New Attendance Allowance claim form

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.

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

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

Sex

Male □ Female □

Address where you live

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

Date of birth

National Insurance No.

What is your nationality?
We may get in touch with you for more information.

I have Power of Attorney for them.

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.

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

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

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

I am claiming for them under the Special Rules.

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

Your surname

Your other names

Date of birth

Your address

Please send us your Power of Attorney document (or certified copy) with this claim form and remember to sign the declaration on page 15 on their behalf.

Please send us the relevant document (or certified copy) with this claim form and remember to sign the declaration on page 15 on their behalf.

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

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 about their benefits.

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

Your postcode

Postcode

1
Part 3 - About this claim

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

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

Send the form to us with the DS1500 Report from your doctor. Please send everything to us as soon as you can. If you wait you could lose money. If you cannot get your DS1500 Report in time, do not wait to send us your claim.

If you have ticked the Special Rules box, please complete only Parts 8, 9 and 10 of this form.

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

We will contact you about this.

Tell us about the hospital that arranges your dialysis, so we can contact them.

Hospital address

Hospital phone number

Hospital record number

If you have ticked the dialysis box, please complete only Parts 8, 9 and 10 of this form.

Part 4 - About your illnesses or disabilities

What are your illnesses or disabilities?

How long have you had each of these illnesses or disabilities?

If you have arthritis or rheumatism please tell us which part(s) of your body is affected.

Please list any current medicines, tablets 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 medicines, tablets or other treatments you have told us about?

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

1.

2.

3.

4.

5.

6.

7.

8.

9.

Please continue on a separate sheet of paper if necessary or if you have a spare printed prescription list from your doctor, please send it in with this form.
Part 5 - More about treatment or help you receive
If you are seeing or have seen in the last 2 years a hospital doctor, consultant, specialist nurse or physiotherapist because of your illnesses or disabilities, please give details.

Their name

What is their job?

The address of the place where you see them

Postcode

Their phone number

Hospital record number

How often do you see them?

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

Which of your illnesses or disabilities is the main reason for getting this help?

If you see or have seen more than one hospital doctor, consultant, specialist nurse or physiotherapist please tell us about this on a separate piece of paper.

If you go to a clinic or have been to a clinic in the last 2 years because of your illnesses or disabilities, please give details.

Clinic address

Postcode

Clinic phone number

Clinic reference number

How often do you go to the clinic?

Which of your illnesses or disabilities is the reason for going to the clinic?

Please give us details of your family doctor or GP.

Their name

Their address

Postcode

Their phone number

How often do you see them?

Does anyone else help you because of your illnesses or disabilities? This could be someone like a carer, a friend or neighbour, a social worker, a community psychiatric nurse or district nurse etc.

Their name

Their address

Postcode

Their phone number

How often do you see them?

Which of your illnesses or disabilities is the main reason for getting this help?

If the person you have named above is someone other than a relative, friend or neighbour, please tell us what their job is. For example, social worker, community psychiatric nurse etc.

(If you have help from more than one person please tell us about this on a separate piece of paper).
Part 6 - More about why you are making this claim

Your answers in this section will help us to get a clear picture of how your illness or disabilities affect you. This will help us to decide if you can get Attendance Allowance.

The help that you need from another person must be because of the way your illnesses or disabilities affect your day-to-day life.

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

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

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

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

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 day) 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 you need?
- Do you use any equipment to help you because of your illness or disability? (For example a commode, walking stick or walking frame etc.) How does this help you?

Now tell us why you are making this claim:

Please tick any of the following box(es) under Help needed during the day and/or Help needed during the night that best describe the help you need on a regular basis:

**Help needed during the day:**

6A - I need help from another person several times **throughout** the day to do certain personal tasks. For example, this may include things like:

- getting in and out of bed
- dressing and undressing
- taking a bath or shower
- getting to and using the toilet
- help at mealtimes
- moving about indoors
- taking medicines, tablets or other medical treatments
- sitting
- seeing or hearing
- communication.

6B - I need supervision from another person during the day to prevent me from getting myself or another person into a dangerous situation. For example this may be because:

- you sometimes fall or stumble
- get confused and might wander off
- you may get aggressive with other people
- you forget to feed or wash yourself.
- you have fits or dizzy spells

If you have ticked either 6A or 6B please go on to complete question 6C below:

6C - Please describe in your own words the kind of help you need during the day thinking carefully about the examples given. Remember to tell us about any aids or appliances you use such as a walking stick or frame, rails in your home, commode etc. and how they help you.

I need help during the day because:

(continues on page 10 if necessary)
Help needed during the night:

6D - I need help from another person during the night with certain personal tasks. For example this may include things like:
- getting to and using the toilet
- changing sheets or bedclothes
- turning over
- settling or staying in bed
- taking medicine, tablets or other medical treatment.

6E - I need someone to be awake at night to watch over me to prevent me getting myself or another person into a dangerous situation. For example this may be because:
- you need someone to check on any changes in your condition whilst you are asleep
- to stop you wandering
- you have fits or dizzy spells

If you have ticked either 6D or 6E please go on to complete question 6F overleaf:

6F - Please describe in your own words the kind of help you need during the night thinking carefully about the examples given. Remember to tell us how often you need help during the night on a regular basis and roughly how long that help takes.

I need help during the night because:

(continue on a separate piece of paper if necessary)

---

Part 7 - Any thing else you wish to tell us about

Please tell us about anything else you think we should know in connection with this claim. You may wish to tell us more about how your illness or disability affects your day-to-day living.

(continue on a separate piece of paper if necessary)

Please tell us when you first needed help because of your illnesses or disabilities. Please tell us the exact date if you can. But if you cannot remember, you must tell us roughly when this was.
Part 8 - More about you

Are you in hospital now?
   No  Yes

Please tell us when you went into hospital.
   /  /

When will you leave hospital? (if you know this)
   /  /

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

Phone number
   Code:  Number:

Why did you have to go into hospital?

Is the NHS paying for your stay and treatment?
   No  Yes  Not sure

Have you been in hospital in the past 13 weeks?
   No  Yes

Please tell us when you went in and when you came out.
   /  In  Out

Please tell us the full name of the hospital you were in.

Phone number
   Code:  Number:

Why did you have to go into hospital?

Are you in residential care now?
   No  Yes

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

Phone number (if you know it).
   Code:  Number:

Please tell us when you first started to live in residential accommodation?
   /  /

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

If yes, which authority, NHS trust or government department pays?

Have you been in residential care in the past 13 weeks?
   No  Yes

Please tell us when you went in and when you came out.
   /  In  Out

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

Phone number
   Code:  Number:

Did a local authority, a health authority, a NHS trust or a government department pay any of the costs for your stay and treatment?

If yes, which authority, NHS trust or government department paid the costs for your stay and treatment?
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 last 12 months?

Yes [ ]

Please tell us when you went abroad

/ / From

/ / To

Tell us where you went

Tell us why you went

(If you have been abroad more than once in the last 12 months, use a separate piece of paper to tell us the dates you went abroad, when you went and 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 [ ]

Do you receive Constant Attendance Allowance at the moment?
This is different from Attendance Allowance. It is sometimes paid with Industrial Injuries Disablement Benefit.

No [ ] Yes [ ] (We will contact you about this)

Do you receive, or are you waiting to hear about a War Pension at the moment?

If you have ticked yes, please tell us the type of pension you are receiving and the reference number:

No [ ] Yes [ ]

Pension:

Reference No:
(We will contact you about this)

Do you receive, or are you waiting to hear about a Service Pension at the moment?

If you have ticked yes, please tell us the type of pension you are receiving and the reference number:

No [ ] Yes [ ]

Pension:

Reference No:
(We will contact you about this)

Part 9 - 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 closely involved with your treatment or care. This may be someone you have told us about in Part 5.

Please fill is the name and address of the person this form is about:

Their name

Their address

Postcode

How often do you see them?

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.

Your full name

Your daytime phone number

Code: Number:

Your address

Postcode

Signature

Date

/ /
Part 10 - Declaration

Please sign this form here.
If you are making this claim for someone else, please sign the form on their behalf.

I DECLARE that the information I have given about the way my illnesses or disabilities affect me is correct and complete.

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

What to do now

Make sure that you have had the statement at Part 9 completed as this may help us to deal with your claim more quickly. Please also send any documents you have that you feel would help us to decide your claim. For example, your local council may have assessed you for a home help, meals on wheels or disability aids, or you may have a medical report etc.

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.