

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

i Before you fill in this form, read page 3 of the notes booklet that came with this form.

About you

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

1	Surname or family name	<input type="text"/>												
	All other names in full	<input type="text"/>												
	Title For example, Mr, Mrs, Miss, Ms	<input type="text"/>												
2	National Insurance number	<table border="1"><tr><td>Letters</td><td><input type="text"/></td><td><input type="text"/></td><td>Numbers</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>Letter</td><td><input type="text"/></td></tr></table>	Letters	<input type="text"/>	<input type="text"/>	Numbers	<input type="text"/>	Letter	<input type="text"/>					
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3	Date of birth (day/month/year)	<input type="text"/> / <input type="text"/> / <input type="text"/>												
4	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female												
5	The full address where you live	<input type="text"/> <input type="text"/> <table border="1"><tr><td>Postcode</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	Postcode	<input type="text"/>										
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6	Daytime phone number Please include the dialling code.	<input type="text"/>												
	Mobile phone number, if different	<input type="text"/>												
	If you have speech or hearing difficulties and want us to contact you by textphone, please tick this box.	<input type="checkbox"/>												
	Textphone number	<input type="text"/>												

About you (continued)

7 **What is your nationality?**

For example, British, Spanish,
Turkish

8 **Do you normally live in Northern Ireland?**



For more information please read page 7 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?**

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 62 **Extra information**.

10 **Entitlement to other benefits from another European Economic Area (EEA) State or Switzerland**

Are you, your wife, husband, civil partner or a parent you are dependant on receiving any pensions or benefits from another EEA state or Switzerland?

No Go to question 11.

Yes We will contact you about this.

Don't know We will contact you about this.

About you (continued)

11 Entitlement to other benefits from another EEA State or Switzerland

Are you, your wife, husband, civil partner or a parent you are dependant on working in or paying insurance to another EEA state or Switzerland? By insurance we mean connected to work, like UK National Insurance.

No Go to question 12.

Yes We will contact you about this.

Don't know We will contact you about this.

12 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.

13 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

14 You can fill in the form for someone else, but they must still sign themselves unless:

- you've already been legally appointed to receive and deal with their benefits. That is, you're a benefit appointee, a Controller or hold a Power of Attorney, or
- the person you're claiming for is too ill or disabled to claim for themselves and you want to be appointed to receive and deal with their benefits, or
- you're completing this form in their absence and/or without their knowledge.

Are you signing the form for someone else?

Yes Continue below.

No Go to question 15.

Why are you signing the form for them? Please select one of the following.

I'm claiming for them under the special rules for terminally ill people.

You may wish to tell the person you have claimed for that you have made a claim to this benefit on their behalf. This is because we will send letters about Disability Living Allowance to them. There is no mention of terminal illness or the special rules in our notifications.

Signing the form for someone else (continued)

I'm an appointee, appointed by the Department for Social Development

I hold Power of Attorney

I'm a Controller

I'm a Corporate Acting Body or Corporate Appointee

Please tell us the name of your organisation.

For example, an organisation appointed to act on behalf of the person the benefit is for, such as a firm of solicitors.

Unless we've already seen this authority we'll need to see it before we can process the claim. Please send us your power of attorney or the relevant documents with this claim. You can send the original or a certified copy.

I want to be appointed to act on their behalf.

Tick this box if:

- the person you're claiming for is too ill or disabled to claim for themselves and you want to be appointed to handle their benefit affairs, or
- you're in the process of becoming a legally appointed representative.
We'll contact you about this.

Your name

National Insurance number

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

Date of birth (day/month/year)

Your full 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

15 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.

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

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.

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 Eye problem - Glaucoma	About 14 months	Eye drops	Twice a day
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 62 **Extra information**.

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

16

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 17.

Their name

(Mr, Mrs, Miss, Ms, Dr)

Their profession or specialist area

The address where you have seen 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 have you seen 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 62 **Extra information**.

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

17 Does anyone 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 18.

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 62 **Extra information**.

18 About your GP

The GP only gives details of medical fact, they don't decide if you can get Disability Living Allowance.

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)

19 Consent



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

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 be unable to make sure you are entitled to the benefit you are claiming.

We, or any health care professional working for an organisation approved 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 request to reconsider a decision about this claim.

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

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

Yes No

Signature

Date

Please make sure you also sign and date the declaration at question 63.

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

20 Special rules



You **must** read page 8 of the **notes** about special rules before you complete this question.

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

If you are not claiming under the special rules, please go to question 21.

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

If you have any walking difficulties, please make sure you answer questions 25 to 36 **Getting around outdoors.**

If you are claiming under special rules, you do not need to answer questions 37 to 56 **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 19 and the **declaration** question 63.

21 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, a certificate of vision impairment or something like this.



For more information please read page 9 of the **notes**.

Yes

Please tick the boxes that apply and send us a copy with this claim form or as soon as you can.

No

Go to question 22.

Assessment Report

Certificate of Vision Impairment

Care Plan

Hospital Report

Other, please tell us what.

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

22 Are you on a waiting list for surgery?

Yes Please tell us about this in the table below.

No Go to question 23.

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 December 2013	Operation to replace my right hip	1 June 2014

23 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 24.

Date and type of test	Results
Example November 2013 treadmill test	Four minutes (stage 2)
Example October 2013 eyesight test	Referral to hospital doctor needed.

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

24 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 9 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 62 **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 10 of the **notes**.

25 Do you have physical problems that restrict your walking?

Yes Go to question 26.

No Go to question 33.

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.

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

metres

or

yards

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

minutes

28 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 none of these boxes describes your walking speed, tell us in your own words about your walking speed.

Getting around outdoors (continued)

29 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 shuffle, or walk with a heavy limp, or a stiff leg or have problems with balance.

Extremely poor

For example, you drag your leg, stagger or need physical support.

If none of these boxes describes the way you walk, tell us in your own words about the way you walk.

30 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 31.

I cannot walk without physical support.

I would fall without physical support.

I would injure myself without physical support.

If none of these boxes describes the help you need, tell us why you need physical support in the box below.

Getting around outdoors (continued)

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

days

32 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 33.

Why do you fall?

How often do you fall?

Tell us roughly how many times you fall or stumble for example, every day, 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 33.

Getting around outdoors (continued)

Having someone with you when you are outdoors

33 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 (such as agoraphobia), a learning disability, a sight, hearing or speech difficulty, or a 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 35.

Please tell us why you need supervising or guiding outdoors.

To avoid danger

I may get lost or wander off

I have anxiety or panic attacks

To make sure I am safe

If none of these boxes describes why you need help, 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.

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

	days
--	------

Your care needs during the day

During the day includes the evening. Care needs during the night are covered later.

If you are claiming under special rules, please go to question 57. You do not have to answer any more questions until then.

By care needs we mean help with personal care or someone to supervise you, due to an illness or disability.

'Help with personal care' means day-to-day help with things like:

- washing (or getting into or out of a bath or shower)
- dressing
- eating
- getting to or using the toilet
- telling people what you need, or
- making yourself understood – for example, if you have learning difficulties.

'Supervise' means that you need someone to watch over you to avoid substantial danger to yourself or other people. This could mean:

- when you take medicines or have treatment
- keeping you away from danger that you may not know is there
- avoiding danger you could face because you cannot control the way you behave, or
- stopping you from hurting yourself or other people.

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

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

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?

4

How long each time?

5 minutes

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

Your care needs during the day (continued)

37

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 continue below.

No Go to question 38.

I have difficulty:

- getting into bed
- getting out of bed

How often?

How long each time?

 minutes minutes

I need help:

- getting into bed
- getting out of bed

How often?

How long each time?

 minutes 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?

 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?

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 38.

Help with your care needs during the day (continued)

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

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

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:

- with my toilet needs
- with my incontinence needs

How often?

How long each time?

 minutes minutes

I 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 39.

Help with your care needs during the day (continued)

39

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. Personal hygiene includes things like cleaning your teeth, washing your hair, shaving, or coping with periods.

Yes Please continue below.

No Go to question 40.

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

I have difficulty:

- 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 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 40.

Help with your care needs during the day (continued)

40

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

Yes Please continue below.

No Go to question 41.

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

I have difficulty:

- with putting on or fastening clothes or footwear

How often?

How long each time?

 minutes

- with taking off clothes or footwear

 minutes

- with choosing the appropriate clothes

 minutes

I need help:

- with putting on or fastening clothes or footwear

How often?

How long each time?

 minutes

- with taking off clothes or footwear

 minutes

- with choosing the appropriate clothes

 minutes

I have difficulty concentrating or motivating myself and need:

- encouraging to get dressed or undressed

How often?

How long each time?

 minutes

- reminding to change my clothes

 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 or feel pain or it may take you a long time.

Yes Tell us in the box below.

No Go to question 41.

Help with your care needs during the day (continued)

41

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 42.

I have difficulty:

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

I need help:

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

I have difficulty concentrating or motivating myself and need:

- 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 42.

Help with your care needs during the day (continued)

42 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 43.

What happens when you fall or stumble?

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

Have you been referred to a Falls Clinic?

Yes No

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

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)

43

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 44.

I have difficulty:

- eating or drinking
- cutting up food on my plate

How often?

How long each time?

 minutes minutes

I need help:

- eating or drinking
- 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 44.

Help with your care needs during the day (continued)

44

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 45.

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

I have difficulty:

- taking my medicine
- with my treatment or therapy

How often?

How long each time?

 minutes minutes

I 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 45.

Help with your care needs during the day (continued)

45

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 using normal aids such as glasses or a hearing aid.

Yes Please tick the boxes that apply to you.

No Go to question 46.

I have difficulty:

- 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

I 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 BSL (British Sign Language) or ISL (Irish Sign Language).

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

No Go to question 46.

46

How many days a week do you have difficulty or need help with the care needs you have told us about on questions 37 to 45?

days

Help with your care needs during the day (continued)

47

Do you usually need help from another person to actively take part in hobbies, interests, social or religious activities?

We want to know this because we can consider 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 48.

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 need help 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.	Two or three 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 62 **Extra information**.

Help with your care needs during the day (continued)

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

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

Yes Please tick the boxes that apply to you.

No Go to question 50.

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.

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

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 49.

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

 days

Help with your care needs during the day (continued)

50

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 51.

- I have difficulty or need help planning a meal, for example measuring amounts, following a logical order of tasks, or knowing when food is cooked properly.

- I lack the motivation to cook.

- I have physical difficulties, for example coping with hot pans, peeling and chopping vegetables, or using taps, switches, knobs, kitchen utensils or can-openers, or carrying, lifting, standing or moving about to perform tasks.

- I would be at risk of injury preparing a cooked main meal for myself.

How many days a week would you need this help?

 days

Is there anything else you want to tell us about the difficulty you would have planning, preparing and cooking a main meal?

Yes Tell us in the box below.

No Go to question 51.

Help with your care needs during the night

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

51 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 53.

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

I have difficulty:

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

How often?

How long each time?

 minutes minutes minutes minutes minutes minutes

I need help:

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

How often?

How long each time?

 minutes minutes minutes minutes minutes minutes

Help with your care needs during the night (continued)

I have difficulty concentrating or motivating myself and need:

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

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 during the night?

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 with your care needs?

 nights

Help with your care needs during the night (continued)

53 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 55.

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 54.

54 How many nights a week do you need someone to watch over you?

 nights

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

57 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 10 of the **notes**.

Yes Tell us when you went in.

	/		/	
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No Go to question 58.

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 a 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 58.

--

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

58 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 59.

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?

About other benefits

59 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

Armed Forces Independent Payment

How we pay you



Please read pages 11 and 12 of the **notes** before you fill in this page.

Please tell us the account details below.

It is very important you fill in all the boxes correctly, including the building society roll or reference number, if you have one. If you tell us the wrong account details your payment may be delayed or you may lose money.

60

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 or building society

Sort code

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

<input type="text"/>					
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Account number

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

<input type="text"/>									
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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.

<input type="text"/>																	
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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

61 Please note that 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 the form.

If you are signing the 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

Declaration

63

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, my benefit may be stopped and 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 for Social Development 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 or be awarded 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 12 of the **notes**.

What to do now

Please check that you have filled in all the questions that apply to you or the person you are claiming for. Failure to answer all the required questions may affect the time taken to deal with your claim.

Checklist

- Make sure you have signed the **consent at question 19**.
- Make sure you have signed the **declaration at question 63**.
- Make sure that you have included full details of your **GP at question 18**.
- Make sure that you have included full details for **anyone else you have seen at question 16**.
- Make sure that you have included full details for **anyone else who helps you at question 17**.

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

For example, a prescription list, a certificate of vision impairment, a medical report or a care plan.

Send the claim form and any reports, if you hold them, to us straight away.

i For help and advice about other benefits, see page 13 of the **notes**.

What happens next

i For information about what happens next, see page 14 of the **notes**.