know if the local council (social services or social work department), or NHS, pay anything towards the cost of your stay.

If you are awarded Disability Living Allowance, this may affect the amount we can pay you.

52 Are you in hospital now?

Yes Tell us when you went into hospital No Go to question 53, page 31



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

Tell us when you will leave hospital if you know this

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

Please tell us the full name and address of the hospital

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

Phone number, if you know it, including dialling code

Dialling Code

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

Why did you have to go into hospital?

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

Hospital record number, if known

<input type="text"/>

Has the NHS paid for your stay and treatment in hospital?

Yes No Don't know

53 Are you in a nursing or residential care home now?

This includes a nursing care home, rest home, hostel, hospice, residential care home or anywhere like this.

Yes Tell us when you went into the nursing or residential care home

No Answer the question below ▼



<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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Full name and address of the nursing or residential care home if different from where you normally live

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

Phone number, if you know it, including dialling code

Dialling Code

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"/>	<input type="text"/>	<input type="text"/>
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Has the Local Authority, a Health Authority, an NHS trust, Primary Care Trust or a Government Department paid for any costs for you to live there?

Yes No Don't know

If yes, which Authority, Trust or Government Department paid?

<input type="text"/>

54 Have you come out of hospital or residential care in the past 6 weeks?

Yes Tell us when you went in



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Tell us when you came out

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No Go to Part 6 – About benefits, pensions and tax credits, page 33

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

Postcode								

Phone number, if you know it, including dialling code

Dialling Code

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Number

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We need to know about other benefits, pensions or tax credits you are receiving or waiting to hear about. If you start to get Disability Living Allowance, it might increase other benefits you are getting, for example, Income Support, Housing Benefit or Council Tax Benefit

55 About Income Support, Jobseeker's Allowance and Pension Credit

Are you getting or waiting to hear about Income Support, Jobseeker's Allowance or Pension Credit?

Yes No

Is anyone else within your household getting or waiting to hear about Income Support, Jobseeker's Allowance or Pension Credit for you?

Yes No

Their name

	Letters	Numbers	Letter
Their National Insurance number	<input type="text"/>	<input type="text"/>	<input type="text"/>

Their relationship to you

Is anyone within your household getting or waiting to hear about Child Tax Credit?

Yes No

Their name

	Letters	Numbers	Letter
Their National Insurance number	<input type="text"/>	<input type="text"/>	<input type="text"/>

Their relationship to you

Is anyone within your household getting or waiting to hear about Working Tax Credit?

Yes No

Their name

	Letters	Numbers	Letter
Their National Insurance number	<input type="text"/>	<input type="text"/>	<input type="text"/>

Their relationship to you

56 About other benefits and pensions

Please tell us if you are getting **now** or waiting to hear about any of the following benefits or pensions by ticking the relevant boxes.

We may be able to combine payments of Disability Living Allowance with another benefit.

State Retirement Pension

Bereavement Benefits

Incapacity Benefit

Severe Disablement Allowance

Attendance Allowance

Disability Living Allowance but do not include this claim

Constant Attendance Allowance

This is different from Attendance Allowance. It is sometimes paid with Industrial Injuries Disablement Benefit.

War Pension

Please tell us about any supplements or allowances you are getting with your pension, or are waiting to hear about.

Have you had a medical examination in the last six months, in connection with any other social security benefit?

Yes No

Please tell us which benefit.

--

Tell us about disability allowances that you have claimed in the **past**.

Tick the boxes that apply to you if, **in the last 3 years**, you have:

- been getting any of these benefits but are **not** getting them now
- been turned down for any of these benefits.

Attendance Allowance

Disability Living Allowance



Please read page 6 of the **Additional Notes – Making payments to you** before you fill in this part.

We normally pay Disability Living Allowance directly into an account.

Tick if you agree to be paid directly into an account and understand the information about being overpaid on page 6 of the **Additional Notes – Making payments to you.**

57

A – About the account you want to use

Please give your account details overleaf. You must fill in all the boxes including the building society roll or reference number if you have one.

You can find the account details on the cheque book, passbook or statements. If you are not sure about the details, ask the bank, building society, or the Post Office® if it is a Post Office® card account.

Whose name or names is the account in?

Please note:

- A Post Office® card account can only be in your name.
- We use 'partner' to mean the person you are married to or a person you live with as if you were married to them.
- By ticking the box for an account that includes the name of the person acting on your behalf, you confirm that you will authorise them to use the money in the way you tell them; or you are an appointee acting on behalf of the customer.

Please tick one box:

In your name

In the name of your partner

In both the names of you and your partner

In the name of the person acting on your behalf

In the names of you and the person acting on your behalf

57 continued

What name or names is the account in? Please write the name or names as they appear on the chequebook, passbook or statement.

Full name of bank or building society

For a Post Office® card account write Post Office.

Sort Code – of the bank, building society or Post Office® card account.

Please tell us all six numbers, for example:

1	2	3	4	5	6
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Account number This is seven to ten numbers long.

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More information if it is a building society account

Building society roll or reference number – some building society accounts use a roll or reference number. The number is on the passbook. The roll or reference number can contain letters and numbers and can be up to 18 characters long. If you are not sure if the account has a roll or reference number, ask the building society.

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You may be getting other benefits and entitlements that are not paid directly into an account. If you now agree to have them paid into this account, please tell us the names of the benefits or entitlements.

57 continued

B – If you did not complete Section A

Please read page 7 of the **Additional Notes**, then tick the relevant box.

Tick the box that applies to you:

I intend to open an account

Box 1

Complete the claim form and send it to us now. Do not wait until you have opened an account.

Any bank or building society will help you open an account. If you want to get your money at the Post Office[®], check that the account allows you to do this.

If you want us to pay into an account, tell us your account details as soon as you have them.

Box 2

I would like information about how I can be paid by other means

We will contact you about your payment options. If, in the meantime, you want more information about opening a bank or building society account or a Post Office[®] card account, please contact us.

Complete the claim form and send it to us now. Do not wait until you have opened an account.

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

- I have Power of Attorney for them, or
- I am a receiver for them under a Court of Protection Order, or
- In Scotland, I am a tutor, curator or guardian appointed under Scottish Law.

Please send us the relevant document (or certified copy) with this claim form and remember to sign the declaration on page 41 on their behalf. Copies must be certified, and signed, as being true and complete by the customer, a solicitor or a stockbroker.

- I am an Appointee, appointed by the Department for Work and Pensions, 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 can't manage their affairs due to a mental impairment or learning disability.

We will contact you about this.

If the customer cannot manage their affairs the Department for Work and Pensions 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**.

You **must** read the **Important notes about Special Rules** and page 4 of the **Additional Notes** sheet included with this claim form before you tick this box.

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

Your name

Mr/Mrs/Miss/Ms

Your address

Postcode								

Daytime telephone number (Where we can contact you or leave a message.)

Dialling Code

Number

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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 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

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Please also make sure you sign and date the Consent on page 7 of this claim form.

Please note: Completion of this page is optional.

The best person to complete this section is the one who is most involved with your treatment or care. This may be someone you have told us about previously in this form.

If you are signing this form on behalf of the disabled person – see page 39, please get someone else to complete this section.

How often do you see the person this form is about?

Please tell us what their illnesses and disabilities are, and how they are affected by them

Tell us your job, profession or relationship to the person this form is about

Your full name

Your address

Postcode									

Daytime telephone number (Where we can contact you or leave a message.)

Dialling Code	Number															
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Your signature

Date

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What to do now

Please check through the claim form carefully and amend any information that is incorrect.

Have you:

- Filled in all the questions that apply to you or the person you are claiming for?
- Signed the form at page 7 (consent) and page 41 (declaration)?
- Ticked the box at page 8 if you are claiming under **Special Rules** and completed part 3 if you have any walking difficulties?
- Ticked the first box on page 36 if you have given your account details?
- Put your name and National Insurance Number on any extra pages of information you are sending us?

List all the documents you are sending with this claim form here:

If you are not sure where to send this form, please phone the Benefit Enquiry Line on 0800 88 22 00.



For help and advice about other benefits please see page 8 of the Additional Notes sheet included with this claim form.