

# Claiming Disability Living Allowance for a child under 16

---

## 1. Where to send the completed form

Please send your completed form to the office that deals with the area where you live. You can find the address by typing the first letters of your postcode into the box below.

**Please tell us the first letters of your  
postcode and then press enter**

**Send the completed form to:**

---

### **If you are still not sure where to send the form**

Phone the Benefit Enquiry Line (BEL).

Phone: **0800 88 22 00**.

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

---

### **For existing Disability Living Allowance claims**

You can contact :

Disability Contact and Processing Unit

Warbreck House

Warbreck Hill

Blackpool FY2 0YJ

Phone: **08457 123456**

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

---

## 2. Print the form

Please print the form and fill it in with a pen.

# Information booklet

**This information booklet will help you fill in the form.** In it we:

- explain the questions we ask
- tell you how to answer the questions
- give you examples of other things you can tell us, and
- tell you about Disability Living Allowance (DLA), other benefits and organisations who can help you.

When you see



in the form, use this **information booklet** to help you understand and answer the questions.

This booklet gives general information and doesn't cover everything.

## What is DLA?

DLA is a benefit to help with extra costs if a child under 16 has a disability, illness or health condition severe enough they:

- need much more looking after than a child of the same age without a disability, or
- have walking difficulties, or both.

You may not think of the child as being disabled, but if they need the type of help explained in these notes, they may get DLA.

## Who can claim DLA for a child?

You can claim DLA for a child as long as you look after them as if you are their parent. 'Parent' includes step-parents, guardians, grandparents, foster-parents, and even older brothers or sisters.

DLA is tax-free. You can claim even if you work or if your family has savings or money coming in.

## Can I get DLA for a child?

**To get DLA a child must normally:**

- live in and be present in Great Britain or, live in the European Economic Area or Switzerland and the UK is responsible for paying them sickness benefits
- be allowed to enter or stay in the United Kingdom and not be stopped from getting benefits
- need extra looking after or have walking difficulties
- need much more day-to-day help than children of the same age, and
- have had these needs for at least 3 months and these needs are likely to last for at least another 6 months unless you are claiming for them under the special rules.

The special rules are explained in the claim form on page 12.

## When can I claim DLA for a child?

You can claim straight away. We will deal with the claim as soon as possible.

## How is DLA worked out?

There are two parts of DLA – mobility and care. A child can get money for one part or both. The official word for these parts is 'component'. You may see the word 'component' in forms and letters.

How much they get is based on how much help they need.

## Mobility

There are two mobility rates.

### Lower rate

For a child aged 5 or over who can walk but needs extra help from someone to guide or supervise them to get around outdoors in places they don't know well.

### Higher rate

For a child aged 3 or over who, because of a physical disability:

- cannot walk at all, or
- can walk, but their ability to walk outdoors without severe discomfort is so limited they can be considered virtually unable to walk, or
- can walk but the effort needed could seriously affect their health.

A child may also get the higher rate if they:

- have had both legs amputated above the ankle or through the ankle, or were born without legs or feet, or
- are certified as severely sight impaired or blind and meet other conditions relating to their sight loss
- are deaf and blind and they need someone with them when they are outdoors, or
- are severely mentally impaired with severe behavioural problems and qualify for the highest rate of the care part.

**By 'extra' we mean much more than a child of the same age without a disability.**

## Care

There are three care rates.

### Lowest rate

If a child needs extra looking after for some of the day, which can be about an hour.

### Middle rate

If a child:

- needs extra looking after several times at short intervals right through the day, or
- needs extra looking after more than once a night or once for about 20 minutes or more, or
- needs extra supervision right through the day, or
- needs someone to be awake at night to watch over them several times or once for 20 minutes or more.

### Highest rate

If a child needs help during the day **and** night.

A child may also get the highest rate if a claim is made under the special rules.

**By 'extra' we mean much more than a child of the same age without a disability.**

## How we collect and use information

The information we collect about you and the child you are claiming DLA for, and how we use it depends mainly on the reason for your business with us. But we may use it for any of the Department's purposes, which include:

- social security benefits and allowances
- child support
- employment and training
- private pensions policy, and
- retirement planning.

We may get information from others to check the information you give to us and to improve our services.

We may give information to other organisations as the law allows, for example to protect against crime.

To find out more about how we use information, visit our website [www.dwp.gov.uk/privacy-policy](http://www.dwp.gov.uk/privacy-policy) or contact any of our offices.

## Where to get help and advice about DLA and other benefits

You can:

- phone the Benefit Enquiry Line on **0800 88 22 00**
- use a textphone and call **0800 24 33 55** if you have speech or hearing difficulties
- contact your local Jobcentre Plus. The phone number and address are in the business number section of The Phone Book
- contact an advice centre like Citizens Advice.

### **If the child is awarded DLA you may be entitled to:**

- **Carer's Allowance or Carer's Credit.**
- **Extra money if you or anyone in your household is on Income Support, Jobseeker's Allowance, Pension Credit, Child Tax Credit or Working Tax Credit. You should contact the office who pays the benefit to claim the extra money.**

# Information about Carer's Allowance and Carer's Credit

## Carer's Allowance

A person could get Carer's Allowance (CA) if they:

- are aged 16 or over, and
- spend at least 35 hours a week caring for a disabled child.

The child must have been awarded DLA at the middle or the highest rate of care before the claim.

Other entitlement conditions apply.

CA should be claimed within 3 months of the DLA decision being made or the carer could lose benefit.

## Carer's Allowance and other benefits

Some benefits, allowances or pensions can affect how much CA we pay.

However, extra money could be paid with:

- income-based Jobseeker's Allowance
- income-related Employment and Support Allowance
- Income Support
- Pension Credit
- Housing Benefit, or
- Council Tax Benefit.

## Carer's Credit

This is a National Insurance credit for carers of working age who:

- can't get CA, and
- look after one or more disabled children for 20 hours or more a week.

If the child or children being cared for don't receive DLA (at the middle or highest rate of care), the carer must get a care certificate for each child they look after.

Other entitlement conditions apply.

If you get Child Benefit for a child under age 12, or CA, you will already be getting National Insurance credits.

## **For more information about Carer's Allowance or Carer's Credit:**

- phone us from 8.30am to 5pm Monday to Thursday, or 8.30am to 4.30pm on Friday on **0845 608 4321**
- if you have speech or hearing difficulties, you can contact us using a textphone on **0845 604 5312**
- visit the website at: **[www.direct.gov.uk/carers](http://www.direct.gov.uk/carers)**
- email: **[cau.customer-services@dwp.gsi.gov.uk](mailto:cau.customer-services@dwp.gsi.gov.uk)**
- write to: Carer's Allowance Unit, Palatine House, Lancaster Road, Preston PR1 1HB.

## **Other organisations who can help**

### **Contact a Family**

If you need confidential, independent advice about any aspect of caring for a disabled child you can:

- phone **Contact a Family** helpline on **0808 808 3555** Monday to Friday
- visit the website at: **[www.cafamily.org.uk](http://www.cafamily.org.uk)**

### **Family Fund**

You may also be able to get help from the **Family Fund**.

You can:

- visit the website at: **[www.familyfund.org.uk](http://www.familyfund.org.uk)**
- write to: Family Fund, 4 Alpha Court, Monks Cross Drive, York YO32 9WN.

20

## About the questions in the claim form

This is about aids and adaptations they use or have been assessed for.

### Aids are things like:

- braces
- supports
- crutches
- buggies
- wheelchairs
- commodes
- reading and learning aids such as computer programmes.

### Adaptations are things like:

- ramps
- slopes
- rails
- alterations to the home, such as widened doorways.

You should include any aid or adaptation they can use with or without help.

**Here are a few examples of the help they may need to use an aid or adaptation. It's not a full list and doesn't cover everything.**

They may need help to:

- use an aid or adaptation safely
- get on and off a raised toilet seat
- put on and take off a back brace or incontinence pants
- maintain a hearing aid, keep it clean and ensure small parts like batteries are not put in their mouth
- be reminded or encouraged to use the aids
- propel a wheelchair up a ramp or a slope.

25

This question is about how far they can walk before they stop because of severe discomfort.

### To estimate the distance they can walk it may help you to know:

- an average adult step is just under one metre (one yard)
- a double-decker bus is about 11 metres (12 yards) long
- 12 cars parked end-to-end with a small gap between them would be at least 50 metres (55 yards)
- two full-size football pitches are about 200 metres (218 yards) long.



30  
to  
32

These are about needing someone to guide or supervise them most of the time when outdoors.

**Guide** means to physically lead or verbally direct them to safely find their way around.

**Supervise** means checking routes for dangers or obstacles, keeping an eye on how they are and if they can carry on walking. It includes coaxing, encouraging, persuading or talking so they carry on walking to avoid danger.



**For example**

If they walk safely next to a busy road without putting themselves or others in danger but can't cross a road safely, you would answer like this:

Can they:	Yes	No
walk safely next to a busy road?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
cross a road safely?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**If you want to tell us why you have ticked the boxes, how their needs vary or anything else you think we should know, use the box below.**

They can go to the local shop on their own. It's next to a busy road, but they don't have to cross it. We took this route together many times before they could go on their own.

---



---



---

**Here are a few examples of other things you may want to tell us. It's not a full list and doesn't cover everything.**

They may:

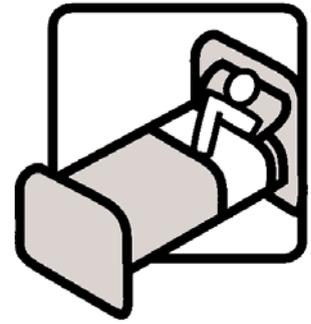
- follow simple directions but wouldn't ask for help if lost
- accept sweets or a ride in a car even if they didn't know the person
- get upset by traffic noise or crowds, and panic
- suddenly run across the road if they see a friend on the other side
- only be able to cross roads using a pedestrian crossing
- become unsteady and may fall.

35

This is about help needed to get in, out, or settle in bed during the day. It can be encouragement, prompting or physical help.

**For example**

If they need encouragement to get out of bed in the morning and again after an afternoon nap, and it takes 4 minutes each time, you would answer like this:



**They need encouragement, prompting or physical help to:**

get out of bed

**How often each day**

twice

**How long each time**

4 minutes

**If you want to tell us why you have ticked the boxes, how their needs vary or anything else you think we should know, use the box below.**

They don't want to get up in a morning because they're depressed and would just lie in bed all day. At least twice a week it takes up to an hour to persuade them to get up. Their medicine makes them so drowsy they usually have a nap in the afternoon. It's not usually as bad to get them up again in the afternoon as the morning.

**Here are a few examples of other things you may want to tell us. It's not a full list and doesn't cover everything.**

They may:

- need help to sit up and get out of bed due to stiffness
- not understand it is time to get up or go to bed
- need to be told to get up as they can't read a clock or hear an alarm
- need to let their medicine take effect before getting out of bed
- be distressed because they are in pain, or need settling and comforting and the covers put in place.

**36** This is about help needed to go to or use the toilet during the day. It can be encouragement, prompting or physical help.

**For example**

If they need to be prompted to go to the toilet, to take their underwear down, to wipe themselves and to wash and dry their hands, you would answer like this:



**They need encouragement, prompting or physical help to:**

- go to the toilet
- manage clothes
- get on and off the toilet
- wipe themselves
- wash and dry their hands

**If you want to tell us why you have ticked the boxes, how their needs vary or anything else you think we should know, use the box below.**

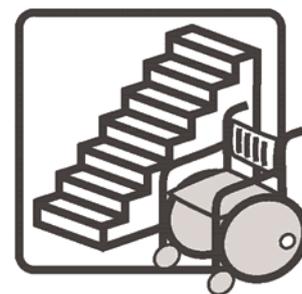
They won't go to the toilet unless told. I have to keep telling them or they will soil themselves. They keep telling me they don't need to go so it takes a long time. If they soil themselves they won't tell me and will smear their faeces.
When they are at the toilet, I have to be with them to tell them what to do.

**Here are a few examples of other things you may want to tell us. It's not a full list and doesn't cover everything.**

They may:

- have difficulty moving from a wheelchair to a toilet
- need to have cream applied after using the toilet
- be constipated or have diarrhoea and need encouragement or comforting
- refuse to use toilets other than the one at home
- not be able to manage zips and buttons
- not be able to reach or don't know to wipe themselves after using the toilet.

**37** This is about help needed to move around indoors during the day. It can be encouragement, prompting or physical help.



**For example**

If they need physical help to get up and down stairs, you would answer like this:

**They need encouragement, prompting or physical help to:**

go upstairs



go downstairs



**If you want to tell us why you have ticked the boxes, how their needs vary or anything else you think we should know, use the box below.**

They can go up and down one or two steps. If there are more than two steps they are carried. They've fallen on the stairs at home as there are too many steps for them to manage. Going up and down steps makes them very breathless and this makes them likely to fall.

**Here are a few examples of other things you may want to tell us. It's not a full list and doesn't cover everything.**

They may:

- stiffen up if they sit for too long
- become dizzy if they get up from a chair or wheelchair too quickly
- need to be encouraged to get up and move around
- be able to sit down in a chair but can't get out of it
- need the support of cushions or pillows to sit upright
- only be able to get out of a chair that has arms.

**38** This is about help needed to keep clean and check their appearance during the day. It can be encouragement, prompting or physical help.



**For example**

If they need encouragement to have a wash and clean their teeth in a morning and before bed, and have a wash when dirty, you would answer like this:

They need encouragement, prompting or physical help to:	How often each day	How long each time
have a wash	2-6	3 minutes
clean their teeth	2	2 minutes

**If you want to tell us why you have ticked the boxes, how their needs vary or anything else you think we should know, use the box below.**

They don't like having a wash or cleaning their teeth so I have to encourage them to put toothpaste on the brush, use soap, turn taps off etc. They don't know when they are dirty and need to wash, and would stay dirty if left. I've tried different ways to teach them when and why to do this but nothing works.

**Here are a few examples of other things you may want to tell us. It's not a full list and doesn't cover everything.**

They may:

- follow a set or lengthy routine
- get very tired bathing or have pain when getting in or out of the bath
- not be able to reach all parts of their body to wash or dry
- feel they often need to wash or bath
- need extra care due to allergies
- refuse to have baths.

**39** This is about help needed to dress or undress during the day. It can be encouragement, prompting or physical help.



**For example**

If they need physical help to manage buttons, when putting a coat on and off to go to and from school, and it takes about a minute each time, you would answer like this:

They need encouragement, prompting or help to:	How often each day	How long each time
manage zips, buttons or other fastenings	4	1 minute(s)

**If you want to tell us why you have ticked the boxes, how their needs vary or anything else you think we should know, use the box below.**

They can put their clothes on and take them off but they can't use their fingers well enough to do buttons and zips so I need to help with any clothes that have them. This includes putting their coat on when going to school or out to play. They are ok with shoes without laces.

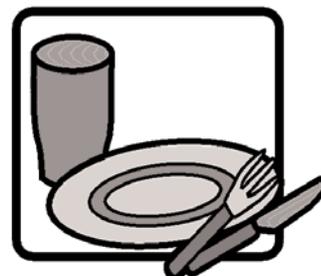
**Here are a few examples of other things you may want to tell us. It's not a full list and doesn't cover everything.**

- They may:
- only wear certain colours
  - need to follow a time-consuming, set routine
  - be easily distracted and need to be repeatedly prompted to dress or undress
  - have involuntary movements, making dressing difficult
  - undress inappropriately
  - have difficulty with some types of clothes
  - only wear their favourite clothes.

**40** This is about help needed to eat and drink during the day. It can be encouragement, prompting or physical help.

**For example**

If they use a spoon to eat but need help to cut up the food at each meal, and this takes about 2 minutes each time, you would answer like this:



They need encouragement, prompting or physical help to:	How often each day	How long each time
cut up food on their plate	3	2 minutes

**If you want to tell us why you have ticked the boxes, how their needs vary or anything else you think we should know, use the box below.**

Although they can use a spoon to eat it takes a long time and they make a mess. They will only eat certain foods such as pasta and cheese and at times will refuse to eat anything at all, even their favourite food.

**Here are a few examples of other things you may want to tell us. It's not a full list and doesn't cover everything.**

- They may:
- continually have to be prompted or encouraged to eat
  - have problems sucking, swallowing or chewing
  - not be able to see what is on their plate
  - not be able to understand when to eat
  - eat inappropriate foods
  - compulsively eat
  - have special dietary needs
  - have problems keeping food down and may be sick after eating.

**41** This is about help needed to take medicine or have therapy during the day. It can be encouragement, prompting or physical help.

**For example**

If they need to be prompted to do their therapy twice a day and encouraged during, say, 30-minute therapy sessions, you would answer like this:



They need encouragement, prompting or physical help to:	How often each day	How long each time
do their therapy	2	30 minutes

**If you want to tell us why you have ticked the boxes, how their needs vary or anything else you think we should know, use the box below.**

They don't like doing therapy as they feel different to their friends so they avoid doing it. They need to do 30 minutes each day but if left they will do a couple of minutes and say they've finished. I try to make it fun to keep them calm and to stop them becoming distressed.

**Here are a few examples of other things you may want to tell us. It's not a full list and doesn't cover everything.**

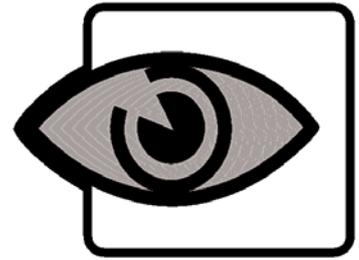
They may:

- avoid taking medicine due to side effects
- not be able to monitor their condition
- be able to take their medicine but need supervising
- refuse to take part in therapy
- not know how much and when to have medicine or therapy.

This is about difficulty seeing.

**For example**

If they can see well enough to recognise someone's face across a room but can't recognise someone across a street, you would answer like this:



**They can recognise:**

someone's face across a room

Yes



No



someone across a street



**If you want to tell us why you have ticked the boxes, how their needs vary or anything else you think we should know, use the box below.**

They can only recognise someone's face across a room if it's someone they know very well like me or their dad, brother or sister. They would only recognise someone less familiar if they knew they were there or if they spoke.

**Here are a few examples of other things you may want to tell us. It's not a full list and doesn't cover everything.**

They may:

- become distressed or frustrated due to difficulty seeing
- have to sit very close to the TV to watch and follow a programme or DVD
- lack confidence and need to be encouraged
- have difficulty seeing outside at night
- have reduced field of vision.

43 This is about difficulty hearing.

**For example**

If they can hear a loud voice in a quiet room but can't hear a normal voice in a quiet room, you would answer like this:



**They can hear:**

a normal voice in a quiet room

Yes

No

a loud voice in a quiet room

**If you want to tell us why you have ticked the boxes, how their needs vary or anything else you think we should know, use the box below.**

They can hear someone speaking if they raise their voice and there is no other noise around. If the TV was on or other people were talking, they wouldn't be able to hear what was being said to them – they would just hear noise. It's easier to hear someone if they can see their face. If watching TV or listening to music, they need the volume turned up.

**Here are a few examples of other things you may want to tell us. It's not a full list and doesn't cover everything.**

They may:

- hear voices but not clearly enough to know what is being said
- hear only muffled noises that make them disorientated
- not be able to hear things the first time they are said and need to have them repeated
- not be able to hear sounds at a particular pitch or tone
- not be able to follow a conversation using a phone
- need help to use and maintain hearing aids
- have a cochlear implant or other surgically implanted hearing aid.

44

This is about difficulty speaking.

**For example**

If they speak clearly in sentences, you would answer like this:



**They can:**

Speak clearly in sentences

**Yes**



**No**



**If you want to tell us why you have ticked the boxes, how their needs vary or anything else you think we should know, use the box below.**

They can put a few words together to make sentences but nothing very long or complicated. They can talk to other people as long as the conversation is kept simple.

**Here are a few examples of other things you may want to tell us. It's not a full list and doesn't cover everything.**

They may:

- get easily excited, start speaking very quickly becoming hard to understand
- be depressed and withdraw from conversation
- choose not to speak
- have a stammer, lisp or other speech difficulty
- become frustrated if they can't be understood
- only speak with family or friends.

45

This is about difficulty communicating.

**For example**

If they communicate using Makaton but only with people they know, you would answer like this:



**To communicate they use:**

Makaton

Yes



No



**They can communicate:**

with someone they know



with someone they don't know



**If you want to tell us why you have ticked the boxes, how their needs vary or anything else you think we should know, use the box below.**

They use Makaton to communicate. This means they can only communicate with other people who use Makaton. Even then, they will only communicate with someone they know. If the support worker is off work and someone else covers, they won't communicate even if I'm there.

**Here are a few examples of other things you may want to tell us. It's not a full list and doesn't cover everything.**

They may:

- have difficulty reading, using BSL or lip-reading due to sight problems
- take what is said literally and be confused by figures of speech
- have difficulty understanding facial expressions or body language
- only be able to understand if things are repeatedly expressed in different ways
- be able to draw simple pictures to communicate
- need an interpreter when communicating with a person who can't sign.

**46** This is about fits, blackouts, seizures, or something similar.

**For example**

If they black out a couple of days a month and have no warning, you would answer like this:

Tell us what type they have and what happens	Doctors don't know the kind of fit they have or why. They drop to the floor and lie still for 2 minutes. They're confused for a couple of hours after.	
<b>They:</b>	<b>Yes</b>	<b>No</b>
have no warning	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Tell us:</b>		
the number of days affected each month	<input type="text" value="2 days"/>	
how many fits they have on these days	<input type="text" value="1"/>	

**If you want to tell us why you have ticked the boxes, how their needs vary or anything else you think we should know, use the box below.**

They fall to the floor and lose consciousness, their muscles stiffen and then their arms and legs jerk and they usually wet themselves. They come round slowly and feel tired, confused and disorientated for a few hours after. A couple of times a year, they have 4 or 5 days a month when this happens.

**Here are a few examples of other things you may want to tell us. It's not a full list and doesn't cover everything.**

They may:

- be incontinent during a fit and need help to clean themselves
- lose consciousness
- regularly have cuts and bruises
- have needed emergency hospital treatment.

47 This is about needing someone to supervise them during the day.



**For example**

If they regularly become verbally aggressive and act impulsively, you would answer like this:

Do they regularly:	Yes	No
become verbally or physically aggressive, or destructive?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
act impulsively?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**If you want to tell us why you have ticked the boxes, how their needs vary or anything else you think we should know, use the box below.**

If they see someone looking at them, they will shout, swear and threaten them. They've never acted on the threats they've made but they're very intimidating and because of their size (over 5 feet) they can frighten people who don't know them. This happens every time we go out.

**Here are a few examples of other things you may want to tell us. It's not a full list and doesn't cover everything.**

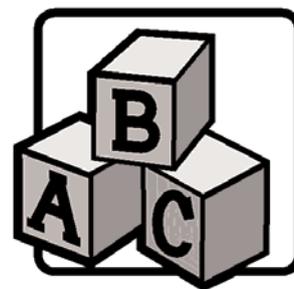
They may:

- be easily distracted and have difficulty concentrating on things
- climb onto window sills to reach open windows
- get agitated and do things without thinking.

48 This is about help needed with their development.

**For example**

If they will play on their own but not with others, you would answer like this:



<b>They need help to:</b>	<b>Yes</b>	<b>No</b>
play with others	<input checked="" type="checkbox"/>	<input type="checkbox"/>
play on their own	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**If you want to tell us why you have ticked the boxes, how their needs vary or anything else you think we should know, use the box below.**

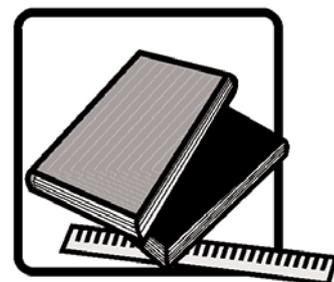
They sit and play on their own ignoring other children around them. They don't recognise any other children there. If another child wants to play with the toy they have, they'll hold on to it as if their life depended on it. They won't share it or let the other child have it. They don't understand when another child wants to play with them.

**Here are a few examples of other things you may want to tell us. It's not a full list and doesn't cover everything.**

They may:

- have difficulty keeping friends due to the way they behave
- interact well with adults but have difficulty with children of their age
- be easily distracted and have difficulty concentrating on things
- be fidgety and talk excessively
- interrupt and not be able to wait their turn
- only be able to play with much younger children.

This is about the help needed at school or nursery. It can be encouragement, prompting or physical help.



### For example

If they need help to communicate and need extra help with learning, you would answer like this:

**They need encouragement, prompting or physical help to:**

communicate

Yes



No



**What extra help do they need with learning?**

They spend 2 days a week in the school's special unit where they get one-to-one help. The school also provide exercises for them to do at home.

**If you want to tell us why you have ticked the boxes, how their needs vary or anything else you think we should know, use the box below.**

They can hear what is being said but don't always understand it. They need to be given time to process what is said and sometimes need things to be repeated or explained in a simpler way before they understand.

**Here are a few examples of other things you may want to tell us. It's not a full list and doesn't cover everything.**

They may:

- come home for medicine or therapy or to have lunch
- take a packed lunch as they can eat it without help
- take a change of clothes to school as they often have accidents
- need extra support, but it is not available
- regularly get into trouble
- need someone to go to school to give them their medicine or therapy.

**50** This is about difficulty taking part in hobbies, interests, or social or religious activities.

**At home** this could be difficulty with:

- drawing and painting
- doing crafts
- reading
- playing computer games
- model making
- playing board games.

**When they go out**, they may have difficulty during, for example:

- after-school activities or clubs
- youth club
- swimming
- bowling
- cinema
- computer club
- chess club
- dance classes
- drama club
- visits to the library.

The hobbies, interests, social or religious activities can be what they **do** or **would do** if they had the help they needed to do them.

**For example**

- **something they do:**

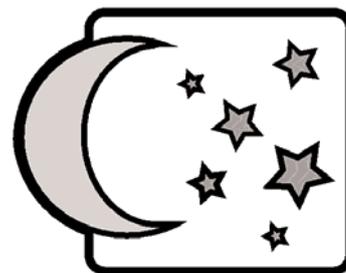
They go to a youth club once a week. At the club, they're encouraged to join in the activities with other children. The help is needed for 2 hours.

- **something they would do:**

They would go on nature trails and similar activities at weekends. They would need help to get to and from the activity, push the wheelchair, get to and from the toilet and general moving around. This would be for about 2 to 3 hours.

**These are only examples of activities they may do or would do.  
It's not a full list and doesn't cover everything.**

**51** This is about help needed at night. It can be encouragement, prompting or physical help. It can also be watching over them for their or others' safety.



**For example**

If someone needs to watch over them because they wake up and wander about, you would answer like this:

<b>They need watching over as they:</b>	<b>How often each night</b>	<b>How long each time</b>
may wander about	1	10 minutes

**If you want to tell us why you have ticked the boxes, how their needs vary or anything else you think we should know, use the box below.**

When they wake up during the night, they usually get out of bed. Sometimes they will play in their bedroom. A couple of nights a week they will wander about, playing with things like the TV and other electrical equipment and don't understand the dangers. They've previously blocked the bathroom sink with toilet paper and turned the taps on. They thought this was funny.

**Here are a few examples of other things you may want to tell us. It's not a full list and doesn't cover everything.**

They may:

- turn on taps or electrical equipment when awake
- unlock doors to go outside
- disturb others when they are awake
- become breathless and cough more when lying down
- need propping up to sleep and checking they are still okay
- have night terrors.

**62** This is about how we pay you.

**Please read these notes before you tell us any account details at question 62.**

**We normally pay DLA into an account.**

Many banks and building societies will let you collect the money at the post office.

We will tell you when we will make the first payment and how much it will be for. We will tell you if the amount we pay into the account is going to change.

**Finding out how much we have paid into the account.**

You can check the payments on account statements. The statements may show your National Insurance (NI) number next to any payments we have made. If you think a payment is wrong, get in touch with the office that pays, straight away.

**If we pay too much money.**

We have the right to take back any money we pay that the child is not entitled to. This may be because of the way the system works for payments into an account.

For example, you may give us some information, which means the child is entitled to less money. Sometimes we may not be able to change the amount we have already paid. This means we will have paid you money that the child is not entitled to.

**We will contact you before we take back any money.**

**What to do now**

Tell us about the account you want to use at **question 62**. By giving us the account details you:

- agree that we will pay DLA into an account, and
- understand what we have told you above in the section

**If we pay too much money.**

If you are going to open an account, please tell us the account details as soon as you get them.

If you do not have an account, please contact us and we will give you more information.

**Fill in the rest of the form. You do not have to wait until you have opened an account, or contacted us.**

**About the account you want to use:**

- You can use an account in your name, or a joint account.
- You can use a credit union account. You must tell us the credit union's account details. Your credit union will be able to help you with this.
- If you are an appointee or a legal representative acting on behalf of the customer, the account should be in your name only.

You can find the account details on the chequebook or bank statements. If you do not know the account details, ask the bank or building society.

## Daily diary: a record of the child's needs.

We understand that, when caring for a disabled child, it can be difficult to remember what help you give and how often you give it.

You may find keeping a diary or daily record helps you fill in the claim form.

If their needs are the same most of the time, you may want to keep a record for just one day.

If their needs vary, it may be helpful to keep a record on different days.

### **You must decide if you want to keep a diary.**

This could include details about:

- the help you give the child
- the help they need, and
- how long it takes
- their behaviour
- how they felt, and
- if it was a good or bad day

The next page gives an example of how you can do this and the things you can write down. You may want to write things down in a different way. Use the way that is easiest and most helpful to you.

The diary is to help you fill in the claim form. You don't have to send it to us.

# Example

## Date

Monday 21 February 2011

### The morning

Include any help needed:

- waking up
- getting out of bed
- moving around
- going to the toilet
- washing
- dressing
- having breakfast
- taking medicine
- doing therapy
- school runs.

Woken at 7:30

Helped out of bed – 5 minutes

Helped with toileting – 5 minutes

Helped wash, put on clothes, get downstairs. He took off pyjamas – 20 minutes

Ate cereal without help

Gave medicine – 2 minutes

Helped to car – 5 minutes

Took to school. Helped out of car – 5 minutes. His helper met us.

### During the day

Include any help needed:

- at nursery or school
- moving around
- going to the toilet
- dressing
- eating
- taking medicine
- doing therapy
- after school clubs

Helper does everything at school – toilet, moving around during lessons, encouraging him to join in. Tried to walk between lessons but in too much pain. I had to collect him from school early as he had wet himself and was upset.

Didn't go to Youth Club tonight, still upset.

### Early evening

Include any help needed:

- eating
- washing
- dressing
- taking medicine
- doing therapy
- moving around
- going to the toilet
- hobbies and interests
- getting into bed
- settling in bed

I cut up his food. Fed himself using a spoon – did well (it was his favourite).

Changed for bed (he tried to help) – 10 minutes

Gave medicine – 2 minutes

Play therapy – 1 hour

Helped to toilet 3 times – 5 minutes each time

Watched favourite DVD over and over. Hit younger sister (she wanted to watch something else). Had to stop him.

8:30 bedtime, help with stairs, to get into bed and settle – 30 minutes.

### During the night

Include any help needed when everyone in the house is in bed with:

- getting out of bed
- going to the toilet
- taking medicine
- doing therapy
- turning in bed
- settling in bed

Woke at 2:10 - helped out of bed to toilet – 15 minutes

Had to stay until he settled – 15 minutes

Apart from being upset, today was a good day.

**Date**

**The morning**

Include any help needed:

- waking up
- getting out of bed
- moving around
- going to the toilet
- washing
- dressing
- having breakfast
- taking medicine
- doing therapy
- school runs.

**During the day**

Include any help needed:

- at nursery or school
- moving around
- going to the toilet
- dressing
- eating
- taking medicine
- doing therapy
- after school clubs

**Early evening**

Include any help needed:

- eating
- washing
- dressing
- taking medicine
- doing therapy
- moving around
- going to the toilet
- hobbies and interests
- getting into bed
- settling in bed

**During the night**

Include any help needed when everyone in the house is in bed with:

- getting out of bed
- going to the toilet
- taking medicine
- doing therapy
- turning in bed
- settling in bed

# Disability and Carers Service

Department for Work and Pensions

# Disability Living Allowance for a child under 16

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

If you want help filling in any part of this claim form, read the **information booklet** or phone the Benefit Enquiry Line (BEL) on **0800 88 22 00**.

If you have speech or hearing difficulties, you can contact BEL by textphone on **0800 24 33 55**.

We can provide an interpreter if you phone or visit us.

This form is available in large print or braille.  
Please phone **0800 88 22 00**.

## About the child

1 Surname or family name

All other names in full

2 Child reference number  
(if you know it)

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

3 Date of birth  
(day/month/year)

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

4 Sex

Male  Female

5 Address where the child lives

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

6 What is the child's nationality?  
For example, British, Spanish,  
Turkish

**7** Does the child normally live in Great Britain?

Great Britain is England, Scotland and Wales.

Yes

No

**8** Has the child been abroad for more than a total of 13 weeks in the last 52 weeks?

Abroad means out of Great Britain.

Yes  We may contact you for more details.

No  Please continue below.

**9** Is the child in a hospital or hospice now, or have they been admitted in the past 12 months?

Yes  Please continue below.

No  Go to question 10.

If the child is in hospital when you claim we will not usually pay Disability Living Allowance (DLA) until they leave, unless you are paying for their accommodation.

We may pay DLA if you are claiming for the child under the special rules (see question 21) and they are in a hospice.

**Please tell us when they went in and when they came out.**

In

Out

In

Out

**Name and address of the hospital or hospice**

Postcode	<input type="text"/>						

**Phone number**  
Include the dialling code.

**Why did they go in?**

**Does or did the NHS fund their stay?**

Yes

No

10

**Is the child in a residential college or similar place now, or have they been in the past 12 months?**

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

If the child is in a residential college or similar place when you claim we will not usually pay DLA care unless you are paying all the costs of their accommodation, board and personal care without help from a local or public authority.

**Yes**  Please continue below. **No**  Go to question 11.

**Please tell us when they went in and when they came out.**

**In**

**Out**

**In**

**Out**

**Name and address of where they are or were staying**

Postcode							

**Phone number**

Include the dialling code.

**Does or did the local authority or a government department pay any costs for them to live there?**

**Yes**  Please continue below. **No**  Go to question 11.

**Which authority or government department pays or paid?**

We ask about people involved in the child's care and may contact them before we make a decision.

They don't decide if the child can get DLA.

**11** In the last 12 months, has the child seen anyone apart from their GP about their illnesses or disabilities?

For example, a hospital doctor, consultant, nurse, occupational therapist, physiotherapist, educational psychologist, social worker or support worker.

Yes  Tell us below who they have seen.

No  Go to question 12.

If they see or have recently seen more than one professional, tell us the other professionals' details at question 63 Extra information.

**Name**

For example, Mr, Mrs, Miss, Ms, Dr

**Profession or specialist area**

**Address**

For example, health centre, hospital, office or their place of work.

Postcode								

**Phone number**

Include the dialling code.

**The child's hospital record number**

You can find this on their appointment card or letter.

**Which illness or disability do they see the child about?**

**When did they last see the child about their illness or disability?**

**12** **Name of the child's GP**  
If you don't know the GP's name, tell us the name of the surgery or health centre.

**Address**

Postcode								

**Phone number**  
Include the dialling code.

**When did they last see the child about their illness or disability?**

**13** **Has the child had or are they waiting for tests to help diagnose, treat or monitor their illnesses or disabilities?**

For example, audiogram, MRI scan, cognitive development or IQ test, or something else.

**Yes**  Tell us about it in the table below.      **No**  Go to question 14.

Date and type of test	What did the test show?
<b>Example</b> June 2011 Eyesight test	They needed to see a hospital doctor

**14** **Do you have any reports, letters or assessments about the child's illnesses or disabilities?**

These may be from the people who treat or help them with their illnesses or disabilities. For example, doctors, health visitors or occupational therapists.

**Yes**  Please continue below.      **No**  Go to question 15.

**Tell us what reports you have.** For example, educational psychologist's report or Certificate of Vision Impairment (CVI).

**Send us a copy, if you can, as it may help us deal with your claim.** Tell us if you want us to return it.

**15** Name of the child's school or nursery

Address

Postcode							

Phone number

Include the dialling code.

Person we can contact

For example, a teacher

**16** Does the child have or are they waiting to hear about an Individual Education Plan (IEP), Individual Behaviour Plan (IBP) or statement of Special Educational Needs (statement)? In Scotland the statement is called a Co-ordinated Support Plan (CSP).

If the child needs help under School Action or School Action Plus, a teacher prepares the IEP or IBP which sets out the help they need. If more help is needed, the local authority may complete an assessment and issue a letter, a Note in Lieu, or a statement.

Yes  Please tick the boxes that apply.

No  Go to question 17.

**Send us a copy, if you can, as it may help us deal with your claim.** Tell us if you want us to return it.

They have an IEP or IBP.

They have a statement, Note in Lieu, letter or CSP.

I am waiting to hear.

## 17 Statement from someone who knows the child

**This part does not have to be filled in.** But if it is filled in, this may help us deal with your claim. It could be filled in by someone who treats or helps the child, or someone else involved in their care.

### Statement to be filled in by the person who knows the child.

Use the space below to tell us:

- the child's illnesses or disabilities and how they affect the child, and
- how you help the child.


**Signature**

**Date**

**Name (please use block capitals)**

**Address**

Postcode									

**Phone number**

Include the dialling code.

**Job or profession**

**When did you last see the child?**

## Consent

We may want to contact the child's GP, or the people or organisations involved with the child, for information about the child's 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 the child is entitled to the benefit you are claiming on their behalf.

We, or any health care professional working for an organisation approved by the Secretary of State, 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 below.

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

I do not agree to you contacting the people or organisations described in the statement above.

**Signature**

**Date**

**Please make sure you also sign and date the declaration question 64.**

## The questions we ask and why we ask them

DLA is a benefit to help with extra costs because:

- the child has difficulties walking, or
- the child needs extra looking after, because of their illness or disability.

By 'extra looking after' we mean much more than another child of the same age.

We ask about the child's illnesses or disabilities, the treatment they have, the difficulties they have walking outdoors and the extra looking after they need.

We understand it may be upsetting for you to think about what the child can't do, but we need this information to make the right decision.

Tell us about the help they need most of the time. You can use the box at the end of each question to tell us:

- about your tick-box answers
- how their needs vary, and
- anything else you think we should know about the help they need.

### If you need help to fill in the rest of the form

In the **information booklet** we:

- explain the questions we ask
- tell you how to answer the questions, and
- give you examples of other things you can tell us.

When you see



you can use the **information booklet** to help you understand and answer the questions.

## About the child's illnesses or disabilities

19 List the child's illnesses or disabilities in the table below.

- **Illness or disability** may be a physical, sight, hearing, speech, learning or developmental difficulty, or a mental-health problem. If they don't have a **diagnosis**, tell us their difficulty. For example, if they have problems learning new things and you don't know why, put 'Learning problem'.
- **How long** may be from birth or the date the problem started. It is **not** the date of diagnosis.
- **Treatment** may be medicines such as tablets, creams or injections and things like speech, occupational or play therapy, physiotherapy or counselling.
- **How often** they have each treatment and for how long. The label on the child's medicine has the name, dose and how often to take it.

If you have a spare **up-to-date prescription list** send it to us with this form.

Illness or disability	How long have they had it?	What treatment do they have for it?	How often do they have treatment?
<b>Examples</b> ADHD	Problems started aged 4	Cognitive behaviour therapy Ritalin 30 milligrams (mg)	One hourly session a week One a day
Eczema	About one year	Promethazine 5 mg 1% Hydrocortisone cream E45 Emollient bath oil	One before bed 3 times a day Daily
Visually impaired	From birth	Play therapy	Every day

If you need more space to tell us about their illnesses or disabilities, please continue at question 63 **Extra information**.

**20** Does the child use or have they been assessed for any aids or adaptations?

Yes  Please continue below. No  Go to question 21.

Tell us in the table below about any:

- aids used at home, at school or anywhere else
- aids or adaptations they have been assessed for or are waiting for
- help they need to use it. This could be encouragement, prompting or physical help.

Put a tick next to the aid or adaptation if it was prescribed by a health care professional. For example an occupational therapist.

**i** Use page 8 of the **information booklet**.

Aids and adaptations	✓	What help do they need to use the aid or adaptation?
<b>Example of aid</b> Picture Exchange Cards	✓	Encouragement to use cards to communicate
<b>Example of adaptation</b> Bed rails		No help needed

If you need more space to tell us about their aids or equipment, please continue at question 63 **Extra information**.

## Special rules

### 21 Are you claiming for the child under the special rules?

The special rules apply to children who have a progressive disease and are not expected to live longer than another 6 months.

**Yes**  Please continue below.    **No**  Go to question 22.

Make sure you:

- answer all the questions on the form that apply to you, or the child you are claiming for, **apart from questions 35 to 53**
- answer **questions 23 to 34** if the child has any walking difficulties.

To deal with the claim as quickly as possible it is important you send a DS1500 report about the child's medical condition with the claim. You can get the report from the child's doctor or specialist. You won't have to pay for it and the child doesn't have to see the doctor. The doctor's receptionist, a nurse or a social worker can arrange it for you.

If you have not got a DS1500 report by the time you have filled in the claim form, send the form straight away. If you wait the child could lose money. Send the DS1500 report as soon as you can.

#### **Getting DLA under the special rules means:**

- the child gets the care part of DLA at the highest rate
- they get paid straight away unless they are in a hospital, residential care home, boarding school or similar place
- we deal with the claim more quickly.

**You must still tell us about any changes that may affect how much money the child gets.**

### When the child needs help

We understand the help a child needs can vary from day to day or week to week.

To make the right decision, we need to know if the help the child needs is the same most of the time or varies.

**Tick the box below that applies to them.**

**The help they need:**

is the same most of the time

varies

**Tell us in the box below how their needs vary.**

For example:

- every 3 to 4 weeks they have a couple of good days
- they need more looking after when their condition gets worse, 2 to 3 times a year, or
- they have treatment 3 times a week and need more looking after the day after.


## Mobility questions

**Mobility** – these questions are about the difficulty that the child has walking outdoors because of their illnesses or disabilities.

Questions 23 to 29 are about the physical difficulties a child has walking. This is for children **age 3 and over**.

Questions 30 to 32 are about the guidance and supervision they need when walking outdoors most of the time. This is for children **age 5 and over**.

The following questions ask about ‘they’. This means the child you are claiming DLA for.

# Mobility

These are about their ability to physically walk outdoors on a reasonably flat surface. We can't consider any problems they have walking on steps, slopes or uneven ground. If their problems are not physical, do not answer questions 23 to 29. Tell us about any behavioural difficulties with walking at questions 30 to 32.



## 23 Can they physically walk?

Tick **No** if they cannot walk at all.

**Yes**  Go to question 24.

**No**  Go to question 34 to tell us how long they have been unable to walk.

## 24 Do they have physical difficulties walking?

This means problems with how far they can walk, how long it takes, their walking speed, the way they walk, or the effort of walking and how this may affect their health.

**Yes**  Go to question 25.

**No**  Go to question 30.

## 25 Please tick the boxes that best describe how far they can walk without severe discomfort and how long it takes them.

This means the total distance they can walk before they stop and can't go on because of severe discomfort. This may include short stops to catch their breath or ease pain.

**We understand this can be difficult to work out.**

It may help to do the following things when you are out walking with the child:

- Count the steps you take to see how far they have walked. If they walk 100 of your steps, they have walked about 90 metres (100 yards).
- Check the time when you start and stop to see how long it takes.



Use page 8 of the **information booklet**.

### They can walk:

over 200 metres (218 yards)

51 to 200 metres (56 to 218 yards)

50 metres (55 yards) or less

a few steps

### It takes them:

more than 5 minutes

3 to 4 minutes

1 to 2 minutes

less than a minute

<input type="checkbox"/>

**26** Please tick the box that best describes their walking speed.

**Normal**

This means they can easily keep up with friends.

**Slow**

This means they can only keep up with friends with a lot of effort.

**Very Slow**

This means they can't keep up with friends.

**27** Please tick the box that best describes the way they walk.

**They:**

walk normally

walk with a limp

shuffle

drag their leg

walk with one or both feet turned inwards

walk on their toes

have poor balance

If they have other difficulties with the way they walk, tell us below what they are.

**28** Does the effort of walking seriously affect their health?

For example, walking can cause bleeding into the knee and ankle joints.

**Yes**  Tell us below how their health is affected.      **No**  Go to question 29.

**29** If you want to tell us why you have ticked the boxes, how their needs vary or anything else you think we should know, use the box below.

For example, they have more pain or tiredness if they walk too far the day before.

---

---

---

---

---

---

---

---

**30** Do they need guidance or supervision most of the time when they walk outdoors?



**i** Use page 9 of the **information booklet**.

**Yes**  Tick the boxes that apply. **No**  Go to question 31.

**Can they:**

- find their way around places they know?
- ask for and follow directions?
- walk safely next to a busy road?
- cross a road safely?
- understand common dangers outdoors?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

**Do they regularly:**

- become anxious, confused or disorientated?
- display unpredictable behaviour?
- need physical restraint?
- refuse to walk?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

**31** Do they fall due to their disability?

**Yes**  Please continue below. **No**  Go to question 32.

Tell us the number of falls each month

**They:**

- can get up without help
- have had injuries needing hospital treatment

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>



**If you are claiming under the special rules, go straight to question 54.**

## Care questions

**Care** – these questions are about the extra looking after that the child needs because of their illnesses or disabilities. These questions are for children of **all ages**.

Questions 35 to 50 are about the help they need during the day.

For example, if a child gets up at **7am** and goes to bed at **8pm** and the parents get up at **7am** and go to bed at **11pm**, day time would be **7am** to **11pm**. Any help needed after **11pm** would count as help during the night.

Question 51 is about the help needed during the night.

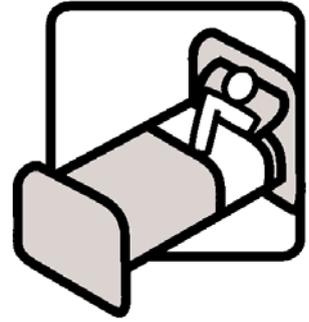
For example, if a child goes to bed at **8pm** and the parents go to bed at **11pm**, night would start at **11pm**. Any help needed before **11pm** would count as help during the day.

The following questions ask about 'they'. This means the child you are claiming DLA for.

## Care

35 Do they need encouragement, prompting, or physical help to get into or out of or settle in bed during the day?

This means waking up, lifting their legs into or out of bed, sitting up from lying down or settling in bed ready to go to sleep.



Use page 10 of the **information booklet**.

Yes  Please continue below. No  Go to question 36.

Tell us how often they need help each day and how long it takes each time.

**They need encouragement, prompting or physical help to:**

**How often each day**

**How long each time**

wake up

minutes

get out of bed

minutes

get into bed

minutes

settle in bed

minutes

**If you want to tell us why they need help, how their needs vary or anything else you think we should know, use the box below.**

For example, they may need to follow a set routine to go to or get out of bed.


**36** Do they need encouragement, prompting, or physical help to go to or use the toilet during the day?

This means going to the toilet, managing their clothes, getting on and off the toilet, using the toilet, cleaning themselves and coping with continence care.



**i** Use page 11 of the **information booklet**.

**Yes**  Tick the boxes that apply.      **No**  Go to question 37.

**They need encouragement, prompting or physical help to:**

go to the toilet

manage clothes

get on and off the toilet

wipe themselves

wash and dry their hands

manage a catheter, ostomy or stoma

manage nappies or pads

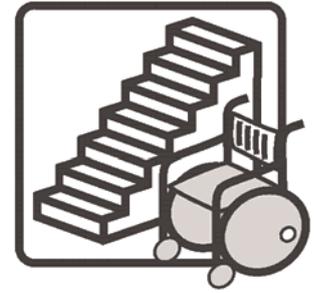
**If you want to tell us why you have ticked the boxes, how their needs vary or anything else you think we should know, use the box below.**

For example, they have pain and become distressed.


**37** Do they need encouragement, prompting, or physical help to move around indoors, use stairs or get into or out of a chair during the day?

A chair is any type of chair including a wheelchair.

This means moving from one place to another, using stairs, getting into, sitting in, and getting out of a chair. Indoors is in their home, a friend's home, school, college, or anywhere else inside.



**i** Use page 12 of the **information booklet**.

**Yes**  Tick the boxes that apply.

**No**  Go to question 38.

**They need encouragement, prompting or physical help to:**

go up and down one step

go upstairs

go downstairs

move around safely

get into or out of a chair

sit in a chair

**If you want to tell us why you have ticked the boxes, how their needs vary or anything else you think we should know, use the box below.**

For example, they bump into furniture and doors.


**38** Do they need encouragement, prompting, or physical help to wash, bath, shower and check their appearance during the day?

This means getting in and out of a bath or shower, washing their hair, drying themselves, using soap, using a toothbrush and checking their appearance.



**i** Use page 13 of the **information booklet**.

**Yes**  Please continue below. **No**  Go to question 39.

Tell us how often they need help each day and how long it takes each time.

<b>They need encouragement, prompting or physical help to:</b>	<b>How often each day</b>	<b>How long each time</b>
have a wash	<input type="text"/>	<input type="text" value="minutes"/>
clean their teeth	<input type="text"/>	<input type="text" value="minutes"/>
wash their hair	<input type="text"/>	<input type="text" value="minutes"/>
get in or out of the bath	<input type="text"/>	<input type="text" value="minutes"/>
get in or out of the shower	<input type="text"/>	<input type="text" value="minutes"/>
clean themselves in the bath or shower	<input type="text"/>	<input type="text" value="minutes"/>
dry themselves after a bath or shower	<input type="text"/>	<input type="text" value="minutes"/>
check their appearance	<input type="text"/>	<input type="text" value="minutes"/>

**If you want to tell us why they need help, how their needs vary or anything else you think we should know, use the box below.**

For example, when they are in the bath they need telling repeatedly what to do and how to do it.

---

---

---

---

---

---

---

---

**39** Do they need encouragement, prompting, or physical help to dress and undress during the day?

This means choosing the right clothes for the weather or activity, choosing clean clothes, putting clothes on in the correct order, moving their arms or legs to put clothes on or take them off. This is any dressing or undressing except when using the toilet.



**i** Use page 14 of the **information booklet**.

**Yes**  Please continue below. **No**  Go to question 40.

Tell us how often they need help each day and how long it takes each time.

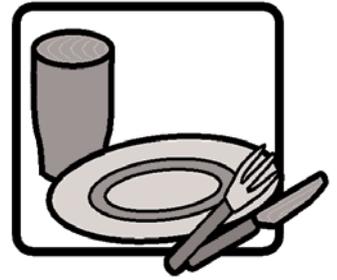
<b>They need encouragement, prompting or physical help to:</b>	<b>How often each day</b>	<b>How long each time</b>
dress	<input type="text"/>	<input type="text"/> minutes
undress	<input type="text"/>	<input type="text"/> minutes
manage zips, buttons or other fastenings	<input type="text"/>	<input type="text"/> minute(s)
choose appropriate clothes	<input type="text"/>	<input type="text"/> minutes

**If you want to tell us why they need help, how their needs vary or anything else you think we should know, use the box below.**

For example, they follow a set routine that takes a long time.


### Do they need encouragement, prompting, or physical help to eat and drink during the day?

This means getting food into their mouth, chewing, swallowing, using cutlery, cutting up food, holding a cup, getting it to their mouth and drinking.



Use page 15 of the **information booklet**.

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

Tell us how often they need help each day and how long it takes each time.

**They need encouragement, prompting or physical help to:**

**How often each day**

**How long each time**

eat

minutes

use a spoon

minutes

cut up food on their plate

minutes

drink using a cup

minutes

be tube or pump fed

minutes

**If you want to tell us why they need help, how their needs vary or anything else you think we should know, use the box below.**

For example, they can't see what food is on the plate.


**41 Do they need encouragement, prompting, or physical help to take medicine or have therapy during the day?**

Taking medicine includes tablets, injections, eye drops, knowing what to take, how much to take and when to take it.

Having therapy includes blood sugar testing, peak flow checks, physio, oxygen, speech, play and behaviour therapy, knowing what to do, how much to do and when to do it.



**i** Use page 16 of the **information booklet**.

**Yes**  Please continue below. **No**  Go to question 42.

Tell us how often they need help each day and how long it takes each time.

<b>They need encouragement, prompting or physical help to:</b>	<b>How often each day</b>	<b>How long each time</b>
take the correct medicine	<input type="text"/>	<input type="text" value="minutes"/>
know when to take their medicine	<input type="text"/>	<input type="text" value="minutes"/>
do their therapy	<input type="text"/>	<input type="text" value="minutes"/>
know when to do their therapy	<input type="text"/>	<input type="text" value="minutes"/>

**If you want to tell us why they need help, how their needs vary or anything else you think we should know, use the box below.**

For example, they become angry with their condition and refuse to take their medicine.

---

---

---

---

---

---

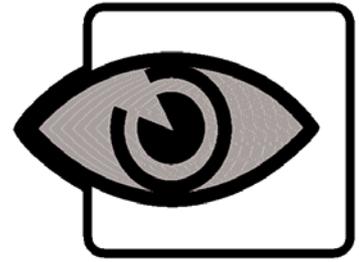
---

---

42

**Do they have difficulty seeing?**

This means when using their aids like glasses or contact lenses.



Use page 17 of the **information booklet**.

**Yes**  Please continue below.    **No**  Go to question 43.

**Are they certified sight impaired or severely sight impaired?**

If they are certified they will have been examined at a hospital or eye clinic.

A Certificate of Vision Impairment (CVI) will have been sent to the local social services department. You will have been given a copy.

If they are certified, please send us a copy of the CVI. Tell us here if you want us to return it.

Certified severely sight impaired  Go to question 43.

Certified sight impaired  Tick the boxes that apply.

**They can see:**

computer keyboard keys or **large print** in a book

**Yes**

**No**

a TV and follow the actions to a story

the shape of furniture in a room

**They can recognise:**

someone's face across a room

**Yes**

**No**

someone across a street

**If you want to tell us more about the boxes you have ticked, how their needs vary or anything else you think we should know, use the box below.**

For example, they have difficulty seeing in poorly lit places like a cinema.


**43** Do they have difficulty hearing?

This means hearing sound or someone speaking when using their hearing aid.



**i** Use page 18 of the **information booklet**.

**Yes**  Tick the boxes that apply.      **No**  Go to question 44.

	<b>Yes</b>	<b>No</b>
<b>Have they had an audiology test in the last 6 months?</b>	<input type="checkbox"/>	<input type="checkbox"/>

If you send us a copy of the report it may help us deal with the child's claim. Tell us if you want us to return it.

<b>They can hear:</b>	<b>Yes</b>	<b>No</b>
a whisper in a quiet room	<input type="checkbox"/>	<input type="checkbox"/>
a normal voice in a quiet room	<input type="checkbox"/>	<input type="checkbox"/>
a loud voice in a quiet room	<input type="checkbox"/>	<input type="checkbox"/>
a TV, radio or CD but only at a very loud volume	<input type="checkbox"/>	<input type="checkbox"/>
a school bell or car horn	<input type="checkbox"/>	<input type="checkbox"/>

**If you want to tell us more about the boxes you have ticked, how their needs vary or anything else you think we should know, use the box below.**

For example, they can't hear things if there is a lot of background noise.


**Do they have difficulty speaking?**

This means the ability to say words out loud and talk clearly.



Use page 19 of the **information booklet**.

**Yes**

Tick the boxes that apply.

**No**

Go to question 45.

**They can:**

Speak clearly in sentences

**Yes**

**No**

Put words together to make simple sentences



Speak single words


**They can communicate using speech:**

With someone they know

**Yes**

**No**

With someone they don't know



**If you want to tell us more about the boxes you have ticked, how their needs vary or anything else you think we should know, use the box below.**

For example, they get embarrassed about the way they talk and will only speak to people they know.


**45** Do they have difficulty and need help communicating?

This means passing on information, asking and answering questions, telling people how they feel, giving and following instructions.



**i** Use page 20 of the **information booklet**.

**Yes**  Tick the boxes that apply. **No**  Go to question 46.

**To communicate they use:**

	<b>Yes</b>	<b>No</b>
writing	<input type="checkbox"/>	<input type="checkbox"/>
BSL (British Sign Language)	<input type="checkbox"/>	<input type="checkbox"/>
lip-reading	<input type="checkbox"/>	<input type="checkbox"/>
using hand movements, facial expressions and body language	<input type="checkbox"/>	<input type="checkbox"/>
Makaton	<input type="checkbox"/>	<input type="checkbox"/>

If they use another form of communication, tell us below what it is. This could be Sign Supported English (SSE), Signed English (SE), Finger Spelling, Picture Exchange Communication System (PECS), Tadoma or something else.

**They can communicate:**

	<b>Yes</b>	<b>No</b>
with someone they know	<input type="checkbox"/>	<input type="checkbox"/>
with someone they don't know	<input type="checkbox"/>	<input type="checkbox"/>

**If you want to tell us more about the boxes you have ticked, how their needs vary or anything else you think we should know, use the box below.**

For example, they may be at risk because they don't understand a warning.

**46** Do they have fits, blackouts, seizures, or something similar?

This means epileptic, non-epileptic or febrile fits, faints, absences, loss of consciousness and 'hypos' (hypoglycaemic attacks).

**i** Use page 21 of the **information booklet**.

**Yes**  Please continue below. **No**  Go to question 47.

Tell us what type they have and what happens

**They:**

can recognise a warning and tell an adult

**Yes**

**No**

can recognise a warning and take appropriate action

have no warning

have had a serious injury in the last 6 months because of a fit, blackout or seizure

display dangerous behaviour after a fit, blackout or seizure

**Tell us:**

the number of days affected each month

how many fits they have on these days

the number of nights affected each month

how many fits they have on these nights

**Have they had an episode of status epilepticus in the past 12 months?**

This is where there is persistent epileptic activity for more than 30 minutes, or they have several seizures without becoming conscious between each seizure.

**Yes**  **No**

**If you want to tell us more about the boxes you have ticked, how their needs vary or anything else you think we should know, use the box below.**

For example, they become distressed and need reassurance.

**47** Do they need to be supervised during the day to keep safe?

This means they need someone to keep an eye on them because of how they feel or behave, or how they react to people, changing situations and things around them.



**i** Use page 22 of the **information booklet**.

**Yes**  Tick the boxes that apply. **No**  Go to question 48.

**Can they:**

- |   | <b>Yes</b>               | <b>No</b>                |
|---|--------------------------|--------------------------|
| recognise and react to common dangers?        | <input type="checkbox"/> | <input type="checkbox"/> |
| cope with planned changes to daily routine?   | <input type="checkbox"/> | <input type="checkbox"/> |
| cope with unplanned changes to daily routine? | <input type="checkbox"/> | <input type="checkbox"/> |

**Do they regularly:**

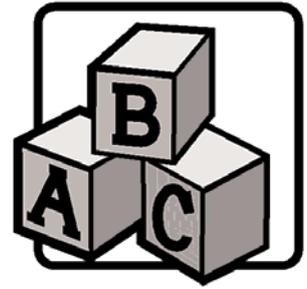
- |  | <b>Yes</b>               | <b>No</b>                |
|--|--------------------------|--------------------------|
| feel anxious or panic?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| become upset or frustrated?                              | <input type="checkbox"/> | <input type="checkbox"/> |
| harm themselves or others?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| feel someone may harm them?                              | <input type="checkbox"/> | <input type="checkbox"/> |
| become verbally or physically aggressive or destructive? | <input type="checkbox"/> | <input type="checkbox"/> |
| act impulsively?   | <input type="checkbox"/> | <input type="checkbox"/> |
| have tantrums?   | <input type="checkbox"/> | <input type="checkbox"/> |

**If you want to tell us why you have ticked the boxes, how their needs vary or anything else you think we should know, use the box below.**

For example, they behave without thinking about dangers or how it will affect others.


**48** Do they need extra help with their development?

This means any extra help they need to improve their understanding of how to behave and react to people, situations and things around them.



**i** Use page 23 of the **information booklet**.

**Yes**  Tick the boxes that apply.

**No**  Go to question 49.

**They need help to:**

understand the world around them

recognise their surroundings

follow instructions

play with others

play on their own

join in activities with others

behave appropriately

understand other people's behaviour

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

**If you want to tell us why you have ticked the boxes, how their needs vary or anything else you think we should know, use the box below.**

For example, they may have difficulty making friends.

---

---

---

---

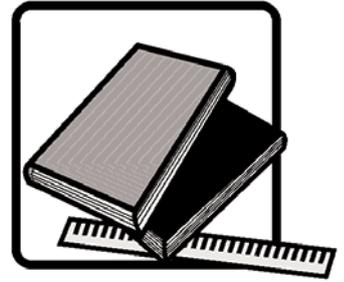
---

---

---

---

**49** Do they need encouragement, prompting or physical help at school or nursery?



**i** Use page 24 of the **information booklet**.

**Yes**  Tick the boxes that apply.

**No**  Go to question 50.

**They need encouragement, prompting or physical help to:**

	<b>Yes</b>	<b>No</b>
go to and use the toilet	<input type="checkbox"/>	<input type="checkbox"/>
safely move between lessons	<input type="checkbox"/>	<input type="checkbox"/>
change into different clothes for PE and other school activities	<input type="checkbox"/>	<input type="checkbox"/>
eat meals	<input type="checkbox"/>	<input type="checkbox"/>
take medicine or do their therapy	<input type="checkbox"/>	<input type="checkbox"/>
communicate	<input type="checkbox"/>	<input type="checkbox"/>

**What extra help do they need with learning?**


**What is their behaviour like at school or nursery?**


**How do they usually get to and from school or nursery?**

--

**If you want to tell us more about the boxes you have ticked, how their needs vary or anything else you think we should know, use the box below.**

For example, they have one-to-one help from a teaching assistant.


50

Do they need encouragement, prompting or physical help to take part in hobbies, interests, social or religious activities?



Use page 25 of the **information booklet**.

Yes  Please continue below. No  Go to question 51.

**Tell us:**

- what they do or would do if they had help
- what help they need or would need to do this
- how often they do it or would do it if they had the help, and
- how long they need or would need help each time.

**At home**

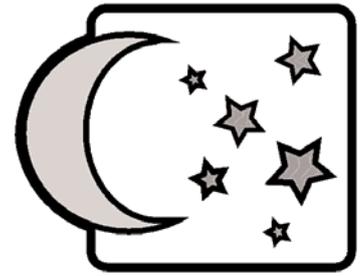
Activity	Help needed	How often?	How long each time?
<b>Example</b> Art	Encouragement to get paints, brushes and paper. Motivate to keep interested. Help to wash hands afterwards.	2 times a week	One hour

**When they go out**

Activity	Help needed	How often?	How long each time?
<b>Example</b> Swimming	To get changed, to get in and out of the pool, to dry themselves.	Once a week	45 minutes

**51** Do they wake and need help at night, or need someone to be awake to watch over them at night?

Night is when everyone in the house is in bed.



**i** Use page 26 of the **information booklet**.

**Yes**  Please continue below. **No**  Go to question 52.

Tell us how often each night they need help and how long it takes each time.

**They need encouragement, prompting or physical help to:**

get into, get out of or turn in bed



get to and use the toilet, manage nappies or pads



have treatment



settle



**They need watching over because they:**

are unaware of danger and may harm themselves or others



may wander about



have behavioural problems



**If you want to tell us why they need help or watching over, how their needs vary or anything else you think we should know, use the box below.**

For example, they don't sleep regular hours each night.

---

---

---

---

---

---

---

---



# About you

Use this page to tell us about yourself, not the child.

54 Your surname or family name

All other names in full

Title

For example, Mr, Mrs, Miss, Ms

55 Your date of birth

56 Your 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"/>

57 Address if different to the child's

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

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

59 Your daytime phone number where we can contact you or leave a message.

Phone number

Include the dialling code.

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

Textphone number

60 What is your relationship to the child?

61 What is your nationality?

# How we pay you

62 Please tell us your account details below.

**i** You must read pages 27 and 28 of the **information booklet** before you fill in the account details.

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

## 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 6 numbers, for example: 12-34-56.

--	--	--	--	--	--

## Account number

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

--	--	--	--	--	--	--	--	--	--

## Building society roll or reference number

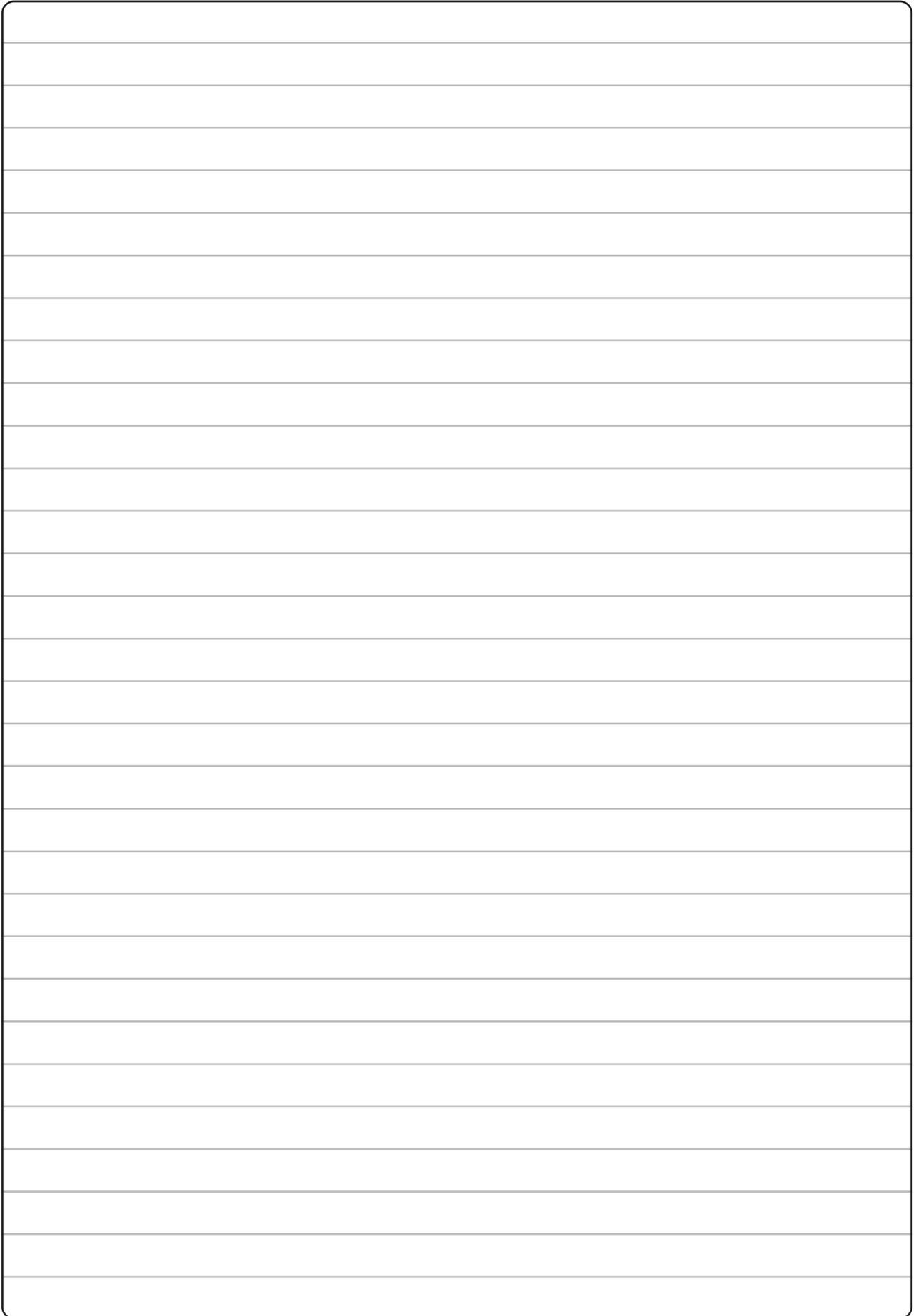
If you are using a building society account you may need to tell us a roll or reference number. This may be made up of letters and numbers, and may be up to 18 characters long. If you are not sure if the account has a roll or reference number, ask the building society.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

You may be getting 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.

## Extra information

63 Tell us anything else you think we should know about the child's claim.

A large rectangular area with horizontal lines for writing, intended for providing extra information about the child's claim.

If you need more space continue on a separate piece of paper. Please put the child's name and date of birth on any extra pieces of paper you send us.

## What to do now

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

Read pages 5 to 7 of the **information booklet** about how we collect and use information and for help and advice about other benefits.

Make sure you have **signed the consent** question 18.

**List below all the documents you are sending with this claim form and tell us if you want us to return them.** For example, a prescription list, medical report or a statement of Special Educational Needs.


Now read and sign the declaration below.

64

### Declaration

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** 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 the child's Disability Living Allowance of anything that may affect my entitlement to, or the amount of, that benefit.

**I understand** that the Department for Work and Pensions 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 for the child
- 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**

--