

Disability Living Allowance – Completing the Claim form

Completing the claim form for people aged between 16 – 65

TACTICS:

- Never include your home phone number on the claim pack
- Severe discomfort is not severe pain.
- Any walking done whilst in severe discomfort should not be included
- Describe your needs on your worst day

Variable conditions:

If you have the problems sometimes, you need to tick the box and explain the variability of your condition further down the page.

If you requested the claim form from the Benefits Agency or completed the tear of slip in leaflet DS704, you should receive a dated pack. There should be two dates the earliest one is the date the Agencies received the request for the form, the latest date is when the form must be returned by. The pack comes in two Sections, orange and green.

Section 1 (orange) This contains general information regarding who you are, the name of your Doctor, any specialist doctors involved and how you want to be paid. But note: **About your illnesses or disabilities** – list all the problems/illnesses that you have and the medication that you take. **Who would you like to tell us about your illnesses or disabilities** – This should be a professional person who knows the most about all your illnesses and the way in which they affect you.

Section One can be sent on it's own or with the rest of the form. If the return date is close, you can send Section One to secure the date of claim and forward the rest of the form at a later date. This is particularly helpful if the form has to be returned, before an available appointment date, if you have sought assistance.

Section 2 – The green form

The information contained in this section will be taken into consideration when making a decision on your claim.

Page 2 – Please tick at least one box on this page

Page 3, 4 & 5 – These pages are in relation to your mobility needs and the difficulties you have when walking.

Page 3 Walking outdoors – determines whether you are entitled to the higher rate of the mobility component. The examples they provide are not an exhaustive list, so if you have problems with walking, and remember it is walking out of doors, you need to tick the Yes box. You will need to describe in the extra boxes the way you feel, the difficulties that you have when walking, or what problems you have. You will need to estimate the distance you can walk **outside** before the onset of severe discomfort – **Remember**, the term 'Severe Discomfort' is not the same as 'Severe Pain' and can be held to be breathlessness, fatigue and unease of all kinds.

This leaflet is produced by

**Swansea
Welfare Rights
Unit**

**SOCIAL SERVICES
DEPARTMENT**

City & County of Swansea
Dinas A Sir Abertawe

Claim
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Do not forget to include motivation, encouragement, persuasion cajoling to carry out any of these tasks and unwillingness to self care without prompting and support.

Remember the examples given is NOT an exhaustive list. Describe your needs and problems on your worst day.

Page 4 Having someone with you when you are outdoors – determines whether you are entitled to the lower rate of the mobility component. It generally covers those who suffer from a visual/hearing impairment, or mental health problems. The test looks at the problems/difficulties and risks you have when walking out of doors in **unfamiliar places**. Imagine being in a place that you do not know, and then write down what problems you have.

Page 5 Falls or stumbles – the information written in this section will be taken into consideration for the mobility component, as well as the supervision test for the care component. It may be difficult to state how often you fall, but if the falls are unpredictable and you have no warning of them you need to write this down that you are still at risk of falling.

Page 6 Moving around indoors – what problems do you have getting out of chairs that you would like to sit on, not what you actually sit on; for example, many people sit on a hard upright chair as they are unable to get up from the settee or soft chair. You need to describe your difficulties on what you would like to sit on. You may manage the stairs, but it may take you a long time, you may have to stop and rest or be so exhausted that you have to refrain from doing this activity or only manage this activity when it is necessary.

Page 7 Getting in/out of bed – Describe how you feel when you wake up. It is not the activity of just rising up from bed, but from actually waking up to being able to get out of bed. Describe how you do it, does anyone help you in any way, or do you use aids or furniture to assist you. Do you have to wait until pain killers have eased the pain before attempting to get out of bed?

Page 8 When you are in bed – Describe your needs and why you require such assistance. **Remember** you do not have to receive the help only reasonably require the help.

Page 9 Toileting – Describe the difficulties you have not only using the toilet, but getting to and from the toilet, sitting down and getting back up and also redressing.

Page 10 Washing, bathing and looking after your appearance – Describe the difficulties and problems you have accomplishing this task. Include difficulties that you have with bending and stretching; managing your hair, and any aids or furniture that you use. The number of days you want to have a bath/shower should be written down, not the amount of actual baths/showers you are restricted to. Do you require a bath or wash more than once a day due to incontinence, sweating or to ease your condition or pain? Do you dry yourself – or drip dry?

Page 11 Getting dressed or undressed – Describe the problems and difficulties that you have. Does someone put your clothes out for you. Do you require a change of clothes during the day due to soiling, sweating or dropping things down you? Do you have problems with bending and stretching. How do you manage things like buttons, zips, clasps, shoe laces etc. What about make – up?. Remember it is not the clothes that you actually wear, but you should be describing the difficulties you have dressing in the clothes you would like to wear.

Page 12 Preparing a cooked main meal for yourself – determines whether you qualify for the lower rate of the care component (under 16's are excluded from this task). The meal is a labour intensive reasonable daily meal, freshly cooked on a traditional cooker for one person. It looks at whether or not your disabilities mean that you cannot prepare a cooked main meal for yourself. Such things as grip, co-ordination, being able to follow instructions and being able to stand long enough should all be taken into account.

Page 13 At mealtimes – Describe any problems that you have with eating, from cutting up your food to swallowing it. Is your grip affected? Do you have a tendency to push food off your plate and require someone to keep pushing it back on for you? For those with a visual impairment, do you have to be told what food you will be eating and where it is on the plate?

Page 14 Help with medication – This can include being reminded and encouraged. What would happen if you forgot to take your medication? Do you have any difficulties getting the medication you require, or do you forget and become confused over what medication you have taken?

Page 15 Someone keeping an eye on you – This is the supervision test. You have to show what possible risks there are. Have you left any appliances on? Are you at risk of falling? Are you at risk of self harm? Describe in as much details what the risks are and why you should have someone with you.

Page 16 Dizzy spells, blackouts, fits, seizures or something like this – Describe in as much details whether you have any of the above. Remember the examples are not an exhaustive list.

Page 17 The way you feel because of you mental health – What supervision do you reasonably require to prevent self harm to yourself or to someone else. Do you suffer from panic attacks, what are the affects of these on your state of health, how do you behave and what risks are you in? Examples of these can be that you lack concentration and become forgetful and confused leading to possible hazards. You may not be able to cope in situations and run off, not having any awareness of possible hazards or dangers, such as traffic. Other examples include those who suffer from paranoia and require someone to calm them down and cajole and encourage them.

Page 18 Communicating with other people – Do you have any problems recognising and communicating with anyone. Are you able to sort out your own financial affairs and complete forms. Do you have any problems conversing with someone in authority.

Page 19 & 20 This part of the form addresses people mainly with visual and hearing impairments, but also those who have mental health problems, and some with physical disabilities.

The information required is to try and identify all the needs and problems that arise with all aspects of self care, taking part in leisure, social events, undertaking hobbies and being able to carry out daily routine activities. It is such tasks where assistance is required to enable the disabled person to live a normal as life as possible. Social activities with others, undertaking recreational and cultural activities can be part of a normal life.

The first claim for Disability Living Allowance is administered in Cardiff, subsequent claims or queries are dealt with in Blackpool. Tel: 08457 123456

The type of activities that should be included are:

- Do you need someone to help you manage money – what difficulties do you have identifying how much something costs, how much money is required, and how do you check your change.
- Buying clothes – can you match your clothes, or identify the right sizes, and the price of garments, how do you managing interacting with others to find the necessary items. General shopping – can you reach the necessary items, identify them and pay for them?
- Interacting with others – how do you manage in group activities? Do you need someone to help you identify who is talking and who you are talking to. Do you need someone to be an interpreter for you?
- Do you need someone to guide you out of possible hazards or dangers. Include uneven kerbs, road works, dog mess on the pavements and traffic hazards.
- If you are socialising, what problems do you have, finding the toilets, being in a strange environment, communicating with others etc.
- Do you need someone to tell you if your make-up has run, whether you have food stuck between your teeth, or spilt food on your clothes.
- Describe the assistance you require to complete forms, attend to your finances and routine chores.
- What assistance is provided with communicating. Do you know when the doorbell or telephone is ringing, what about smoke alarms?
- How do you manage to read magazines, books or articles or watch a film on television. Does someone help by reiterating what is happening to help you to understand. Are you aware of common dangers? Do you know when the water is too hot? Or whether you are running the hot or cold water taps. Perhaps this is easier in your own environment, but look at the problems you have in places that you are unfamiliar with.

Activities that can be done without the presence of the disabled person are generally excluded for this benefit. However, if you can show that you need the assistance from another person to carry out the activity yourself, then that assistance can be counted. Examples of this sort of activity include doing your laundry, if you need help to put the machine on the right setting for instance, this is help with seeing.

Page 21 – If you have any further information regarding your illness or disability and is relevant, but hasn't fitted into any of the other pages, this is the place to write it down.

Page 22 – When your problems started – You must have had the need for 3 months and expect to have the need for the following six months, to qualify for this benefit. In effect, the need must be for 9 months. If you have an illness for example, a stroke you can apply for this benefit immediately, however, you will not receive a payment until you have had the needs for 3 months, unless you are terminally ill.

Page 23 Statement from the person who knows you best – It is better if this statement is completed by a medical professional. We advise that you make an appointment with your Doctor, and hopefully you will be given the opportunity to discuss the problems that you have with daily living.

N.B: THINK CAREFULLY ABOUT ALL YOUR EXPLANATIONS ON THESE FORMS – WOULD YOU BE ABLE TO GIVE EXAMPLES IF YOU WERE ASKED TO?

**Benefit Information Line is open on Mondays, Wednesday and Friday
Mornings 10.30 a.m. – 12.30 p.m.
Telephone: (01792) 533533**