This is the date we got the request for this claim form.

We will take the claim from this date as long as you return it by the date in the second box. If you do not get the form back to us by the date in the second box, you may lose money. Remember to allow a few days for the form to reach us by post.

Disability Living Allowance claim form – for people aged 16 or over

You may find it easier to fill in this claim form if you read the notes first. If you need help filling in this form, or any part of it, phone 0800 88 22 00.

Part 1 – About you
Please complete this section. If you are filling in this form for another person, please tell us about them, not yourself.

Surname or family name

All other names in full

All other surnames or family names you may have had, including maiden name, previous married name and all changes to family name.

Sex

Address

Previous address

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

Please tick the appropriate box

Home □ Work □ Mobile □ Fax □ Textphone □

Date of birth

National Insurance (NI) number

What is your nationality? We may get in touch with you for more information.
Part 2 – For people signing this form for someone else

Even though you can fill in this form for another adult, they must still sign it themselves unless one or more of these boxes apply. Tick all the boxes that apply.

I have Power of Attorney for them  

Please send us your Power of Attorney document (or certified copy) with this claim form and remember to sign the declaration on page 22 on their behalf.

I am a receiver for them under a Court of Protection Order. Or in Scotland, a tutor, a curator, or guardian appointed in terms of the law.

Please send us the relevant document (or certified copy) with this claim form and remember to sign the declaration on page 22 on their behalf.

The Department for Work and Pensions has already appointed me to get their benefits and to deal with their letters about their benefits.

We will send all letters about this claim directly to you.

They cannot manage their own affairs because of a mental illness or a mental disability.

We will get in touch with you about this. The Department for Work and Pensions may appoint you to get their benefits and to deal with letters and their benefits.

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

We will get in touch with you about this.

I am claiming for them under the Special Rules.

You must read the Notes about claiming under the Special Rules before you tick this box.

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

Your surname or family name: Mr/Mrs/Miss/Ms

Your other names in full:

Your date of birth: / / 

Your address:

Postcode:

letters numbers letter

National Insurance (NI) number:

Your daytime phone number where we can contact you. Code Number Home Work Mobile Fax Textphone
Part 3 – About this claim

If you are claiming under the Special Rules, please tick this box. [ ]

You should read the Notes about claiming under the Special Rules before you tick this box.

If you are sending the DS1500 report with this form, complete only parts 12, 13, 15 and 16 of this form.

If you are claiming for help getting around, please also complete parts 7 and 8.

If you are not sending the DS1500 report yet, complete all parts 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 form.

Part 4 – About your illnesses or disabilities

To help us deal with your claim we need to know about your illnesses or disabilities.

Please tell us your illnesses or disabilities.

By illnesses or disabilities, we mean anything physically or mentally incapacitating.

Please tell us how long you have had each of these illnesses or disabilities.

Please tell us which part, or parts, of your body is affected by your illnesses or disabilities – for example if you have arthritis or rheumatism.

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Have you been given a diagnosis? If so please tell us what it is.

Diagnosis – if more than one, please list them.

Who gave you the diagnosis?

When did you last see the person who gave you this diagnosis?

What is your main disabling illness or disability?

Do not delay sending your claim form if you do not know the diagnosis.
If you have a spare 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 table below.

Please list any current tablets, medicines or other treatments you have been prescribed for your illness or disability.

If you can, tell us which illness or disability they have been prescribed for.

Please tell us the dosage and how often you take each of the tablets, medicines or other treatments you have told us about.

How long have you been taking each of the tablets, medicines or other treatments you have told us about?

Please put a tick against any tablets or medicines that are on repeat prescription.

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Part 5 – More about treatment or help you receive

Please give us details of your family doctor or GP

Their name

Their address

Postcode

Their phone number

Code Number

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 anyone in connection with your illnesses or disabilities in the past 12 months, please give their details. For example a hospital doctor, specialist nurse, community psychiatric nurse, district nurse, occupational therapist, physiotherapist or social worker.

Their name

What is their job or speciality?

The address of the place where you see them

Their phone number

Hospital record number

How often do you see them?

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

What treatment do you get from them?

Does anyone else help you because of your illnesses or disabilities? This could be someone like a carer or support worker, a friend, neighbour or family member.

Their name

Their address

Their phone number

How often do you see them?

What help do you get from them?

If you have any documents that you feel would help us to decide your claim, please send them with this claim form. For example your local council may have assessed you for home care, meals on wheels or disability aids. You may have a care plan or you may have a medical report in connection with another matter.
Part 6 – More about why you are making this claim

You may be able to get Disability Living Allowance if you:

● need help with getting around; or
● need help with personal care

You can still claim Disability Living Allowance even if you do not actually get any help at the moment for example, if you live alone.

Part 7 – Help with getting around

Please tick any boxes that apply to you:

I am both deaf and blind

I am paraplegic

I have had both legs amputated through or above the ankle or I was born without legs or feet

I am severely mentally impaired as a result of a state of arrested or incomplete brain development and I display extreme disruptive behaviour.

Your answers to the following questions will help us to get a clear picture of how your illnesses or disabilities affect your walking ability. This will help us to decide if you can get the mobility component of Disability Living Allowance.

Virtually unable to walk

This refers to the ability to walk outdoors on a reasonably flat surface. Any problems you may have walking on steps, hills or uneven ground cannot be taken into account. The problems you have walking must be because of a physical disability.

For example, you may fall into this category if:

● You can only walk a short distance before suffering severe discomfort
● The effort of walking may be dangerous for you
● Your manner of walking makes it difficult to walk any distance
● You can only walk very slowly
● You can only walk with the help of another person or walking aids for support
Guidance and supervision

Tell us if you need another person to be with you most of the time when walking outdoors on routes that you do not know well. This can be as a result of a physical or mental disability.

For example, you may fall into this category if:

● You may put yourself or others in danger
● You may wander off and get lost
● You may not be able to cross unfamiliar roads
● You may not be able to cope with traffic
● You are deaf
● You are blind or partially sighted
● You may get frightened or anxious
Please tick the boxes below that best describe your difficulties

I have a physical disability and my walking ability is severely restricted.
If you think that this applies to you, some of the things you need to think about and tell us are:

- Exactly how your walking ability is affected by your illnesses or disabilities – remember your walking ability must be severely restricted to claim under this heading.
- If you can only walk a short distance before suffering severe discomfort tell us roughly how far this is. By severe discomfort we mean things like breathlessness, pain, extreme tiredness, muscle spasms or something else like this.
- Tell us what happens when you stop. For example, you may need to rest or take medication.
- If it would take you an unusually long time to walk a distance, tell us about this.
- If you have an unusual manner of walking because of your illnesses or disabilities, tell us about it and how it affects your overall walking ability. For example, you may have a stiff legged or shuffling gait or have problems with balance.
- If you use any aids or equipment such as walking sticks, crutches or prostheses or a person to support you, tell us how they help you to walk. Or if you are unable to use any aids or equipment because of your illnesses or disabilities, tell us about this.
- If you need someone else for physical support to avoid falling or stumbling.
- How often you have problems walking.
- Any variations in your condition. For example, if you have good days and bad days because of your illnesses or disabilities and this affects your ability to get around from day to day.
- If the effort of walking would be dangerous for you, tell us why.

I can walk but I am so physically or mentally disabled that I cannot walk around outdoors in unfamiliar places without guidance or supervision from another person most of the time.
If you think that this applies to you, some of the things you need to think about and tell us are:

- Try to explain why you would need another person with you most of the time and what that person does to help you to ensure that you are able to walk around in unfamiliar places.
- If you have a severe mental disability and need someone to be with you to prevent danger to yourself or others. For example, to ensure that you are able to cross unfamiliar roads safely or to stop you wandering off and getting lost.
- If you are deaf and need someone with you. You must tell us exactly what problems you would encounter in unfamiliar places and how another person would be able to assist you.
- If you are blind or partially sighted and need someone with you. You must tell us exactly what problems you would encounter in unfamiliar places and how another person would be able to assist you.
- Any variations in your condition. For example, if you have good days and bad days because of your illnesses or disabilities and this affects your ability to get around from day to day.

WE NEED TO KNOW ABOUT THE HELP YOU NEED, EVEN IF YOU DO NOT ACTUALLY GET ANY HELP AT THE MOMENT.
Please describe in your own words the kind of help you need with getting around outdoors, thinking carefully about the examples given:

Continue at part 11, if necessary

Part 8 – When your difficulties began

Please note that it may delay your claim if you do not complete this question.

When did you first have the difficulties with getting around you have told us about?  

If you cannot remember the exact dates, please tell us roughly when this was.
Part 9 – Help with personal care

If you are currently on renal dialysis, please tick this box.

Your answers in this section will help us to get a clear picture of how your illnesses or disabilities affect you.

You may be able to get Disability Living Allowance for help with personal care because:

● You need help with washing, dressing, using the toilet, communicating or something else like this, or
● You need someone to keep an eye on you.

We need to know exactly what help you need and why you need it.

Some of the things you need to think about and tell us are:

● When do you need help – only during the day, only during the night (when you are in bed and the household has closed down for the night) or both during the day and night
● Where do you need help - indoors, outdoors or both
● What happens or would happen if you did not get the help that you need
● Difficulties you may have planning and preparing a cooked main meal for yourself. For example, if you cannot peel or chop vegetables, measure ingredients, use kitchen utensils or taps, cope with hot pans or use a traditional cooker because of your illnesses or disabilities, tell us about this.
● Any tasks that would take you longer than normal because of your illnesses or disabilities
● Whether or not you use any aids or equipment because of your illnesses or disabilities, for example a wheelchair, walking stick or frame, grab rails, stair lift, bath lift, specially adapted cutlery or crockery or something else like this
  – tell us how this helps you, or
  – tell us if you cannot use aids or equipment because of your illnesses or disabilities
● Any variations in your condition. For example, if you have good days and bad days because of your illnesses or disabilities and this affects the amount of help or supervision you need from day to day.

WE NEED TO KNOW ABOUT THE HELP YOU NEED, EVEN IF YOU DO NOT ACTUALLY GET ANY HELP AT THE MOMENT.

Think about the difficulties you have carrying out everyday personal tasks because of your illnesses or disabilities. If you manage to do things but find it difficult or struggle, or it takes a long time, tell us about this. This is what we mean by the help that you need from another person.
Please tick any of the boxes below that best describe the help you need on a regular basis:

Help needed during the day

I need help from another person during the day with certain personal tasks. For example, this may include things like:

- getting in and out of bed
- dressing and undressing
- washing or taking a bath or shower
- getting to and using the toilet
- help at mealtimes
- preparing and planning a cooked main meal for yourself, assuming you have all the ingredients to hand and using a traditional cooker
- moving about indoors
- getting in or out of a chair
- using stairs
- taking tablets, medicines, or other medical treatments
- need encouragement to look after yourself
- seeing or hearing
- communication
- help when you go out during the day or evening.

Please tell us more about this in the box on page 12

I need someone to keep an eye on me during the day to prevent danger to myself or others. For example, this may be because you:

- may fall or stumble
- may bump into things
- may wander off
- may hurt yourself or others
- forget to take medication
- may get anxious, panicky or aggressive
- hear voices or experience thoughts that disrupt your thinking
- have fits, dizzy spells or blackouts.

Please tell us more about this in the box on page 12
Please describe in your own words the kind of help you need with personal care during the day, thinking carefully about the examples given.

It is important that we get a clear picture of the amount of help you need. Remember to tell us how often you need help during the day, how many days per week you need help and approximately how long each episode of help takes.

Continue at Part 11 if necessary
Please tick any of the boxes below that best describe the help that you need on a regular basis

**Help needed during the night**

I need help from another person during the night with certain personal tasks. For example this may include things like:

- getting in and out of bed
- getting to and using the toilet
- using a commode, bedpan or bottle
- changing sheets or bedclothes
- turning over
- settling or staying in bed
- taking tablets, medicine or other medical treatment.

Please tell us more about this in the box on page 14.

I need someone to be awake at night to watch over me to prevent danger to myself or others. For example, this may be because you:

- need someone to check on any changes in your condition whilst you are asleep
- hear voices or experience thoughts that disrupt your sleep and may put you or others in danger
- may wander
- have fits, dizzy spells or blackouts
- may get anxious, panicky or aggressive
- may hurt yourself or others.

Please tell us more about this in the box on page 14.
Please describe in your own words the kind of help you need during the night thinking carefully about the examples given.

Please remember to tell us how often you need help during the night, how many nights per week you need help and approximately how long each episode of help takes.

Continue at Part 11 if necessary

**Part 10 – When your difficulties began**

Please note that it may delay your claim if you do not complete this question.

When did you first have the difficulties with personal care you have told us about? / / /  
If applicable  
If you cannot remember the exact dates, please tell us roughly when this was.
Part 11 – Anything else you wish to tell us about

Please tell us anything else you think we should know in connection with this claim.

Continue on a separate piece of paper, if necessary
## Part 12 – More about you

### About time in hospital

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<th>Question</th>
<th>Options</th>
<th>Instructions</th>
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<tr>
<td>Are you in hospital now?</td>
<td>No [ ]</td>
<td>Yes [ ]</td>
</tr>
<tr>
<td>Have you been in hospital in the past 13 weeks?</td>
<td>No [ ]</td>
<td>Yes [ ]</td>
</tr>
<tr>
<td>Please tell us all periods spent in hospital in the past 13 weeks.</td>
<td>In [ ]</td>
<td>Out [ ]</td>
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<tr>
<td>Please tell us the full name and address of the hospital.</td>
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<tr>
<td>Phone number if you know it</td>
<td>Code [ ]</td>
<td>Number [ ]</td>
</tr>
<tr>
<td>Hospital Record number if you know it</td>
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<tr>
<td>Why did you have to go into hospital?</td>
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<tr>
<td>Have the NHS paid for your stay and treatment in hospital?</td>
<td>No [ ]</td>
<td>Yes [ ]</td>
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### About time spent in residential care

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<th>Instructions</th>
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<td>Are you in residential care now?</td>
<td>No [ ]</td>
<td>Yes [ ]</td>
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<tr>
<td>Residential care includes a nursing home, rest home, hostel, hospice,</td>
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<tr>
<td>residential care home or anywhere like this.</td>
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<tr>
<td>Have you been in residential care in the past 13 weeks?</td>
<td>No [ ]</td>
<td>Yes [ ]</td>
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Please tell us all periods spent in residential care in the past 13 weeks

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Please tell us the full name and address of the home if different from the address where you normally live.

Postcode

Phone number if you know it

Code

Number

Have the local authority, a health authority, a NHS trust, a Primary Care Trust or a government department paid any of the costs for you to live there?

No

Yes

Not sure

If yes, which authority, trust or government department paid?


Do you receive or are you waiting to hear about Housing Benefit?

No

Yes


Do you normally live in Great Britain? Great Britain is England, Scotland and Wales.

No

Yes


Have you been abroad in the past 12 months? If you have been abroad for 4 weeks or more at any one time in the last 12 months, tell us the dates you went abroad, where you went and why you went. Please give additional details on a separate piece of paper and send it with this form.

Tell us when you went abroad

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Tell us where you went

Tell us why you went


Do you, or your spouse, if you have one, have any income from abroad that you do not have to pay UK income tax on? The UK is England, Scotland, Wales and Northern Ireland.

No

Yes


Part 13 – About benefits and pensions

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

About Income Support and Jobseeker’s Allowance

Are you or your partner getting or waiting to hear about Income Support or Jobseeker’s Allowance?  
We use partner to mean a person you are married to or a person you are living with as if you are married to them.

If yes, tell us who is getting or waiting to hear about it

You

Your partner

Please tell us their name

Their National Insurance (NI) number

About other disability benefits

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

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

War Pension

Service Pension  
Paid by Ministry of Defence

Service Pension number

About Tax Credits

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

Please tell us their name

Their National Insurance (NI) number

Their relationship to you
Is anyone in your household getting or waiting to hear about Working Tax Credit?

- No
- Yes

Please tell us their name

Their National Insurance (NI) number

Their relationship to you

About Pension Credit

Are you getting or waiting to hear about Pension Credit?

- No
- Yes

Is someone within your household getting or waiting to hear about Pension Credit?

- No
- Yes

Please tell us their name

Their National insurance (NI) number

Their relationship to you

Part 14 – Statement from the person who knows best about you and how your illnesses or disabilities affect you

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 in Part 5.

If you are signing this form on behalf of the disabled person (see Part 2), 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 or profession or relationship to the person this form is about
Part 15 – Making Payments to you

If you are already in receipt of another social security benefit, we will pay any Disability Living Allowance you may be entitled to by the same method.
If this is not suitable, please contact us straight away.

If you have already told us about another social security benefit in part 13 of the form and are happy to have your Disability Living Allowance paid the same way as that benefit, please tick here.

You do not need to complete anything else in this part – go straight to part 16 - Declaration

Our policy is to pay all benefits directly into an account. This is the safest way to pay you and lets you choose how and when to get your money. You can use a bank or building society account (but not mortgage accounts). You may be able to use a cash machine, which will usually mean you can get your money at any time of the day or night. The Post Office® also provides a bank account that we can pay benefits into. With this account you can only collect your money in cash from Post Office branches. There are arrangements with a number of major banks and building societies so that you can collect cash from some of their accounts at your local Post Office branch. If this is important to you, please remember to ask your bank or building society whether you can use your account at a Post Office branch.

If you choose this method, we will pay your Disability Living Allowance at the end of every 4 week period.

We recommend that you get your money this way because

- it is safe and secure
- it is convenient – you decide when and how much money you want to withdraw
- using an account may help you to save
- from some accounts you could have regular bills paid. This could save you money but you will need to make sure that there is enough money in your account to pay the bills. If not, you may be charged a fee
- you can get your money from many different places

The account can be

- in your name, or
- in the name of your partner

We use partner to mean a person you are married to or a person you live with as if you are married to them, or
Tell us about the account you would like your benefit paid into you,
You will find the account details on your chequebook, passbook or statements. If you are unsure about any details, ask the bank, building society or Post Office if it is a Post Office ® card account.

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

Full name of bank or building society
For a Post Office ® card account insert the words Post Office

Sort code
This is six numbers in a hyphenated format. For example, 12-34-56

Account number
This will be 7 to 10 numbers long

Building society roll or reference number if applicable

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.
Part 16 – Declaration

- I declare that the information I have given on this form is correct and complete.

- I understand that if I knowingly give information that is incorrect or incomplete, action may be taken against me.

- I understand that I must promptly tell the office that pays my benefits of anything that may affect my entitlement to or the amount of that benefit.

- I agree where my Disability Living Allowance is paid with another Social Security benefit into the same account, the Department has the right to recover overpayments as described on page 21.

- I agree that the Department for Work and Pensions or any doctor, or doctor providing medical services on behalf of an organisation, approved by the Secretary of State may ask any of the people or places mentioned on this form for any information which is needed to deal with
  - this claim for benefit, or
  - any request for this claim to be looked at again and that the information may be given to that doctor or to the Department.

- 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.

Warning – to knowingly give false information may result in prosecution

Signature      Date

Part 17 – What to do now

Make sure that you have had the statement at Part 14 completed as this may help us to deal with your claim more quickly.

Do not forget to write your name and national insurance number on any additional documents you send us.

If applicable, please list all the documents you are sending with this form
Then send the completed form back to us.

If you are not sure where to send this form, phone the Benefit Enquiry Line on 0800 88 22 00.
Part 18 – How we collect and use information

The Department of Work and Pensions (DWP) collects information for social security, child support, vaccine damage, employment and training purposes. The information we collect about you will depend on the nature of your business with us, but may be used for any of the Department’s purposes. We may check information provided by you, or information about you provided by a third party, with other information held by us.

We may also get information about you from certain third parties, or give information to them to check the accuracy of that information, to prevent crime, or detect crime, or to protect public funds in other ways for research and statistical purposes, as permitted by law. These third parties include other government departments and local authorities, and private sector bodies such as banks and organisations that may lend you money.

We will not disclose information about you to anyone outside the DWP unless the law permits us to.

DWP is the Data Controller for the purposes of the Data Protection Act. If you want to know more about what information we have about you, or the way we use information, you can contact any of the Department’s offices and ask for leaflet GL33. Or you can find a copy of the leaflet on our website. The address is www.dwp.gov.uk