

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) on 0800 220 674 or contact an organisation like Citizens Advice.

If you have speech or hearing difficulties, you can contact us using a textphone on 0800 243 787.

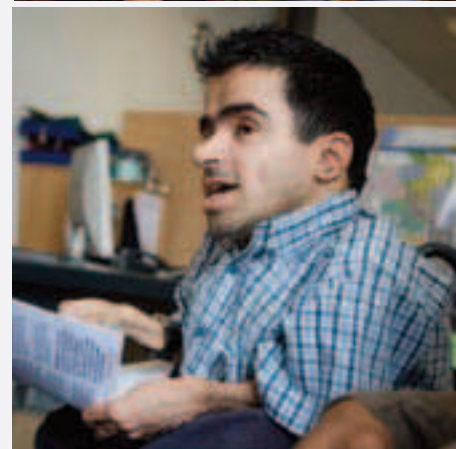
These textphones do not accept texts from mobile phones.

You can also use Typetalk.

We can send you a form in Braille or large print.

We can also arrange for interpreters if you phone us or visit us.

Please tear off this page and keep it with the notes about claiming Disability Living Allowance. You may need it after you have sent the claim form back to us.



DLA1A Adult November 2009

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.

Check if you can get Disability Living Allowance. Work through the checklist 'Can I get Disability Living Allowance?' which is included in this pack.

- Your National Insurance number. You can find this on your National Insurance number card, letters from the Department for Social Development or payslips. If you do not have a National Insurance number, or you do not know it, get in touch with your local Jobs & Benefits office or Social Security office. 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 also find it helpful to write a list of things you have needed help with or found difficult over one or two days.



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 form and post it back to us.

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

We will write to you to tell you that we have received your form.

If you do not get this letter within two weeks of sending your form to us, please phone us on **028 9090 6182**. If you have speech or hearing difficulties you can contact us using a textphone on **0800 243 787**.

Please tear off here →

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)
and so on

2

National Insurance number

Letters	Numbers	Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>

3

Date of birth

(day/month/year)

4

Sex

Male Female

5

Address where you live

<input type="text"/>
<input type="text"/>
Postcode <input type="text"/>

6

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

Phone number,
including the dialling code.

If you have speech or hearing difficulties and want us to contact you by textphone, please tick this box.

Textphone number

7

What is your nationality?

(for example, British, Spanish or Turkish)?

About you (continued)

8 Do you normally live in Northern Ireland?

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

Yes Please continue below. No Go to question 9.

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

Abroad means out of Northern Ireland.

Yes Please continue below. No Go to question 10.

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 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

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 Social Development (DSD), 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 DSD 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

National Insurance number

Letters	Numbers	Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of birth
(day/month/year)

 / /

Your address

<input type="text"/>
<input type="text"/>
Postcode <input type="text"/>

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)

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 about your claim. This may include medical information. You do not have to agree to us contacting these people or organisations, but if you don't agree we may not be able to check whether you are entitled to the benefit you are claiminmg.

The Department for Social Development, or any health care professional employed by the Department, may ask any person or organisation to give them or us 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.

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

I agree to you contacting the relevant people or organisations as described in the statement above.

I do not agree to you contacting the relevant people or organisations as described 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 July 2009	Operation to replace my right hip	1 December 2009

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 2009 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



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

or yards

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 (66 yards) a minute

Slow

40 to 60 metres (44 to 66 yards) a minute

Very slow

Less than 40 metres (44 yards) 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 or 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. Tell us what another person could do to help you so that you could walk around in unfamiliar places.

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

days

Your care needs during the day (continued)

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:

- getting into bed
- getting out of bed

How often? How long each time?

<input type="text"/>	<input type="text"/> minutes
<input type="text"/>	<input type="text"/> minutes

I have difficulty concentrating or motivating myself and need:

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

How often? How long each time?

<input type="text"/>	<input type="text"/> minutes
<input type="text"/>	<input type="text"/> 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 (continued)

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:

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

How often?

How long each time?

 minutes minutes minutes minutes

I have difficulty concentrating or motivating myself and need:

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

How often?

How long each time?

 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 or personal hygiene?

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:

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

How often?

How long each time?

 minutes minutes minutes

I have difficulty concentrating or motivating myself and need:

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

How often?

How long each time?

 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:

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

How often?

I have difficulty concentrating or motivating myself and need:

- encouraging or reminding to move around indoors

How often?

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:

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

How often?

How long each time?

 minutes minutes

I have difficulty concentrating or motivating myself and need:

- encouraging or reminding to eat or drink

How often?

How long each time?

 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:

- taking my medicine
- with my treatment or therapy

How often?

How long each time?

 minutes minutes

I have difficulty concentrating or motivating myself and need:

- encouraging or reminding to take my medication
- encouraging or reminding about my treatment or therapy

How often?

How long each time?

 minutes minutes

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 tell us about difficulties you have even when you use 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 Irish Sign Language (ISL) or 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 tick the boxes that apply to you

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 problem 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

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

55

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

For example, a residential care home, nursing home, hospice, boarding school, residential college, school or a 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 Health and Social Care Trust or a government department pay any costs for you to live there?

Yes If 'Yes' which Health and Social 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 a similar place in the past six weeks?

Yes Tell us when you went in.

Tell us when you came out.

No Go to question 57.

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 the account holder

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

Full name of bank or 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 is less than 10 numbers long, 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.

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, or
- 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 us in the envelope we have sent you. It does not need a stamp.

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**

**Crystal
Mark**

15095

Clarity approved by
Plain English Campaign

