Disability Living Allowance
Claim for a person aged 16 or over

Date we received 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 next box.

Please send the claim form back by:
Allow a few days for the form to reach us by post.

If you want help filling in any part of this claim form
Ring the Benefit Enquiry Line on 0800 88 22 00. People with speech or hearing problems using a textphone can dial 0800 24 33 55.
You can also get in touch with advice centres like Citizens Advice Bureau.

How to fill in this claim form
Please use black ink to fill in this 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 ☐ Other ☐

Part 1 – About you
Tell us your personal details. If you are filling in this form for someone else, tell us about them, not yourself.

1 Name
Title
For example, Mr, Mrs, Miss, Ms

Surname or family name

All other names in full
This is the name we will use on all our records and correspondence.

2 All other surnames or family names you are using or have been known by

3 National Insurance number

National Insurance numbers start with two letters, followed by six numbers then another letter.

4 Date of birth
(day/month/year)
### About you

#### Part 1

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**5**  **Sex**  

<table>
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<th>Male</th>
<th>Female</th>
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**6**  **Address where you live**

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**7**  **Previous address, if different in the last three years**

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**8**  **Daytime phone number** where we can contact you or leave a message. If we have a question about your claim, it is useful for us to phone 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 the dialling code**

**Mobile number**

**9**  **What is your nationality?**

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

Insert: For more information please read page 3 of the guidance notes.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
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</table>

**11**  **If you live in Wales and would like future communications in Welsh, please tick this box.**
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 13.

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

From  /  /  /  To  /  /  /
From  /  /  /  To  /  /  /
From  /  /  /  To  /  /  /

Tell us where you went.

Tell us why you went.

If you need more space to tell us about how long you have been abroad in the last 52 weeks, please tell us the dates you went, where you went and why you went at Part 7 – Extra information on page 39.

What type of accommodation do you live in?
For example, you may live in a house, bungalow, flat, supported housing, care home, nursing home or somewhere else.

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.
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. Where we ask about 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 tell us about your medicines and dosage in the table at question 14. On your prescription list, please put a tick against any medicines you have been taking or treatment you have been receiving for more than a year.

Please send copies of any medical or assessment reports you have, for example, an occupational therapy report or home-help assessment. These may be from the person who gave you the diagnosis or who now treats your illness or disability.

Please only send the information you have got. Don’t worry if you don’t have copies of reports, you can send your claim without them.

Please list separately details of your illnesses, disabilities or diagnosis in the table at question 14.

By illnesses or disabilities, we mean physical disabilities, sensory (sight, hearing, speech) difficulties, 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. Please tell us if this is still being investigated, or even if you have no treatment or medication.

Examples
The first example shown below describes someone who had a stroke 14 months ago. They have been taking 30 milligrams (mg) of aspirin once a day for over a year. They have physiotherapy twice a week.

<table>
<thead>
<tr>
<th>Name of illness, disability or diagnosis</th>
<th>How long have you had this illness or disability?</th>
<th>What medicines or treatments (or both) have you been prescribed for this illness or disability?</th>
<th>What is the dosage and how often do you take each of the medicines or receive treatment?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stroke</td>
<td>14 months</td>
<td>Aspirin Physiotherapy</td>
<td>✅ 30mg once a day Two days a week</td>
</tr>
<tr>
<td>Kidney failure</td>
<td>One year</td>
<td>Dialysis</td>
<td>Two times a week</td>
</tr>
<tr>
<td>Learning difficulties</td>
<td>17 years</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>
Please list separately details of your illnesses, disabilities or diagnosis in the table below.

Please put a tick in the fourth column against any medicines or treatment you have been receiving for more than a year. Remember, you don’t need to tell us about your medicines or dosage if you are sending in your prescription list.

<table>
<thead>
<tr>
<th>Name of illness, disability or diagnosis</th>
<th>How long have you had this illness or disability?</th>
<th>What medicines or treatments (or both) have you been prescribed for this illness or disability?</th>
<th>What is the dosage and how often do you take each of the medicines or receive treatment?</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

If you need more space to tell us about your illnesses or disabilities, please continue at Part 7 – Extra information on page 39.

Do you have a care plan?

Yes [ ] Please send us a copy if you have one.  
No [ ] Go to question 16.
Are you on a waiting list for surgery?

Yes [ ] Tell us about this in the table below.  No [ ] Go to question 17.

If you don’t know the exact dates, please tell us roughly when.

<table>
<thead>
<tr>
<th>Date you were put on waiting list</th>
<th>Surgery planned</th>
<th>When is it planned for, (if you know this)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example 01/05/2007</td>
<td>Right-hip replacement</td>
<td>03/09/2007</td>
</tr>
</tbody>
</table>

Have you had any tests for your illnesses or disabilities?

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

Yes [ ] Tell us about these in the table below.  No [ ] Go to question 18.

If you don’t know the exact date, please tell us roughly when.

<table>
<thead>
<tr>
<th>Date and type of test</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example 23/04/2007 Treadmill test</td>
<td>Four minutes (stage 2)</td>
</tr>
</tbody>
</table>

Are you going to, or have you been to, a pain-management clinic in the past six months?

This is a clinic run by a team of medical experts from different fields. You will have had pain for at least six months and you will have been referred by a GP or hospital.

Yes [ ] Please continue below.  No [ ] Go to question 19.

Clinic address

Phone number, if you know it, including the dialling code
Please list the aids and adaptations you use.

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.

If you need help to use the aids or adaptations, tell us what help you get from another person. If you use any other aids or equipment, tell us about them.

Please put a tick in the second column against any aids or adaptations that have been prescribed for you by a health-care professional, for example, an occupational therapist.

<table>
<thead>
<tr>
<th>Aids and adaptations</th>
<th>How does this help you?</th>
<th>What difficulties do you have using this aid or adaptation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example Hoist</td>
<td>✔️</td>
<td>Helps me get out of bed</td>
</tr>
</tbody>
</table>

If you need more space to tell us about your aids or adaptations, please continue at Part 7 – Extra information on page 39.
Apart from your GP, in the last 12 months, have you seen anyone in connection with 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. Tell us their professional address where you see them, such as a health centre or hospital.

Yes [ ] Please continue below.  
No [ ] Go to question 21.

<table>
<thead>
<tr>
<th>Their name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr, Mrs, Miss, Ms, Dr</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Their profession or specialist area</th>
</tr>
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<table>
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<tr>
<th>The address where you see them</th>
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<table>
<thead>
<tr>
<th>Postcode</th>
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<tr>
<th>Their phone number, including the dialling code</th>
</tr>
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<table>
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<tr>
<th>Your hospital record number</th>
</tr>
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</table>

You can find this on your appointment card or letter.

<table>
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<tr>
<th>Which of your illnesses or disabilities do you see them about?</th>
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<table>
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<tr>
<th>How often do you usually see them because of your illnesses or disabilities?</th>
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</table>

<table>
<thead>
<tr>
<th>When did you last see them because of your illnesses or disabilities?</th>
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</table>

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 – Extra information** on page 39.
About your illnesses or disabilities and the treatment or help you receive (continued)

21 Does anyone else 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 22.

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?

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 – Extra information on page 39.

22 Your GP’s name

Your GP’s address

Postcode

Your GP’s phone number, including the dialling code

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 do not know your GP’s name, please give the name of the doctor’s surgery or health centre.
Consent

We may want to contact your GP, or the people or organisations 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 these people or organisations, but if you do not, it may mean that we cannot get 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 or organisation for any information, including medical information, which we need to deal with:

- this claim for benefit, 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 the relevant people or organisations, as in the statement above.

I do not agree to you contacting the relevant people or organisations, as in the statement above.

Now sign and date below.

Signature

Date

Please make sure you also sign and date the declaration on page 45.
About your illnesses or disabilities and the treatment or help you receive (continued)

Special rules

You must read page 4 of the guidance notes included with this claim pack about special rules before you tick the box below.

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

If you are not claiming under the special rules, please go to page 12.

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

- If you have any walking difficulties, please make sure you fill in Part 3 – Getting around outdoors.

- If you are claiming under the special rules, you do not need to fill in Part 4 – Help with your care needs.

- Please answer all the questions on this form that apply to you, or the person you are claiming for. Make sure you sign the consent on page 10 and the declaration on page 45.

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

- If you have not got the DS1500 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 when you can.
There are two rates for the help you may need with getting around outdoors – a higher and lower rate. You can find the current rates in the leaflet called Social Security benefit rates, which you can get from any Jobcentre Plus office. The rates are also on the website at www.direct.gov.uk/disability.

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. We cannot take account of any problems you may have walking on steps or uneven ground.

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-health problem or physical disability.

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**Are you able to walk?**

Please tick ‘No’ if you cannot walk at all.

Yes [ ] Go to question 26.  

No [ ] Go to question 37 on page 16 to tell us how long you have not been able to walk.

---

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

Yes [ ] Go to question 27.  

No [ ] Go to question 34.

---

**For more information, please read page 5 of the guidance notes.**

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.

**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

---

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

If you are not sure how long you can walk for, it may be useful to time this so you can give us accurate information.
Please tick the box that best describes your walking speed.

Normal or moderate  □ (about 51 metres or more a minute)
Slow  □ (about 40 to 50 metres a minute)
Very slow  □ (less than 40 metres a minute)

If there is not a box that describes your walking speed, tell us in your own words about your walking speed.


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

Normal  □
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.

If there is not a box that describes the way you walk, tell us in your own words about the way you walk.


31. 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 32.

I cannot walk without physical support. [ ]
I would fall without physical support. [ ]
I would injure myself without physical support. [ ]

If there is not a box that describes the help you need, tell us why you need physical support in the box below.

---

32. Do you fall or stumble outdoors?

Yes [ ] Please continue below.  No [ ] Please go to question 33.

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

---

33. How many days a week do you have difficulty walking?

[ ] days
### Having someone with you when you are outdoors

**34** 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 (for example, agoraphobia), learning disability or sensory (sight, hearing or speech) difficulty, 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.

<table>
<thead>
<tr>
<th>Yes</th>
<th>Please tick the boxes that apply to you.</th>
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<tr>
<td>No</td>
<td>Go to question 36.</td>
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</table>

- To avoid danger
- I may get lost or wander off
- I have anxiety or panic attacks
- To make sure I am safe

If there is not a box that describes the help you need, tell us in your own words in the box below.

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

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</table>

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

[ ] days
36 Is there anything else you want to tell us to help us understand the help you need with walking outdoors?

For example, if your condition varies and you have good days and bad days, please tell us how often you have these and your needs on these days.

Yes ☐ Tell us in the box below. No ☐ Go to question 37.

If you need some more space to tell us about the help you need walking outdoors, please continue at Part 7 – Extra information on page 39.

37 When your walking difficulties started

Normally, you can only get the mobility part of Disability Living Allowance if you have needed help for at least three months.

Please tell us the date your walking difficulties started.

/ / /

If you cannot remember the exact date, tell us roughly when this was.
Help with your care needs

If you are claiming under the special rules, go straight to page 34. You do not have to answer any more questions until that page.

Personal care means needing help or supervision, due to a physical difficulty, mental-health problem or sensory (sight, hearing or speech) difficulty, with:

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

There are three rates for help with personal care - highest, middle and lowest rate. You can find the current rates in the leaflet called Social Security benefit rates, which you can get from any Jobcentre Plus office. The rates are also on the website at www.direct.gov.uk/disability

You may get the highest rate if you:

• need help with personal care or need 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 notes about special rules on page 4 of the guidance notes.

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), assuming that you have all the ingredients you need, or
• have care needs for some time during the day.

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 do the task.

• If you need physical help, tick the boxes ‘you need help to’ do the task.
• If you lack motivation and need prompting, encouraging or reminding, tick the boxes ‘you need encouraging to’ do the task.
• If you do not get any help, and only manage with difficulty, tell us how you do the task. For example, if you can only move around indoors by holding on to furniture, or it takes you a long time, tell us about it in your own words in the boxes provided.
• If there is not a tick box that describes the help you need or the difficulty you have, tell us about it in your own words in the boxes provided.

Do you need help or do you have difficulty caring for yourself?

Yes  □  Go to question 39.  □  No  Go to Part 5 on page 34.

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 do the task.

• If you need physical help, tick the boxes ‘you need help to’ do the task.
• If you lack motivation and need prompting, encouraging or reminding, tick the boxes ‘you need encouraging to’ do the task.
• If you do not get any help, and only manage with difficulty, tell us how you do the task. For example, if you can only move around indoors by holding on to furniture, or it takes you a long time, tell us about it in your own words in the boxes provided.
• If there is not a tick box that describes the help you need or the difficulty you have, tell us about it in your own words in the boxes provided.
Help with your care needs (continued)
During the day

During the day includes the evening.

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

39

Do you need help from another person or do you have difficulty getting out of bed in the morning or getting into bed at night?

Yes [ ] Please tick the boxes that apply to you. No [ ] Go to question 40.

I need help to get in bed.

I need help to get out of bed.

I need encouraging to get out of bed in the morning.

I 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

Is there anything else you want to tell us about the help you need or the difficulty you have getting out of bed in the morning or getting into bed at night?

Yes [ ] Tell us in the box below. No [ ] Go to question 40.
Do you need help from another person or do you have difficulty 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 or cleaning yourself.

Yes [ ] Please continue below. No [ ] Go to question 41.

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

For example
If you need help to get to and use the toilet four times a day, and it takes you five minutes each time, you would fill in the boxes shown below.

<table>
<thead>
<tr>
<th>How often</th>
<th>How long each time</th>
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</thead>
<tbody>
<tr>
<td>I need help with my toilet needs.</td>
<td>🟩 4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How often</th>
<th>How long each time</th>
</tr>
</thead>
<tbody>
<tr>
<td>I need help with my toilet needs.</td>
<td>🟩</td>
</tr>
<tr>
<td>I need help with my incontinence needs.</td>
<td>🟩</td>
</tr>
<tr>
<td>I need encouraging or reminding about my toilet or incontinence needs.</td>
<td>🟩</td>
</tr>
</tbody>
</table>

How many days a week do you need this help?

<p>| |</p>
<table>
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<td></td>
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</table>

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

Yes [ ] Tell us in the box below. No [ ] Go to question 41.
41. Do you need help from another person or do you have difficulty with washing, bathing, showering or 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 coping with periods.

Yes [ ] Please continue below.  
No [ ] Go to question 42.

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

<table>
<thead>
<tr>
<th>Help Description</th>
<th>How often</th>
<th>How long each time</th>
</tr>
</thead>
<tbody>
<tr>
<td>I need help to look after my appearance or hygiene.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I need encouraging to look after my appearance or hygiene.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I need help to wash and dry myself.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I need help to get in and out of the bath.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I need help to use a shower.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I need encouraging or reminding about washing, bathing, showering or drying.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How many days a week do you need this help?

I need [ ] days.

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

Yes [ ] Tell us in the box below.  
No [ ] Go to question 42.

Tell us in the box below.
**42**

**Do you need help from another person or do you have difficulty with dressing or undressing?**

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

Yes [ ] Please continue below.  
No [ ] Go to question 43.

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

I need help with lower clothes.  
This means below your waist, including putting on underwear, skirts, trousers, socks, tying shoelaces.

How often  
How long each time

I need help with upper clothes.  
This means above your waist, including putting on and fastening your bra, blouse, shirt, coat, hat.

I need help to choose the appropriate clothes.

I need encouraging or reminding to dress and undress.

How many days a week do you need this help?

---

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

Yes [ ] Tell us in the box below.  
No [ ] Go to question 43.

---
Do you need help from another person or do you have difficulty with moving around indoors?

Yes ☐ Please continue below.  No ☐ Go to question 44.

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

- I need help to walk on the level indoors.
- I need help using stairs.
- I need help with getting in and out of a chair.
- I need help to get up after a fall.
- I need help transferring to and from a wheelchair.
- I need encouraging or reminding to move around indoors.

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

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

Yes ☐ Tell us in the box below.  No ☐ Go to question 44.

[Blank space for text input]

Do you fall or stumble indoors?

Yes ☐ Please continue below.  No ☐ Go to question 45.

Please tell us why you fall, what happens when you fall and how often you fall.
Do you need help from another person or do you have difficulty with cutting up food, eating or drinking at mealtimes? 
This means getting food or drink into your mouth, or things like identifying food items on your plate.

Yes  □ Please continue below.        No  □ Go to question 46.

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

How often   How long each time

I need help to eat or drink.  □ □ minutes
I need help with cutting up food on a plate. □ □ minutes
I need encouraging or reminding to eat or drink. □ □ minutes

How many days a week do you need this help?

□ □ days

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

Yes  □ Tell us in the box below.        No  □ Go to question 46.

[Blank lines for additional comments]
**Help with your care needs (continued)**

**During the day**

**46**

Do you need help from another person or do you have difficulty with taking your medication or with your medical treatment?

This means things like taking tablets or medicines prescribed for you and any therapy you have. For example, injections, an inhaler, eye drops, physiotherapy, oxygen therapy, speech therapy, monitoring treatment, coping with side effects, 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 47.

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

<table>
<thead>
<tr>
<th>Help Needed</th>
<th>How often</th>
<th>How long each time</th>
</tr>
</thead>
<tbody>
<tr>
<td>I need help to take my medication.</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>I need help with treatment or therapy.</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>I need encouraging or reminding to take my medication.</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>I need encouraging or reminding about my treatment or therapy.</td>
<td>□</td>
<td></td>
</tr>
</tbody>
</table>

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

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

**Yes** □ Tell us in the box below. **No** □ Go to question 47.
Do you usually need help from another person to communicate with other people?
This means 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 or writing letters, filling in forms, or you do not open or respond to mail, or you need to use sign language or have a learning disability. Please answer the questions as if you are using your normal aids and appliances, such as a hearing aid.

Yes [ ] Please tell us about your communication needs below.  
No [ ] Go to question 48.

---

Help with your care needs (continued)
During the day
Do you usually need help from another person to take part in hobbies, interests, social or religious activities?

We need this information because we can take into account 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 49.

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.

At home

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
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<td></td>
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<tr>
<td></td>
</tr>
</tbody>
</table>

Tell us how often you need or would need this help. How long each time do you need or would you need this help?

When you go out

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
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<tbody>
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<td></td>
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<td></td>
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<tr>
<td></td>
</tr>
</tbody>
</table>

Tell us how often you need or would need this help. How long each time do you need or would 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 – Extra information on page 39.
**Do you need supervision from another person?**
For example, you may have a mental-health problem, learning disability, sensory (sight, hearing or speech) difficulty, or you may have dizzy spells, blackouts or fits, and you need supervision.

Yes ☐ Please continue below.  
No ☐ Go to question 50.

If ‘Yes’, how long can you be safely left for at a time? ______________ minutes or hours

Please tell us why you need supervision.

I may be a danger to myself or others. ☐

I am unaware of common dangers. ☐

I am at risk of self-neglect. ☐

I am at risk of self-harm. ☐

I am at risk of wandering. ☐

When I am taking medication or having medical treatment. ☐

To discourage antisocial or aggressive behaviour. ☐

During activities which could be dangerous. ☐

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

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 50.

[Blank space for additional notes]
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 continue below.  No  Go to question 51.

I have difficulty planning a meal, for example, measuring amounts, following a logical order of tasks, or telling 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 51.
**Help with your care needs (continued)**

**During the night**

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

51  **Do you need help from another person or do you have difficulty with turning over, or changing position, when you are in bed at 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.

<table>
<thead>
<tr>
<th>Yes</th>
<th>Please continue below.</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Go to question 52.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Help needed</th>
<th>How often</th>
<th>How long each time</th>
</tr>
</thead>
<tbody>
<tr>
<td>I need help to turn over or change position in bed.</td>
<td></td>
<td>minutes</td>
</tr>
<tr>
<td>I need help to sleep comfortably.</td>
<td></td>
<td>minutes</td>
</tr>
<tr>
<td>How many nights a week do you need this help?</td>
<td>nights</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>Tell us in the box below.</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Go to question 52.</td>
</tr>
</tbody>
</table>
52 Do you need help from another person or do you have difficulty with your toilet needs during the night?
This means things like getting to the toilet, using the toilet, using a commode, bedpan or bottle.

Yes ☐ Please continue below. No ☐ Go to question 53.

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

<table>
<thead>
<tr>
<th>Help Description</th>
<th>How often</th>
<th>How long each time</th>
</tr>
</thead>
<tbody>
<tr>
<td>I need help with my toilet needs.</td>
<td></td>
<td>minutes</td>
</tr>
<tr>
<td>I need help with my incontinence needs.</td>
<td></td>
<td>minutes</td>
</tr>
<tr>
<td>I need encouraging or reminding about my toilet or incontinence needs.</td>
<td></td>
<td>minutes</td>
</tr>
</tbody>
</table>

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 or the difficulty you have with your toilet needs during the night?

Yes ☐ Tell us in the box below. No ☐ Go to question 53.
Do you need help from another person or do you have difficulty with taking your medication or with your medical treatment?

<table>
<thead>
<tr>
<th>Yes</th>
<th>Please continue below.</th>
<th>No</th>
<th>Go to question 54.</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Help</th>
<th>How often</th>
<th>How long each time</th>
</tr>
</thead>
<tbody>
<tr>
<td>I need help to take my medication.</td>
<td>[ ]</td>
<td>[ ] minutes</td>
</tr>
<tr>
<td>I need help with treatment or therapy.</td>
<td>[ ]</td>
<td>[ ] minutes</td>
</tr>
<tr>
<td>I need encouraging or reminding about medication or medical treatment.</td>
<td>[ ]</td>
<td>[ ] minutes</td>
</tr>
</tbody>
</table>

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 or the difficulty you have with taking your medication or medical treatment during the night?

<table>
<thead>
<tr>
<th>Yes</th>
<th>Tell us in the box below.</th>
<th>No</th>
<th>Go to question 54.</th>
</tr>
</thead>
</table>

[Blank lines for additional comments]
## Help with your care needs (continued)

### During the night

**Do you need someone to watch over you?**

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>Please continue below.</th>
<th>No</th>
<th>Go to question 55.</th>
</tr>
</thead>
</table>

**Please tell us why you need watching over.**

- I may be a danger to myself or others.
- I am unaware of common dangers.
- I am at risk of self-harm.
- I am at risk of wandering.
- To discourage antisocial or aggressive behaviour.
- During activities which could be dangerous.

**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**

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

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>Tell us in the box below.</th>
<th>No</th>
<th>Go to question 55.</th>
</tr>
</thead>
</table>

---

**Please continue below. Go to question 55.**
Help with your care needs (continued)

55 Is there anything else you want to tell us about the help you need or the difficulty you have with your care needs?
For example, if your condition varies and you have good days and bad days, please tell us how often you have these and your needs on these days.

Yes ☐ Tell us in the box below.   No ☐ Go to question 56.

If you need some more space to tell us about the help you need or the difficulty you have with your care needs, please continue at Part 7 – Extra information on page 39.

56 When your care needs started
Normally, you can only get the care part of Disability Living Allowance if you have needed help for three months.

Please tell us the date your care needs started.

__/__/__

If you cannot remember the exact date, tell us roughly when this was.
By care home, we mean somewhere that provides accommodation, together with nursing or personal care. In Scotland, this is called Care Home Services.

An independent hospital is not a National Health Service (NHS) hospital but a hospital where medical or psychiatric treatment is provided for physical illness or mental illness, or where nursing care is provided. In Scotland, this is known as the Independent Health Care Service.

We need to know about any time you have spent in a hospital, a care home or an independent hospital. 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.

---

**Are you in hospital now?**

Yes [ ] Tell us when you went into hospital.  
No [ ] Go to question 58.

Tell us when you will leave hospital, if you know this.

---

Please tell us the full name and address of the hospital.

---

Phone number, if you know it, including the dialling code

---

Why did you have to go into hospital?

---

Hospital record number, if you know it

---

Is the NHS paying for your stay and treatment in hospital?

Yes [ ]  
No [ ]  
Don’t know [ ]
Are you in accommodation that provides care now?

For example, a care home, independent hospital, boarding school, rest home, hostel, hospice, residential college or anywhere like this.

Yes  ☐ Tell us when you went in.  No  ☐ Go to question 59.

/ / /

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

Phone number, if you know it, including the dialling code

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

Yes  ☐ No  ☐ Don’t know  ☐

If ‘Yes’, which authority, NHS trust, primary care trust or government department pays?
59 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 60.

Tell us when you came out.

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

Postcode

Phone number, if you know it, including the dialling code

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

Hospital record number, if you know it

60 Have you been in hospital in the past two years?

Yes ☐ Please continue below. ☐ No ☐ Go to Part 6 – About benefits, pensions and tax credits on page 37.

Why did you have to go into hospital?
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.

### About Income Support, Jobseeker’s Allowance or Pension Credit

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Their name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Letters</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Their National Insurance number</th>
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</thead>
<tbody>
<tr>
<td>Letters</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Their relationship to you</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Their name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Letters</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Their National Insurance number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Letters</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Their relationship to you</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Their name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Letters</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Their National Insurance number</th>
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<tbody>
<tr>
<td>Letters</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Their relationship to you</th>
</tr>
</thead>
</table>

Letters Numbers Letter
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 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 if you are getting or waiting to hear about:
  - War Pensions Mobility Supplement
  - War Pensions Constant Attendance Allowance

Have you had a medical examination in the last six months, in connection with any other social security benefit?  Yes  No

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

Tell us if the following apply to you if, in the last three years, you have:
- been getting any of these benefits but are not getting them now, or
- been turned down for any of these benefits.

- Attendance Allowance
- Disability Living Allowance
Please use this page to tell us anything else you think we should know about your claim.

Continue on a separate piece of paper if necessary. Please put your name and National Insurance number on each extra sheet.
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 guidance notes – 
Making payments to you.

If you do not have a suitable account, go to part B on page 42.

About the account you want to use

Please give your account details over the page. 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 chequebook, passbook or statements. 
If you are not sure about the details, ask the bank, building society, or other 
account provider.

Whose name or names is the account in?

Please note the following.

• A Post Office® card account can only be in your name.

• 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 a civil partner or a person you live 
with as if you are civil partners.

• 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 both the names of you and the person acting on your behalf
Whose 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, building society or other account provider

Sort code – of the bank, building society or other account provider. Please tell us all six numbers, for example: 1 2 - 3 4 - 5 6

Account number
This is seven to 10 numbers long.

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.

You may be getting other benefits and entitlements that are not paid directly into an account. To have them paid into this account, please tell us the names of the benefits or entitlements.
If you do not already have a suitable account, any bank or building society will help you open an account. Please read page 7 of the guidance notes, then tick the box that applies to you.

I intend to open an account.

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

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 an account, please contact us.

Fill in 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 45 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 disability 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 on page 4 of the guidance notes** 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

Title
For example, Mr, Mrs, Miss, Ms

Surname or family name

All other names in full

National Insurance number

National Insurance numbers start with two letters, followed by six numbers then another letter.

Date of birth
(day/month/year)

Sex
Male  Female

Your address

Daytime phone number,
where we can contact you or leave a message
We cannot pay any benefit until you have signed the declaration, and returned the form to us. Please return the signed form straight away.

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

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

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

I understand that the Department 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

Have you signed and dated the consent on page 10 of this claim form?
Please note, this page does not have to be filled in.

If you do want this page to be filled in, the best person to do it is the one who is most involved with your treatment or care. This may be someone you have already told us about on this form.

If you are signing this form on behalf of the disabled person, please see page 43. Please get someone else to fill in 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

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

Your signature

Date
Check that you have:

- answered all the questions that apply to you or the person you are claiming for
- signed the form on page 10 (consent)
- signed the form on page 45 (declaration)
- ticked the box on page 11 if you are claiming under special rules and filled in part 3 if you have any walking difficulties
- ticked the first box on page 40 if you have given your account details, and
- put your name and National Insurance number on any extra pages of information you are sending us.

Please list all the documents you are sending with this claim form below.
For example, a prescription list, medical report, care plan.

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

People with speech or hearing problems using a textphone can dial 0800 24 33 55.

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

For help and advice about other benefits please see page 8 of the guidance notes.