Disability Living Allowance is a tax free benefit payable to people aged under 65, who have problems and difficulties looking after themselves or find it difficult to walk or get around because of an illness or disability. You must have had the needs for three months and expect that they will continue for at least 6 months.

Disability Living Allowance is paid in two parts, known as the care component and the mobility component, either or both these components can be claimed.

Important Points:
- You do not have to have someone providing care for you
- You can still get this benefit if you live alone
- It is paid to the person with the disabilities/illnesses and can be spent in any way they choose
- It is not affected by your income or savings or those of your partner,
- It can mean that you will qualify for other benefits for the first time, or increase the amount of Income Support, Council Tax or Housing Benefit you actually receive.

What is Disability Living Allowance?

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Disability Living Allowance for children

There is an extra disability test for children under 16. A child must show that:
- Their needs are substantially in excess of the normal requirements of other children of average ability of the same age;

How to Claim Disability Living Allowance

Claim forms can be obtained from the Benefits Agency or by completing the Freepost card contained in leaflet DS704. If you are claiming for a child under the age of 16, you need to make a claim on form DLA1CH Child. The form is very long and off putting. It is best to seek help to complete the form either by contacting this Unit or Citizen’s Advice Bureau.
The Care Component

The care component is paid at three different rates depending on the level and type of care you need. You must have needed the help for at least three months to qualify.

The Higher Rate – £56.25 per week

To qualify for the higher rate of the care component, you must reasonably require help during the day and night with basic personal care, or supervision to avoid danger.

Tasks that they take into consideration are things such as:

- Getting in and out of bed, you will need to write down how you feel when you wake up the morning and explain how you manage to get in in/out of bed. Are you stiff? Do you roll out of bed? Do you have to sit and wait for the pain to subside before attempting to get out of bed? Do you use any aids, or furniture to help you?
- When you are in bed, what difficulties or problems do you have getting into a comfortable position, do you need to be propped up? Do your pillows slip? Do you need your bedding changed due to incontinence or sweating?
- Washing and Bathing – How do you get in and out of the bath, what problems do you have with bending and stretching to adequately wash and dry yourself? Include difficulties you may have with shaving, doing your hair, putting on make up.
- Dressing and Undressing – Again include any problems you may have with bending and stretching. What problems and difficulties do you have with zips, clasps, buttons? Are you able to get your own clothes? Do you need someone to tell you to dress appropriately, or match your clothing? Do you require a change of clothes during the day because of incontinence or sweating for example?
- Moving around your home – what problems, difficulties, or dangers do you place yourself in?
- Using the toilet, you should also note the difficulties you have getting to and from the toilet as well as using the toilet. E.g. Do you use the sink for support when rising from the seat?
- Eating or drinking – can you see what food you are eating? Do you need your food to be cut up for you? Can you manage a knife and fork, what problems do you have with grip?
- Do you need motivation and/or encouragement to do any of the above tasks?
- Do you avoid doing things, or have accommodated your needs by changing the way you do things or stoped doing them all together because of your physical or mental health?
• Taking your medication – do you need reminding? Can you take the tops off the bottles? Do you get confused?
• Do you need motivation and/or encouragement to do any of the above?
• Explain activities that you are no longer able to do
• Do you need help from another person with communicating or to see which would allow you to for example, go to social events, or to attend appointments, or to manage money, read time tables, or labels.

AND/OR
• Are you prone to falls or at risk of falling?
• Are you at risk because of lack of concentration or panic?
• Do you suffer from fits or blackouts and may cause an injury to yourself when these occur?
• Do you forget to turn off appliances, or lock the doors at night?
• Are you at risk of self harm, harm to others or violence?

Middle rate – £37.65
You will qualify for the middle rate if you require the kind of care described above during the day or night but not both. This means help with personal care and/or someone to keep an eye on you so that you avoid hurting yourself or someone else.

Lower rate – £14.90
• If you do not need as much help as described above, but need help for about an hour a day for example with getting out of bed, washing and dressing etc, but don’t need someone around all day you may qualify for the lower rate.
• If you are over 16 and cannot safely prepare a cooked main meal for yourself if you had all the necessary ingredients. This could be due to, for example, not being able to lift hot pans, chop or peel vegetables, lack of concentration or are unable to stand for long enough.

People who are terminally ill
There are special rules that apply to people who may not have longer than 6 months to live because of an illness. Qualifying under these special rules means that you do not have to wait the 3 months before getting paid, and you automatically qualify for the higher rate of the care component of £56.25. You also only need to complete Section One of the claim form. However, if you wish to apply for the mobility component, you need to complete the pages at the beginning of Section 2.

Claims are also dealt with more quickly, and a claim can be made on behalf of another person.
Mobility Component

The Mobility Component can be claimed between the ages of 3 and 65 (and may be paid for life), if you have problems or difficulties walking out of doors. The Mobility Component is paid at two rates:

The Lower Rate - £14.90

This is payable to those who have a mental or physical illness or disability and you are unable to walk outside in places that you are not familiar with, without help from another person. This may be help to find your way around or keep you safe from traffic or falling over. People with visual or hearing impairments, learning disability or mental health problems may qualify for this component.

The Higher Rate – £39.30

This is payable to those who have problems or difficulties walking. They will look at the distance, the time it takes you, the speed at which and the manner you make progress on foot out of doors without severe discomfort. Severe discomfort is not the same as severe pain, and includes breathlessness, pain, fatigue and unease of all kinds.

If you are unable to walk you should qualify for this component

If you are deaf and blind you will automatically qualify for the higher rate.

You should also qualify if the effort of walking could lead to a serious and permanent deterioration in your health.

Evidence to support your claim

Any supportive medical evidence will help. They may request a factual report from your Doctor, or they may send out one of their own Doctors to your home to medically assess you. This should consist of a thorough medical examination. You are also asked to sign the form. Your signature is to confirm that the Doctor has accurately recorded what you have said about your problems and disabilities and that the Doctor has read your statement back to you, or you have read the statement yourself and you agree with its contents. It is not for confirmation that the Doctor attended. If you disagree with what he has recorded you can refuse to sign and insist that the statement is changed so that it does reflect what you have said.

Not happy with the decision?

If you are refused Disability Living Allowance or are not happy with the rate of the award, you can challenge the decision by requesting an appeal. You have to do this within one month from the date on the decision letter, and your request must be in writing.

N.B: An award can be decreased as well as increased – seek advice.

To challenge the decision successfully, you will need to send in further information or evidence to support your claim. It is advisable to keep copies of all forms and evidence. A verbal request to have your claim reconsidered can be made over the telephone. However, a reconsideration should be done automatically before the appeal goes forward. A high percentage of claims are turned down and later to on to be awarded. Don’t assume the decision must be correct!!

Benefit Information Line is open on Monday, Wednesday and Friday mornings between 10.30 a.m. – 12.30 p.m. Telephone (01792) 533533