

Please fill in this claim form and send it back to us as soon as you can. We can only consider paying benefit from the date we receive it.

If you want help filling in this form you can phone the Benefit Enquiry Line (BEL) or contact an organisation like Citizens Advice.

BEL is open from 8.30am to 6.30pm Monday to Friday, and from 9am to 1pm on Saturdays.
Phone **0800 88 22 00**

If you have speech or hearing difficulties, you can contact us using a textphone on **0800 24 33 55**.

These textphones do not accept texts from mobile phones.

You can also use Typetalk.

We can send you a claim form in Braille or in large print. Or, BEL can arrange to fill one in with you over the phone. They will send you the filled-in claim form in Braille or in large print.

We can also arrange for interpreters if you phone us or visit us. If you want any more information about this, please phone BEL.

Please keep this page with the notes about claiming Disability Living Allowance for a person aged 16 or over.

Things to get together before you fill in the claim form

Before you fill in the claim form, it will be useful to have ready some of the things listed below. Do not worry if you do not have all of them.

- Your National Insurance number. You can find this on your National Insurance number card, letters from the Department for Work and Pensions or payslips. If you do not have a National Insurance number, or you do not know it, get in touch with Jobcentre Plus. They will help you apply for or trace your number.
- The name of your GP and the address of your GP's surgery.
- Details of your medication or an up-to-date printed prescription list if you have one.
- Details of anyone you have seen about your illnesses or disabilities in the last 12 months, apart from your GP.
- Your hospital record number (if you know it). You can find this on your appointment card or letter.
- If you have been in hospital, a care home, a residential school, college or similar place, the dates you went in and came out, and the name and address of the place you stayed.

You may find it helpful to keep a record of your needs.



For more information please read page 7 of the **notes**.

You do not have to fill in the form in one go. Take your time so that you can describe all the help you need.

How to fill in the 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

☐

What happens next

Fill in the claim form and post it back to us.

Write the date you post your claim form to us in this box.

We will write to you to tell you that we have received your claim form. If you do not get this letter within two weeks of sending your claim form to us, please phone us on **08457 12 34 56**. If you have speech or hearing difficulties you can contact us using a textphone on **08457 22 44 33**.

Please keep this page with the notes about claiming Disability Living Allowance for a person aged 16 or over.

Please fill in this claim form and send it back to us as soon as you can. We can only consider paying benefit from the date we receive it.

Please read the notes to help you fill in the questions in this claim form.

About you

Please tell us your personal details. If you are filling in this form for someone else, tell us about them, not yourself.

1 Surname or family name

All other names in full

Title

For example, Mr, Mrs, Miss, Ms

Letters Numbers

Letter

2 National Insurance number

3 Date of birth
(day/month/year)

/ /

4 Sex

Male

Female

5 Address where you live

Postcode

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

Phone number,
including the dialling code.

Mobile number

Tick to show how you would prefer us to contact you.

Phone

Fax

Textphone

Our textphone service does not receive messages from mobile phones.

7 What is your nationality?

For example, British, Spanish, Turkish

About you (continued)

8 Do you normally live in Great Britain?

Great Britain is England, Scotland and Wales.



For more information please read page 8 of the **notes**.

Yes

Please continue below.

No

Go to question 9.

If you live in Wales and would like us to contact you in Welsh, tick this box.

9 Have you been abroad for more than a total of 13 weeks in the last 52 weeks?

Abroad means out of Great Britain.



For more information please read page 8 of the **notes**.

Yes

Please continue below.

No

Go to question 10.

Please tell us when you went abroad, where you went and why you went.

From

/

/

To

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

Tell us where you went.

Tell us why you went.

If you have been abroad more than once in the last 52 weeks, please tell us the dates you went, where you went and why you went at question 61 **Extra information**.

10 What type of accommodation do you live in?

For example, you may live in a house, bungalow, flat, supported housing, residential care home, nursing home, residential school or somewhere else.

11 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.

Signing the form for someone else

12 Signing the form for someone else

You can fill in this form for another adult, but they must still sign it themselves unless **one or more of the following apply**. Please tick all the relevant boxes.

- I hold a power of attorney to receive and deal with their benefits from social security, or
- I act as a deputy for them, appointed by the Court of Protection, or
- In Scotland, I am a judicial factor, guardian, tutor or curator bonis appointed under Scottish law.

Send us the relevant document (or certified copy) with this claim form and sign the declaration 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 (DWP), 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 cannot manage their affairs due to a mental-health problem or learning disability.

We will contact you about this. If the customer cannot manage their affairs the DWP 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 **notes about special rules** on page 9 of the **notes** before you tick this box and tick the box at question 18.

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

Your name

Letters Numbers

Letter

National Insurance number

Date of birth
(day/month/year)

/ /

Your address

Postcode

Daytime phone number,
including the dialling code

About your illnesses or disabilities and the treatment or help you receive

13 Please list separately details of your illnesses or disabilities in the table below.

By illnesses or disabilities we mean physical, sight, hearing or speech difficulty or mental-health problems.

If you have a spare up-to-date printed prescription list, please send it in with this form. If you send in your prescription list you do not need to tell us about your medicines and dosage in the table below.

By treatments we mean things like physiotherapy, speech therapy, occupational therapy or visiting a day-care centre or a mental-health professional for counselling or other treatments.

You can find the dosage on the label of your medicine.

Name of illness or disability	How long have you had this illness or disability?	What medicines or treatments (or both) have you been prescribed for this illness or disability?	What is the dosage and how often do you take each of the medicines or receive treatment?
Example Stroke	14 months	Aspirin Physiotherapy	30 milligrams (mg) One tablet a day Two days a week
Example Kidney failure	About a year	Dialysis	Two times a week
Example Learning difficulties	17 years	None	None

If you need more space to tell us about your illnesses or disabilities, please continue at question 61 **Extra information**.

About your illnesses or disabilities and the treatment or help you receive (continued)

14 Apart from your GP, in the last 12 months, have you seen anyone about 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.

Yes Please continue below.

No Go to question 15.

Their name
(Mr, Mrs, Miss, Ms, Dr)

Their profession or specialist area

The address where you see them

For example, the address of the health centre or hospital.

Postcode

Their phone number,
including the dialling code

Your hospital record number
You can find this on your appointment card or letter.

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

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 more than one professional, please tell us their contact details, what they treat you for and when you last saw them at question 61 **Extra information.**

About your illnesses or disabilities and the treatment or help you receive (continued)

15 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 16.

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?

If more than one person helps you, please tell us their name and how they help you at question 61 **Extra information.**

16 About your GP



For more information please read page 8 of the **notes.**

Their name

If you do not know your GP's name, please give the name of the surgery or health centre.

Their address

Postcode

Their phone number,
including the dialling code.

When did you last see them
because of your illnesses or
disabilities?

About your illnesses or disabilities and the treatment or help you receive (continued)

17 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 health care professional 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 health care professional or to the Department.

Please tick one of the consent options then sign and date 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.

Signature

Date

/ /

Please make sure you also sign and date the declaration question 62.

About your illnesses or disabilities and the treatment or help you receive (continued)

18 Special rules

i You must read page 9 of the **notes** 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 question 19.

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

If you have any walking difficulties, please make sure you answer questions 23 to 34 **Getting around outdoors.**

If you are claiming under special rules, you do not need to answer questions 35 to 54 **Help with your care needs.**

Please answer **all** the questions on this form that apply to you, or the person you are claiming for.

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

If you have not got your DS1500 report 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 report when you can.

Make sure you sign the **consent** question 17 and the **declaration** question 62.

19 Do you have any reports about your illnesses or disabilities?

These may be from a person who treats you, for example, an occupational therapist, hospital doctor or counsellor. It may be an assessment report, a care plan or something like this.

Yes Please send us a copy if you have one.

No Go to question 20.

Do not worry if you do not have any reports. Just send in your claim form.

About your illnesses or disabilities and the treatment or help you receive (continued)

20 Are you on a waiting list for surgery?

Yes

Please tell us about this in the table below.

No

Go to question 21.

The date you were put on the waiting list	What surgery are you going to have?	When is the surgery planned for, if you know this?
Example 1 May 2008	Operation to replace my right hip	1 October 2008

21 Have you had any tests for your illnesses or disabilities?

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

Yes

Tell us about these in the table below.

No

Go to question 22.

Date and type of test	Results
Example April 2008 treadmill test	Four minutes (stage 2)

About your illnesses or disabilities and the treatment or help you receive (continued)

22 Please list the aids and adaptations you use.

Put a tick in the second box against those that have been prescribed by a health care professional, for example, an occupational therapist.

If you have difficulty using any aids or adaptations or you need help from another person to use them, tell us in the table below.

i For more information please read page 10 of the **notes**.

Aids and adaptations	✓	How does this help you?	What difficulty do you have using this aid or adaptation?
Example Hoist		Helps me get out of bed	None

If you need more space to tell us about your aids or adaptations please continue at question 61 **Extra information**.

Getting around outdoors

This is about 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.



For more information please read pages 6 and 11 of the **notes**.

23 Do you have physical problems that restrict your walking?

Yes

Go to question 24.

No

Go to question 31.

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.

24 How far can you normally walk (including any short stops) before you feel severe discomfort?

metres

25 How many minutes can you walk before you feel severe discomfort?

minutes

26 Please tick the box that best describes your walking speed.

Normal

(more than 60 metres a minute)

Slow

(40 to 60 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.

Getting around outdoors (continued)

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

Normal

Reasonable

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.

28 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 29.

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.

Getting around outdoors (continued)

29 How many days a week do you have difficulty walking?

days

30 Do you fall or stumble when walking outdoors?

For example, you may fall or stumble because of weak muscles, stiff joints or your knee giving way.

Yes Please continue below.

No Please go to question 31.

Why do you fall?

How often do you fall?

Tell us roughly how many times you fall or stumble for example, everyday, once a week, twice a week, once a month.

Do you need help to get up after a fall?

Yes Tell us why in the box below.

No Please go to question 31.

Getting around outdoors (continued)

Having someone with you when you are outdoors

31 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, 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.

Yes Please tick the boxes that apply to you.

No Go to question 33.

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.

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

days

Getting around outdoors (continued)

33 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 34.

If you need some more space to tell us about the help you need walking outdoors, please continue at question 61 **Extra information**.

34 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.

Your care needs during the day

During the day includes the evening

If you are claiming under special rules, please go to question 55. You do not have to answer any more questions until then.

By care needs we mean help or supervision, due to an illness or disability, with:

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

Help means physical help, guidance or encouragement from someone else so you can do the task.

Use the tick boxes to tell us about the difficulty you have or the help you usually need.

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



For more information read page 4 of the **notes**.

For example

If you need help to get to and use the toilet four times a day, you would fill in the boxes as shown below.

I have difficulty or need help:

- with my toilet needs

How often? How long each time?

4

5

minutes

Your care needs during the day (continued)

35 Do you usually have difficulty or do you need help 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 36.

I have difficulty or need help:

How often? How long each time?

- getting into bed
- getting out of bed

minutes

minutes

I have difficulty concentrating or motivating myself and need:

How often? How long each time?

- encouraging to get out of bed in the morning
- encouraging to go to bed at night

minutes

minutes

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

For example, you may go back to bed during the day or stay in bed all day.

Yes Tell us in the box below.

No Go to question 36.

Help with your care needs during the day

36 Do you usually have difficulty or do you need help with your toilet needs?

This means things like getting to the toilet, using the toilet, a commode, bedpan or bottle. It also means using or changing incontinence aids, a catheter or cleaning yourself.

Yes Please continue below. **No** Go to question 37.

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

I have difficulty or need help:

- with my toilet needs
- with my incontinence needs

How often? How long each time?

minutes

minutes

I have difficulty concentrating or motivating myself and need:

- encouraging with my toilet needs
- encouraging with my incontinence needs

How often? How long each time?

minutes

minutes

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

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

Help with your care needs during the day (continued)

37

Do you usually have difficulty or do you need help with washing, bathing, showering or looking after your appearance?

This means things like getting into or out of the bath or shower, checking your appearance or looking after your personal hygiene. This includes things like cleaning your teeth, washing your hair, shaving, or coping with periods.

Yes Please continue below.

No Go to question 38.

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

I have difficulty or need help:

How often?

How long each time?

- looking after my appearance
- getting in and out of the bath
- washing and drying myself or looking after my personal hygiene
- using a shower

minutes

minutes

minutes

minutes

I have difficulty concentrating or motivating myself and need:

How often?

How long each time?

- encouraging to look after my appearance
- encouraging or reminding about washing, bathing, showering, drying or looking after my personal hygiene

minutes

minutes

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

Yes Tell us in the box below.

No Go to question 38.

Help with your care needs during the day (continued)

38

Do you usually have difficulty or do you need help with dressing or undressing?

Yes Please continue below.

No Go to question 39.

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

I have difficulty or need help:

How often?

How long each time?

- with putting on or fastening clothes or footwear
- with taking off clothes or footwear
- with choosing the appropriate clothes

minutes

minutes

minutes

I have difficulty concentrating or motivating myself and need:

How often?

How long each time?

- encouraging to get dressed or undressed
- reminding to change my clothes

minutes

minutes

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

For example, you may get breathless, feel pain or it may take you a long time.

Yes Tell us in the box below.

No Go to question 39.

Help with your care needs during the day (continued)

39

Do you usually have difficulty or do you need help with moving around indoors?

By indoors we mean anywhere inside, not just the place where you live.

Yes

Please tick the boxes that apply to you.

No

Go to question 40.

I have difficulty or need help:

How often?

- walking around indoors
- going up or downstairs
- getting in or out of a chair
- transferring to and from a wheelchair

I have difficulty concentrating or motivating myself and need:

How often?

- encouraging or reminding to move around indoors

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

For example, you may hold on to furniture to get about or it may take you a long time.

Yes

Tell us in the box below.

No

Go to question 40.

Help with your care needs during the day (continued)

40

Do you fall or stumble because of your illnesses or disabilities?

For example, you may fall or stumble because you have weak muscles, stiff joints or your knee gives way, or you may have problems with your sight, or you may faint, feel dizzy, blackout or have a fit.

Yes Please continue below. **No** Go to question 41.

What happens when you fall or stumble?

Tell us why you fall or stumble and if you hurt yourself.

Do you need help to get up after a fall?

Tell us if you have difficulty getting up after a fall and the help you need from someone else.

Yes Tell us in the box below. **No** Go to question 41.

When did you last fall or stumble?

If you don't know the exact date, tell us roughly when this was.

/ /

How often do you fall or stumble?

Tell us roughly how many times you have fallen or stumbled in the last month or year.

times last month.

times last year.

Help with your care needs during the day (continued)

41

Do you usually have difficulty or do you need help with cutting up food, eating or drinking?

This means things like getting food or drink into your mouth or identifying food on your plate.

Yes Please continue below.

No Go to question 42.

I have difficulty or need help:

How often? How long each time?

- eating or drinking
- with cutting up food on my plate

minutes

minutes

I have difficulty concentrating or motivating myself and need:

How often? How long each time?

- encouraging or reminding to eat or drink

minutes

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

Yes Tell us in the box below.

No Go to question 42.

Help with your care needs during the day (continued)

42

Do you usually have difficulty or do you need help with taking your medicines or with your medical treatment?

This means things like injections, an inhaler, eye drops, physiotherapy, oxygen therapy, speech therapy, monitoring treatment, coping with side effects, and 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 43.

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

I have difficulty or need help:	How often?	How long each time?
<ul style="list-style-type: none">taking my medicine		<div>minutes</div>
<ul style="list-style-type: none">with my treatment or therapy		<div>minutes</div>

I have difficulty concentrating or motivating myself and need:	How often?	How long each time?
<ul style="list-style-type: none">encouraging or reminding to take my medication		<div>minutes</div>
<ul style="list-style-type: none">encouraging or reminding about my treatment or therapy		<div>minutes</div>

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

Yes

Tell us in the box below.

No

Go to question 43.

Help with your care needs during the day (continued)

43

Do you usually need help from another person to communicate with other people?

For example, you may have a mental-health problem, learning disability, sight, hearing or speech difficulty and need help to communicate. Please answer as if using your normal aids, such as glasses or a hearing aid.

Yes Please tick the boxes that apply to you.

No Go to question 44.

I have difficulty or need help:

- understanding people I do not know well
- being understood by people who do not know me well
- concentrating or remembering things
- answering or using the phone
- reading letters, filling in forms, replying to mail
- asking for help when I need it

Is there anything else you want to tell us about the difficulty you have or the help you need from another person to communicate with other people?

For example, you use British Sign Language (BSL).

Yes Tell us about your communication needs in the box below.

No Go to question 44.

Help with your care needs during the day (continued)

44 Do you usually need help from another person to actively 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 45.

Tell us about the activities and the help you need from another person **at home**.

What you do or would like to do.	What help do you need or would you need from another person to do this?	How often would you do this and how long would you need this help each time?
Example Listening to music	I cannot see and my wife has to find the disc I want and put the disc in the player.	Four or five times a week, one to two minutes each time.

Tell us about the activities and the help you need from another person **when you go out**.

What you do or would like to do	What help do you need or would you need from another person to do this?	How often would you do this and how long would you need this help each time?
Example Swimming	When I get to the swimming pool I need help to get changed, to dry myself and to get in and out of the pool.	Four or five times a week, 30 minutes each time.

If you need some more space to tell us about hobbies, interests, social or religious activities please continue at question 61 **Extra information**.

Help with your care needs during the day (continued)

45

How many days a week do you have difficulty or need help with the care needs you have told us about?

days

46

Do you usually need someone to keep an eye on you?

For example, you may have a mental-health problem, learning disability, sight, hearing or speech difficulty and need supervision.

Yes Please tick the boxes that apply to you.

No Go to question 47.

How long can you be safely left for at a time?

Please tell us why you need supervision:

- To prevent danger to myself or others.
- I am not aware of common dangers.
- I am at risk of neglecting myself.
- I am at risk of harming myself.
- I may wander.
- To discourage antisocial or aggressive behaviour.
- I may have fits, dizzy spells or blackouts.
- I may get confused.
- I may hear voices or experience thoughts that disrupt my thinking.

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 47.

Help with your care needs during the day (continued)

47 How many days a week do you need someone to keep an eye on you?

days

48 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 49.

- I have difficulty or need help 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 49.

Help with your care needs during the night

By night we mean when the household has closed down at the end of the day.

49 Do you usually have difficulty or need help during the 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, getting to the toilet, using the toilet, using a commode, bedpan or bottle, getting to and taking the tablets or medicines prescribed for you and any treatment or therapy.

Yes Please continue below.

No Go to question 50.

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

I have difficulty or need help:

How often? How long each time?

- turning over or changing position in bed
- sleeping comfortably
- with my toilet needs
- with my incontinence needs
- taking medication
- with treatment or therapy

minutes

minutes

minutes

minutes

minutes

minutes

I have difficulty concentrating or motivating myself and need:

How often? How long each time?

- encouraging or reminding about my toilet or incontinence needs
- encouraging or reminding about medication or medical treatment

minutes

minutes

Is there anything else you want to tell us about the difficulty you have or the help you need during the night?

Yes Tell us in the box below.

No Go to question 50.

50 How many nights a week do you have difficulty or need help with your care needs?

nights

Help with your care needs during the night (continued)

51 Do you usually need someone to watch over you?

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

Yes Please tick the boxes that apply to you . **No** Go to question 52.

Please tell us why you need watching over.

- To prevent danger to myself or others.
- I am not aware of common dangers.
- I am at risk of harming myself.
- I may wander.
- To discourage antisocial or aggressive behaviour.
- I may get confused.
- I may hear voices or experience thoughts that disrupt my thinking.

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

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

Yes Tell us in the box below. **No** Go to question 52.

52 How many nights a week do you have difficulty or need help caring for yourself?

nights

Help with your care needs

53

Please tell us anything else you think we should know about the difficulty you have or the help you need.

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 question 61 **Extra information**.

54

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.

About time spent in hospital, a care home or a similar place

55 Are you in hospital, a care home or similar place now?

For example, a residential care home, nursing home, hospice, boarding school, residential college, school or similar place.



For more information please read page 12 of the **notes**.

Yes

Tell us when you went in.

/ /

No

Go to question 56.

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

Postcode

If you are in hospital, why did you go into hospital?

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

Yes

If 'Yes', which authority, NHS trust, primary care trust or government department pays?

No

Go to question 56.

About time spent in hospital, a care home or a similar place (continued)

56 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 57.

Tell us when you came out.

/ /

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

Postcode

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

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

Yes

Please continue below.

No

Go to question 58.

Why did you have to go into
hospital?

About other benefits

58 About other benefits you are getting or waiting to hear about.

Please tick the relevant boxes if you are getting or waiting to hear about any of the following benefits.

War Pensions Constant Attendance Allowance

Industrial Injuries Disablement Benefit Constant Attendance Allowance

War Pensions Mobility Supplement

How we pay you



Please read pages 13 and 14 of the **notes** before you fill in this page.

Please tell us the account details below.

59

Name of account holder

Please write the name of the account holder exactly as it is shown on the chequebook or statement.

Full name of bank, building society

Sort code

Please tell us all six numbers
for example, 12-34-56

Account number

Most account numbers are 8 numbers long. If your account number has fewer than 10 numbers, please fill in the numbers from the left.

Building society roll or reference number

If you are using a building society account you may need to tell us a roll or reference number. This may be made up of letters and numbers, and may 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 get other benefits and entitlements we do not pay into an account. If you want us to pay them into the account above, please tick this box.

Statement from someone who knows you

60 > Please note, this page does not have to be filled in.

If you do want this statement 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 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

Postcode

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

Your signature

--

Date _____

/ /

Extra information

61 Please tell us anything else you think we should know about your claim.

If you need more space continue on page 39. Please put your name and National Insurance number on any extra pieces of paper you send us.

Declaration

62

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

/ /

Print your name here



For information about how we collect and use information, see page 14 of the **notes**.

What to do now

Check that you have filled in all the questions that apply to you or the person you are claiming for.

Make sure you have signed the **consent** question 17 and the **declaration** question 62.

Send the claim form back to the office that deals with the area where you live (see **Where to send the completed form** on the last page).

Please list all the documents you are sending with this claim form below.

For example, a prescription list, medical report, or care plan.



For help and advice about other benefits, see page 15 of the **notes**

Extra information (continued)

Name	
National Insurance number	

We would like your feedback about this PDF claim form

In this PDF form we have introduced a special feature that lets you save it in Adobe Acrobat Reader 5.1 and later. This means that you no longer have to complete the form in one session.

We would like your feedback about this form so that we can improve future versions.

Please email your comments to this email address:

forms.feedback@dwp.gsi.gov.uk

For help or advice on the information you need to put on the form or about the benefit you want to claim, contact the office that deals with the benefit.

If you are having technical difficulties:

- downloading the form
- navigating around the form
- moving from page to page, or
- printing a hard copy

Contact the **eService helpdesk**

Phone: **0845 601 80 40**

Minicom (textphone): **0845 601 80 39**

Email: eservicehelpdesk@dwp.gsi.gov.uk

Opening hours

Monday to Friday: 08:00am - 09:00pm

Weekend: 08:00am - 04:00pm

Closed on all Public and Bank Holidays

Thank you.

Where to send the completed form

Please send the completed claim form to the office that deals with the area where you live. These are shown on the attached map. Please note, the office that deals with your area may be in another part of the country.

1. Disability Benefits Centre

PO Box 30
Chester
CH70 8AN

2. Disability Benefits Centre

PO Box 35
Bristol
BS80 8AJ

3. Disability Contact and Processing Unit

Government Buildings
Warbreck House
Warbreck Hill
Blackpool
FY2 0YJ

4. Disability Benefits Centre

PO Box 37
Glasgow
G90 8AS

5. Disability Benefits Centre

PO Box 33
Leeds
LS88 8AF

6. Disability Contact and Processing Unit

Unit 4
Pittman Way
Preston
PR11 2DQ

7. Disability Benefits Centre

PO Box 34
Birmingham
B99 1AR

***8.** For customers living in the North East please see asterisk below.

9. Disability Contact and Processing Unit

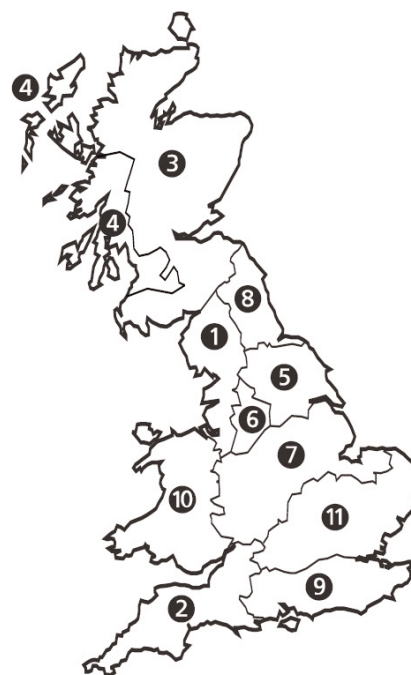
Government Buildings
Warbreck House
Warbreck Hill
Blackpool
FY2 0YJ

10. Disability Benefits Centre

PO Box 36
Cardiff
CF91 5AT

11. Disability Benefits Centre

PO Box 31
London
SW95 9BD



* For customers living in the following postal areas -

NE, SR, TD completed forms should be sent to Disability Benefits Centre, PO Box 30, Chester, CH70 8AN.
DH, DL - DL1, DL3 to DL5, DL12 to DL17, TS - TS1 to TS7, TS11 to TS13, TS14, TS19 completed forms should be sent to Disability Benefits Centre, PO Box 36, Cardiff, CF91 5AT.

If you are still not sure where to send the form

Phone the Benefit Enquiry Line (BEL). The number is **0800 88 22 00**.

Textphone **0800 24 33 55** (for hearing or speech difficulties).

For existing disability claims

You can contact:

Disability Contact and Processing Unit
Government Buildings
Warbreck House
Warbreck Hill
Blackpool
Lancashire FY2 0YJ

Phone: **08457 123456**

Fax: **01253 331 266**

Email: **DCPU.Customer-Services@dwp.gsi.gov.uk**