Social Security

Claim for Carer's Allowance

Please read leaflet CA2 and the following notes before completing this form

You can only get Carer's Allowance if you are caring for a disabled person for at least 35 hours a week and the disabled person gets Attendance Allowance, Constant Attendance Allowance or the middle or higher rate care component of Disability Living Allowance.

To claim Carer's Allowance, please complete this form in INK and CAPITAL LETTERS where possible. If you need any help, please telephone us on 685104. You must claim within 3 months of the date from which you wish to claim Carer's Allowance. If you delay in claiming you could lose money.

Part		About you						
1.	Title (please tick one box)	Mr Mrs Miss Ms Other Please specify						
2.	Surname							
3.	Other names							
4.	Previous surname(s)							
5.	Address							
		Postcode						
6.	Date of birth	7. Daytime telephone no.						
8.	National Insurance (NI) number	Letters Numbers Letter						
9. Do you normally live in the Isle of Man?								
10. Were you living in the Isle of Man, England, Scotland, Wales or Northern Ireland for at least 104 weeks (2 years) of the 156 weeks (3 years) before the date on which you want to claim Carer's Allowance? (see Question 11 below)								
		Yes No						
Pa	rt 2	About your claim						
11.	11. From what date do you want to claim Carer's Allowance?							



Part 3	About care for the	ne disabled pers	son							
12. Are you caring for a disabled p	erson for at least 35 hou	rs every week?	Yes	No No						
13. Have you been caring for the d 11? (if you have answered No t which you did not care for the d	te sheet of paper abo									
14. Have you, or anyone else who Carer's Allowance before?	Have you, or anyone else who has also cared for the disabled person, claimed Carer's Allowance before?									
5. If you have answered Yes to question 14, please tell us the full name of the person who claimed Carer's Allowance										
16. Are you employed by the disab	oled person (or anyone e	lse) for the care y	ou provide? Yes	No No						
17. If you answered Yes to question paid each week:	on 16, please tell us the r	name of the perso	on who employs you a	and how much are you						
Their full name										
Weekly pay										
Is there a contract or agreemen	nt that you will care for t	he disabled perso	n? Yes	No No						
Part 4	About othe	er work you do								
 18. Are you currently employed/self-employed, or have you been employed/self-employed in the last 6 months. If Yes, please provide details below. If your employment situation changes at any point whilst you receive Carer's Allowance you must tell us straight away. 19. If you answered Yes to question 18, please give the following details: 										
Your employer's name										
Your employer's address										
Tour employer's address										
	Postcode									
		1 0010000								
Employer's telephone no.			Date work started							
Normal weekly pay		Number of hour	s worked each week							
•	0. If you answered No to question 19, on what date did you last work? Confirmation of earnings may be required									
21. Are you attending, or have you attended at any time since the date you started at question 11, a course of study?										
Part 5 Al	bout other benefits an	nd allowances y	ou have claimed							
22. Have you claimed or received any other benefits or allowances from Social Security Or any other government department since the date you stated at question 11?										
23. If you have answered Yes to qu	uestion 22, please tell us	which benefits o	r allowances you have	e claimed						
Name of the first benefit or allo	owance									
Name of second benefit or allow	wance									
From which office did you claim	ı									
(if you have received more than 2 benefits or allowances, please tell us about the others on a separate sheet of paper)										

24.	Has anyone claimed or received an increase in respect of you in any benefit or allowance they have received from Social Security or from any other government department since the date you stated at question 11?										
25.	If you have answered Yes to question 24,	please give us the following details.									
	Full name of person who made the claim										
	Their address										
			Postcode								
	Name of benefit or allowance claimed										
Pa	rt 6	Ab	out	your part	ner						
By partner we mean a person you are married to or a person you live with as if you were married to them or a civil partner or a person you live with as if you are civil partners.											
	Your marital or civil partnership status	Single		Married		Widowed		Divorced	Sep	parated	
		_		Or Civil Part	ner	Or surviving Civil Partner		Or Civil Partne Dissolved	ership		
26.	Do you have a partner living with you now at any time since the date you stated at qu		-	had a part	ner I	iving with yo	ou	Yes	No		
27.	If you answered Yes to question 26, please	e tell us	your	partner's f	ull na	ame					
28.	3. Has your partner claimed or received any other benefits or allowances from Social No Security or any other government department since the date you stated at question 11?										
29.	If you answered Yes to question 28, please	give us	s the	following o	detail	s					
	Name of benefit or allowance										
	From which office was he/she claiming?										
Pa	rt 7 About	the dis	able	d person	you	claim for					
30.	Please give us the following details of the	disabled	pers	on							
	Their full name										
	Their address										
	Postcode Their date of birth										
31.	. What relation is the disabled person to you? If none enter 'Friend'										
32.	Which of the following benefits does the di	sabled p	oerso	n receive o	r ha	ve they claim	ned?				
	Attendance Allowance	•				•					
	Disability Living Allowance										
	Constant Attendance Allowance with an inc	lustrial I	njuri	es Disabler	nent	Pension					
	Constant Attendance Allowance with a war or service pension										

You can be paid either by -

- · Direct payments into your bank or building society account every 2 weeks; or
- Cheques which you can pay into an account or cash at a post office.

If you want to have your Carer's Allowance paid directly into your bank or building society account please answer question 33 but if you would like to have your Carer's Allowance paid by cheque, please give the name of the post office you would like to collect your allowance from at question 34 below.

office you would like to co	llect your allowance fr	om at	questio	n 34 b	elow.	1 /1	J		•	
33. Please give us the details	of the account -									
In whose name is the acco	ount									
Name of the bank or build	ling society									
Address of the bank or bu	ilding society									
								Postcode		
Type of account										
Account number										
Bank sorting code number	•									
34. Name of Post Office										
Part 9		our de	eclarat	ion						
 I understand that if 	ne information I have I knowingly give informust tell the Departm Carer's Allowance	mation	that is	incorr	ect or ir	ncompl	ete acti	on may be		
Your signature							Dat	е		
Please print your name										
Part 9		Contac	t deta	ils						

Address: Disability Benefits Unit

Social Security Division

Markwell House Market Street Douglas

Isle of Man IM1 2RZ

Telephone: (01624) 685104

Email: disabilitybenefits@gov.im

Website: www.gov.im

All calls to and from Social Security are recorded for quality purposes, to prevent crime or misuse, to ensure staff act in compliance with required procedures and standards and assist in the provision of training, monitoring and service improvement.

