

Claim for Carer's Allowance

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

Notes

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 1

About you

1. Title (please tick one box) Mr Mrs Miss Ms Other
2. Surname
3. Other names
4. Previous surname(s)
5. Address
6. Date of birth 7. Daytime telephone no.
8. National Insurance (NI) 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"/> |
9. Do you normally live in the Isle of Man? Yes No
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

Part 2

About your claim

11. From what date do you want to claim Carer's Allowance?



Part 3

About care for the disabled person

12. Are you caring for a disabled person for at least 35 hours every week? Yes No
13. Have you been caring for the disabled person for at least 35 hours every week since the date you stated at question 11? (if you have answered No to this question, please tell us on a separate sheet of paper about the periods during which you did not care for the disabled person for at least 35 hours and why) Yes No
14. Have you, or anyone else who has also cared for the disabled person, claimed Carer's Allowance before? Yes No
15. 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 disabled person (or anyone else) for the care you provide? Yes No
17. If you answered Yes to question 16, please tell us the name of the person who employs you and how much are you paid each week:
- Their full name
- Weekly pay
- Is there a contract or agreement that you will care for the disabled person? Yes No

Part 4

About other 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. Yes No
19. If you answered Yes to question 18, please give the following details:
- Your employer's name
- Your employer's address

 Postcode
- Employer's telephone no. Date work started
- Normal weekly pay £ Number of hours worked each week
20. 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? Yes No

Part 5

About other benefits and allowances you 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? Yes No
23. If you have answered Yes to question 22, please tell us which benefits or allowances you have claimed
- Name of the first benefit or allowance
- Name of second benefit or allowance
- From which office did you claim
- (if you have received more than 2 benefits or allowances, please tell us about the others on a separate sheet of paper)

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.

33. Please give us the details of the account -

| | |
|---|---|
| In whose name is the account | <input type="text"/> |
| Name of the bank or building society | <input type="text"/> |
| Address of the bank or building society | <input type="text"/> |
| | <input type="text"/> |
| | Postcode |
| Type of account | <input type="text"/> |
| Account number | <input type="text"/> |
| Bank sorting code number | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 34. Name of Post Office | <input type="text"/> |

- I understand that the information I have given on this form is correct and complete
- I understand that if I knowingly give information that is incorrect or incomplete action may be taken against me
- I understand that I must tell the Department of anything that may affect my entitlement to, or the amount of Carer's Allowance
- This is my claim for Carer's Allowance

| | | | |
|------------------------|----------------------|------|--|
| Your signature | <input type="text"/> | Date | <input type="text"/> <input type="text"/> <input type="text"/> |
| Please print your name | <input type="text"/> | | |

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.



Isle of Man Government
Reithys Eilan Vannin

The Treasury

Yn Tashtey