

# Notes about claiming Disability Living Allowance for a child under 16

**Important – Please read these notes first. They tell you what you need to know about the rest of this pack.**

## What is Disability Living Allowance?

Disability Living Allowance is a tax-free social security benefit for people with an illness or a disability, who need help with getting around, or help with personal care, or help with both of these.

It is not affected by any money the child or the child's family might have as income, or by any savings they might have.

**People can still claim Disability Living Allowance even if they do not actually get the help they need.**

They must normally be living in Great Britain and have lived there for 26 weeks in the 52 weeks before you claim, or 13 weeks for children under 6 months old. Great Britain is England, Scotland and Wales.

This is a claim pack specially for children. If you use the form to claim for a person over 16, it may take longer to deal with the claim. You can get a claim pack for adults from the same place that you got this pack.

There are fixed amounts of money for Disability Living Allowance. The current rates are in the leaflet called **Social security benefit rates**. You can get this leaflet from any Jobcentre Plus or social security office. The rates are also on the website at [www.direct.gov.uk/disability](http://www.direct.gov.uk/disability)

**Please turn over ▶**

## When to claim

Claim straight away. People are normally only entitled to Disability Living Allowance when they have needed help for 3 months. But if you claim now, we can make sure that the child gets Disability Living Allowance as soon as they are entitled to it.

## Carer's Allowance

If you are claiming the care component of Disability Living Allowance and there is someone looking after the child for 35 hours or more a week, they may be able to get **Carer's Allowance**. See form **DS700** for more information which you can get from your Jobcentre Plus or social security office. If the child is awarded Disability Living Allowance and someone thinks they may qualify for Carer's Allowance they should make a claim within 3 months of the date of the child's award decision to avoid losing benefit.

## The questions in the claim form

- Answer all the questions that apply to the child you are claiming for and complete in black ink wherever possible. Use the spaces to tell us in your own words as much as you can about the help they need. The more you can tell us the easier it is for us to get a clear picture of the child's needs. Do not worry if you are not sure how to spell anything or have to cross something out. But please do not use any correction fluid.

Benefit you can get because of this claim can be paid more quickly if you answer all the questions that apply to you or your child. If you find it difficult to fill in this form, do not worry. One of our staff can help you. You will find help and advice on filling in the claim form on **page 3** of these notes.

- We know that a disability or illness can affect people more on one day and less on another – they have good days and bad days. When you tell us how the child's illnesses or disabilities affect them, tell us about the help they need **most** of the time. If you are not sure if we need to know about something, tell us anyway.
- We know that some of the questions we ask are very personal. And sometimes thinking about the things a child cannot do is upsetting. But we need to know these things to make sure that the child gets all the Disability Living Allowance they are entitled to.

- If there is not enough space on the form for everything you want to tell us, use a separate piece of paper and send it with the form. Make sure you put the child's name and reference number on any extra pieces of paper. If you do not know the reference number, use their date of birth.

## If you want help filling in the claim form or any part of it

- Ring the Benefit Enquiry Line (BEL) for people with disabilities and carers. The number is **0800 88 22 00**. The textphone number is **0800 24 33 55**.  
The person you speak to may need to arrange for someone to phone you back. The person who calls you back is specially trained to help you fill in this form. They will have a copy of the claim form and they will go through it with you over the phone. Or they can fill in a claim form for you.  
If they fill in the claim form for you, they will send it to you. You can then check, sign and send it back. They can send you a completed claim form in braille or large print. They will send you an envelope. It will not need a stamp.  
We can provide an interpreter, if required, or you may wish to arrange for a friend or family member to interpret for you.
- If you cannot use the phone, we may be able to send someone to visit your child. Write to us at the address on the envelope that came with this claim pack. If you have a visit, it may take us longer to deal with your child's claim.
- You may be able to get help from an organisation that specialises in helping people with the child's illness or disability. Phone them and ask if they can help you.

## Help and advice

If you want general advice about Disability Living Allowance or any other benefits you may be able to claim

- Ring the Benefit Enquiry Line (BEL) for people with disabilities and carers. The number is **0800 88 22 00**.

People with speech or hearing problems using a textphone can dial **0800 24 33 55**. If you do not have your own textphone system, they are available in some libraries and some Citizens Advice Bureaux.

The person you speak to will be able to give you general advice about Disability Living Allowance. They will also tell you about other organisations that may be able to help you.

- Get in touch with your Jobcentre Plus or social security office. You can find the phone number and address in the business numbers section of the phone book. Look under **Jobcentre Plus** or **Social Security**.
- Get in touch with an advice centre like Citizens Advice.

If you need confidential, independent advice about any aspect of caring for a disabled child, you can phone the Contact a Family helpline free on **0808 808 3555**, Monday to Friday 10am to 4pm and Mondays 5.30pm to 7.30pm. The free textphone number is **0808 808 3556**. Or visit the Contact a Family website at **www.cafamily.org.uk**

If you want more information about Child Tax Credit or Working Tax Credit

- ring their **Helpline**. The number is **0845 300 3900**.
- people with speech or hearing problems using a **textphone** can dial **0845 300 3909**.
- people who need a form or help in **Welsh** can dial **0845 302 1489**.
- or you can visit the website at **www.hmrc.gov.uk**

For more information about Pension Credit

- get leaflet **PC1L** Pension Credit
- phone **The Pension Service**. The number is **0800 99 1234**
- people with speech or hearing problems using a **textphone** can dial **0800 169 0133**
- or you can visit the website at **www.thepensionservice.gov.uk**

## Problems with getting around

Children can only get Disability Living Allowance for help with getting around if they are **3 years old or over**. The rate of Disability Living Allowance that children get depends on the type of help or supervision they need and their age. If they need reminding or prompting or encouraging to walk, it depends on how much reminding, prompting or encouragement they need. There are 2 rates.

### Lower rate

If the child is 5 years old or over and **any** of the following apply

- if the child can walk, but needs someone with them to make sure they are safe
- if the child can walk, but needs someone with them to help them find their way around in places they do not know well.

Remember that all children need some help and supervision when they are out of doors. The child you are claiming for must need **more** help or supervision than other children of the same age who do not have their particular needs.

### Higher rate

If the child is 3 years old or over and **any** of the following apply

- if the child cannot walk at all
- if the child can only walk a short distance before they feel severe discomfort
- if the effort of walking could threaten their life
- if the child has had both legs amputated above the ankle or through the ankle, or was born without legs or feet
- if the child is deaf and blind and they need someone with them when they are outdoors, they must have a large amount of hearing loss and sight loss. But they do not have to be totally deaf and blind
- if the child is severely mentally impaired with severe behavioural problems and needs help with personal care both day and night.

## Help with personal care

Children can only get Disability Living Allowance for help with personal care if they are **3 months old or over**. And remember that all children need some help or supervision. The child you are claiming for must need **more** help or supervision than other children of the same age who do not have their particular needs. The rate of Disability Living Allowance that children get depends on the amount of attention they need, and on the sort of help or supervision they need. For example, they may need someone to keep an eye on them, or look after them while they are on dialysis. Or they may need help with things like washing, dressing, using the toilet, communicating with other people, or something like this. If they need reminding or prompting or encouraging to do things, it depends on how much reminding, prompting or encouragement they need. There are 3 rates.

### Lowest rate

- if the child has care needs for some time during the day.

### Middle rate

- if the child has care needs for some time during the day, or they are liable to get into danger, **or**
- if the child has care needs for some time during the night.

### Highest rate

- if the child has care needs for some time during the day and night.

## What are Medical Services

If a medical examination is required we will ask Medical Services to arrange this on behalf of the Disability and Carers Service.

When Medical Services receive a case for examination, they send a letter which outlines their service. This includes details of the examination, complaints procedures and that interpreters and same-sex doctors will be arranged wherever possible. A doctor will then contact you to arrange an appointment for the examination.

Medical Services arrange your appointment, ask a doctor to conduct a medical examination and provide a report of their opinion to the Disability and Carers Service. The decision maker will make a decision on your child's claim using the doctor's report and any other evidence or information available.

You can ask for a copy of the report from the office dealing with your child's claim.

If you are unhappy about any part of the service provided by Medical Services, or simply feel they could do things better, please tell the doctor who conducts the examination. If they cannot help you immediately, they will give you a customer care leaflet, which tells you how to make a complaint or a suggestion, and what Medical Services will do to investigate the complaint or suggestion.

If you complain about a doctor and Medical Services agree with your complaint, they will arrange for action to be taken. If the medical report is found to be factually incorrect, or the doctor has given an opinion that they cannot justify, Medical Services will tell the office dealing with your child's claim.

When Medical Services have all the information they need, they will decide what they can do. If something is wrong, they will put it right and tell you what they have done.

If you prefer, you can contact the Medical Services Customer Relations Manager named in the Medical Services customer care leaflet. Remember that Medical Services cannot change a decision on your child's benefit. If you think the decision on your child's benefit is wrong you can ask the Disability and Carers Service office dealing with your child's claim to look at it again. The address will be on the letter telling you the decision.

We may need to ask your doctor for further information about the child's condition. Doctors are asked to give details of the medical facts, and are not required to give an opinion on problems the child has with daily living activities or eligibility for benefit.

## Special Rules

Some people can get Disability Living Allowance under the **Special Rules**. These rules are explained on the blue sheet called **Notes about claiming under the Special Rules** in this claim pack.

## About the form in this pack

- **The form** asks about the child and for some general information.
- Before you fill in **the form**, look under **Help and advice on page 3 of these notes**.
- Please send the form back to us as soon as you can.
- If you do not want to complete care and mobility needs on **pages 6 to 27** we can send a doctor to visit your child.

If a doctor visits your child, you may prefer that the examination be undertaken by a doctor of the same sex and wherever possible we will try to accommodate your request. Where you feel that your child's examination can only proceed with a doctor of the same sex, for example on cultural or religious grounds, you must make this clear and appropriate arrangements will be made. Please note the examination is likely to be different from what you would expect from your own doctor. The Medical Services' doctor's examination is not to diagnose or discuss treatment of your child's medical condition, it is to assess how the condition affects your child and the doctor may not need to carry out a physical examination.

## About your child's National Insurance (NI) number

To link your child with the right NI account and keep that account secure, we need proof of your child's identity. It is your responsibility to give us the right information to link your child with the right account.

If you do not provide us with your child's NI number, there may be some delay in processing your application. If they do not have a NI number, or they have a temporary one beginning with the letters ZZ or TN, get in touch with your Jobcentre Plus or social security office, they will help you to apply for or trace a NI number. See **Help and advice on page 3** of these notes.

**Please note** – If your child is awarded Disability Living Allowance, we may look at their case from time to time to make sure that they are getting the right amount of money. This means their award may increase, decrease or stop altogether, because, for example, the amount of help they need has changed.

# Disability Living Allowance

## Please read this then pass it to your carer if you have one

This leaflet contains two separate pieces of information. The first part is for you and is about your claim for Disability Living Allowance. The second part is for your carer, if you have one, and gives information about Carer's Allowance.

### **For you - your benefit could be affected if someone claims Carer's Allowance for providing care to you**

If your claim to Disability Living Allowance is successful, you may receive an extra amount called the severe disability premium (SDP) (or additional amount for severe disability in Pension Credit) paid as part of

- Income-based Job Seeker's Allowance
- Income Support
- Pension Credit
- Housing Benefit
- Council Tax Benefit

If someone is paid Carer's Allowance for providing care to you, you may not be able to receive the SDP. For more information about this you should contact the office dealing with these benefits. **However, your Disability Living Allowance will not be affected.**

### **For your carer**

If you are caring for someone who is intending to claim Disability Living Allowance (DLA), you may wish to make a claim for Carer's Allowance (CA). You may be entitled to CA if the care component of DLA is awarded at the middle or highest rate. You should wait until the person you are caring for receives a decision on their claim for DLA. If it is awarded you should claim CA. **You should claim within 3 months of the DLA decision being made or you could lose benefit. Ask for the claim pack - DS700, (or DS700SP if you are getting State Pension).**

### **Carer's Allowance and other Social Security benefits**

Payment of some benefits, allowances or pensions affects payment of CA. This means that if you are receiving another benefit you may not be paid CA at all, or any payment of CA may be reduced. However even if you cannot be paid, being entitled to CA means that you may be able to get an extra amount paid with income-based Jobseeker's Allowance, Income Support, Pension Credit, Housing Benefit or Council Tax Benefit.

### **How to obtain help and advice and claim Carer's Allowance**

- You can obtain information from the website at [www.direct.gov.uk/carers](http://www.direct.gov.uk/carers). You can also claim on-line at this address or
- Write to Carer's Allowance Unit, Palatine House, Lancaster Road, Preston, PR1 1HB or phone 01253 856123 (textphone 01772 562202 for the hard of hearing) or email [cau.customer-services@dwp.gsi.gov.uk](mailto:cau.customer-services@dwp.gsi.gov.uk)
- Ring the Benefit Enquiry Line (BEL) on 0800 88 22 00. This is a confidential telephone service for people with disabilities, their representatives and their carers.
- Your local Jobcentre Plus office and many local associations such as Citizens Advice can provide claim forms and help with completion.

The claim pack and the website contain notes, which explain Carer's Allowance in more detail. Claim forms can also be provided in large print or Braille.

Other conditions of entitlement apply. This is not intended to be a complete statement of law and you should not rely on it as such.

**Feb 2008**

# Notes about Claiming under the Special Rules for a child under 16

## About the Special Rules

We have arrangements called Special Rules which help children who are terminally ill get their benefit as soon as possible. The Special Rules are for children who have a progressive disease and are not reasonably expected to live for more than another 6 months.

Getting paid under the Special Rules means

- they get the highest rate each week for help with personal care
- they get paid straight away. There is no need to wait until the child has needed help for 3 months
- their claims are dealt with more quickly.

But children can only get money for help with getting around if they have difficulties with getting around.

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## Claiming for a child under the Special Rules

Please read the notes on the other side of this page. They tell you what to do if you want to claim for a child under the Special Rules.

So that we can deal with the claim as quickly as possible, it is important that you send a doctor's **DS1500 report** with the claim. These notes tell you how to get a **DS1500 report**.

## How to claim for a child under the Special Rules

- Please fill in this claim form.  
Tick the box on **page 3** to show that you are claiming for the child under the Special Rules. If you do not tick this box, we cannot consider the claim under the Special Rules.
- Complete the questions on **pages 1 to 5** and **pages 28 to 39**.  
If the child needs help with getting around, read the **Notes about Disability Living Allowance**, then complete **pages 6 and 7**.

## About the doctor's report

- Ask the child's doctor or specialist for a **DS1500 report**.  
This is a report about the child's medical condition.  
You will not have to pay for it.  
You can ask the doctor's receptionist, a nurse or a social worker to arrange this for you. The doctor does not have to see the child.  
You should be given a **DS1500 report** straight away. Ask for the report in a sealed envelope if you do not want anyone to see it.

## What we want you to do

- Please send
  - **The claim form**
  - **DS1500 report**Use the envelope that came with this claim pack.  
Send us the claim form as soon as you can. If you wait, you could lose money.  
If you cannot get the **DS1500 report** in time, send us the claim form straight away. Send the **DS1500 report** as soon as you can.

# Disability Living Allowance

## Claim for a child under 16

Do not delay in returning this claim form as benefit can only be considered from the date we receive it.

You may find it easier to fill in the questions in this claim form if you read the Notes first. If you need help filling in any part of this form, phone on 0800 88 22 00.

### Part 1 – About the child

|  |  |
|--|--|
| Surname or family name                               | <input type="text"/>   |
| Other names in full                                  | <input type="text"/>   |
| Any other surnames or family names the child has had | <input type="text"/>   |
| Sex  | <input type="checkbox"/> Male <input type="checkbox"/> Female  |
| Address where the child lives                        | <input type="text"/>   |
| Previous address if different in the last 3 years.   | <input type="text"/>   |
| The child's date of birth                            | <input type="text"/> / <input type="text"/> / <input type="text"/>   |
| Child reference number if you know it.               | <div>Letters</div> <input type="text"/> <div>Numbers</div> <input type="text"/> <div>Letter</div> <input type="text"/> |
| What is the child's nationality?                     | <input type="text"/>   |

We may get in touch with you for more information.

## Part 2 – About the person claiming Disability Living Allowance for the child

Tell us about yourself here, not the child.

Tell us your full name

Mr/Mrs/Miss/Ms

Your date of birth

/ /

Your National Insurance (NI) number

Letters

Numbers

Letter

This helps us arrange payments quickly.

Your address

Postcode

Previous address if you have moved in the last 3 years.

Postcode

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

Code

Number

Please tick the appropriate box

Home ☐ Work ☐ Mobile ☐ Fax ☐ Textphone ☐

What is your relationship to the child?

For example, parent, step-parent (includes civil partner), foster parent, guardian, etc.

What is your nationality?

If you are claiming for a child who was born in the UK but their parents are subject to immigration control, please tell us if the child leaves the UK for any period, even if this is for a short holiday.

We may need to contact you for further information.

Do you receive Child Benefit for the child? No

Yes

If someone else receives the Child Benefit, tell us their name.

What is the Child Benefit number for the child?

This is on letters about Child Benefit.

## Claiming under the Special Rules

If you are claiming for a child under the Special Rules, tick this box

☐

You must read the Notes about claiming under the Special Rules before you tick this box.

The Special Rules are for children who have a progressive disease and are not reasonably expected to live for more than another 6 months.

### Only for people claiming for a child under the Special Rules

Complete all questions that apply to you or to the child you are claiming for on pages 1 to 5 and pages 28 to 38.

If the child needs help with getting around, read the Notes about claiming Disability Living Allowance. They explain what we mean by help with getting around. Then complete all the questions that apply to the child you are claiming for on pages 6 and 7.

Please check that you have answered all the questions on this form that apply to you or to the child you are claiming for. Check that you have ticked the box above.

**Make sure you sign the Consent on page 32 and Declaration on page 38.**

Send this form to us. Send it with the **DS1500** report from the child's doctor. Use the envelope we have sent you. It does not need a stamp.

If you cannot get the **DS1500** report in time, send us the claim straight away. Send the **DS1500** report as soon as you can.

## Part 3 – About where the child lives

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

No

☐

**Great Britain is England, Scotland and Wales.**

Yes

☐

**If you live in Wales and would like to receive future communications in Welsh, please tick this box.**

☐

**Has the child been abroad for 4 weeks or more in the last 12 months?**

No

☐

**Tell us the dates they went abroad, where they went and why they went. Please give any additional details on an extra piece of paper and send it with this form.**

Yes

☐

**Tell us when they went abroad.**

From

 /  / 

To

 /  / 

**Tell us where they went.**

**Tell us why they went.**

## Part 4 – About the child's illnesses or disabilities

**If you have a spare up to date printed prescription list from the child's doctor, please send it in with this form.**

**What are the child's illnesses or disabilities?**

Just tell us the names of the child's main illnesses or disabilities. We will ask you how these affect the child later in this claim form.

Do not worry if you are not sure how to spell anything.

**If medicines, tablets or other medical treatments are prescribed for the child's illnesses or disabilities, tell us about them here.**

This information will be on the printed label on front of the child's medicine bottle.

Do not send any type of medication or other personal items with your child's claim form.

## Part 5 – More about the child

Please tick all the boxes that apply to the child. Tell us if the child

is blind or partially sighted

☐

Partially sighted means that they have problems with their eyesight even when wearing glasses or contact lenses.

has problems with hearing even with a hearing aid

☐

has problems with speech or language which affects communication with other people

☐

is both deaf and blind

☐

To get help because of deafness and blindness the child must have a large amount of loss of hearing and sight. But they do not have to be totally deaf and blind.

has physical disabilities

☐

was born without legs or feet or has had both legs amputated above or through the ankle

☐

has a learning difficulty

☐

has a mental health problem

☐

has both a severe learning disability and severe behavioural problems

☐

has a long term illness

☐

has been assessed for things such as disability aids, or do they have a care plan or an occupational therapy report?

No

☐

Yes

☐

Please send copies, if you can, of any documents with this claim form.

If you do not want to complete the care or mobility needs on pages 6 to 26 you can ask for a doctor to visit the child. The doctor will normally examine them. See Notes pages 6 and 7.

If you would like a doctor to visit the child, tick this box.

☐

Make sure you answer all other questions that apply to them.

## Part 6 – Walking outdoors

By this we mean walking on reasonably level ground, not up or down hills or slopes. You can only get Disability Living Allowance for help with getting around at the higher rate if the child you are claiming for is 3 years old or over.

**You cannot get Disability Living Allowance for help with getting around at the lower rate until the child is 5 years old or over.**

**Does the child have difficulties walking?**

This may be because

- they cannot walk at all
- of an amputation
- they were born with a deformity of the spine, legs or feet, or something like this
- of paralysis, weakness or stiffness
- walking makes them breathless or gives them pain or discomfort
- of a heart condition
- they refuse to walk.

No

☐

Go to Page 7.

Yes

☐

**Tell us about the difficulties they have with walking and about any equipment they use to help them.**

Tell us here if there is anything about the way the child walks that causes difficulties. For example, if they have poor co-ordination, bad balance or a poor manner of walking. Tell us if the effort of walking might be dangerous for the child and why this might be. Equipment might be crutches, a walking stick or walking frame, an artificial leg, callipers, splints, a rolator, or something like this.

**How many days a week does the child have these difficulties?**

days a week

**How far can the child walk before they have to stop because of severe discomfort?**

For example, it may be too painful for them to go on, or they may need to stop and rest.

metres/yards

**How long does it take them to walk this far?**

minutes

## Part 7 – If the child needs someone with them when they are outdoors

**Does the child need to have someone with them when they are outdoors in places they do not know well?**

For example, they may need someone to look after them because

- they are blind or partially sighted
- they are deaf or hearing impaired
- they might fall
- they have behavioural problems or a severe learning disability
- they may forget where they are going, or wander off
- they need a lot of encouragement to walk
- they might put themselves or other people in danger.

No

☐

Go to Page 8.

Yes

☐

**Remember** – the child must need more help than a child of the same age who does not have their illness or disability.

**Tell us why the child needs someone with them when they are outdoors in places they do not know well.**

For example, they may be easily confused or taken advantage of.

## Claiming under the Special Rules

Go straight to Part 27.

You do not have to answer any more questions until that page.

### Part 8 – Someone keeping an eye on the child

All children need someone to keep an eye on them to make sure that they are safe. Answer the questions on this page if the child you are claiming for needs more supervision during the day or night than other children of the same age who do not have their illness or disability. By night we mean when the household has closed down at the end of the day.

**Does the child need someone to keep an eye on them?**

For example, because they

- have no sense of danger and might hurt themselves or someone else
- might wander about
- have behavioural problems
- cannot hear or see or respond to danger signs
- need someone to monitor their medical condition or diet.

No

☐

Go to page 9.

Yes

☐

**Why the child needs someone with them.**

During the day

**Why the child needs someone awake with them.**

During the night

If the rest of the questions on this page are difficult to answer because of the child's condition, do not worry. You can tell us more about this later.

**How many days a week does the child need someone with them?**

days a week

**How much of the day do they need someone with them?**

**Tell us roughly how long they need someone with them each time during the day.**

We know this may be difficult, but please try to tell us in minutes.

minutes

**How many nights a week does the child need someone to be awake with them?**

nights a week

**How much of the night does someone have to be awake with them?**

**Tell us roughly how long they need someone awake with them during the night.**

We know this may be difficult, but please try to tell us in minutes.

minutes

## Part 9 – About the child's development

**We know that all children develop at different rates, but some illnesses or disabilities can have a marked effect on how a child develops.** Tell us if the child you are claiming for has suffered a delay in their development.

**Has the child's development of physical and sensory skills been delayed?**

For example,

- using their hands
- hearing or talking
- sitting, standing or walking.

Or something else.

No

☐

Go to the next question under the thick orange line.

Yes

☐

Tell us about the help they need.

**If the next 2 questions are difficult to answer because of the child's condition, do not worry. You can tell us more about this later.**

**Tell us roughly how many times a day the child needs help.**

times a day

**Tell us roughly how long it takes each time.**

We know this may be difficult, but please try to tell us in minutes.

minutes

**Has the child's development of learning skills been delayed?**

For example,

- understanding the world around them
- following instructions
- developing daily living skills.

Or something else.

No

☐

Go to Page 10.

Yes

☐

Tell us about the help they need.

**If the rest of the questions on this page are difficult to answer because of the child's condition, do not worry. You can tell us more about this later.**

**Tell us roughly how many times a day the child needs help.**

times a day

**Tell us roughly how long it takes each time.**

We know this may be difficult, but please try to tell us in minutes.

minutes

## Part 9 – About the child's development – continued

**Has the child's development of social skills been delayed?**

For example,

- interacting with others
- communicating with others or something else

No

☐

Go to the next question under the thick orange line.

Yes

☐

Tell us about the help they need.

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**If the next 2 questions are difficult to answer because of the child's condition, do not worry. You can tell us more about this later.**

**Tell us roughly how many times a day the child needs help.**

times a day

**Tell us roughly how long it takes each time.**

We know this may be difficult, but please try to tell us in minutes.

minutes

**Does someone need to help the child develop through play?**

For example, encouraging

- age appropriate play
- stimulating play.

Or something else.

No

☐

Go to Part 10.

Yes

☐

Tell us about the help they need.

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**If the rest of the questions on this page are difficult to answer because of the child's condition, do not worry. You can tell us more about this later.**

**Tell us roughly how many times a day the child needs help.**

times a day

**Tell us roughly how long it takes each time.**

We know this may be difficult, but please try to tell us in minutes.

minutes

## Part 10 – Waking, getting up and going to bed

**Does the child have difficulties waking, getting up or going to bed?**

For example, they may need help with things like

- getting into or out of bed
- settling in bed
- staying in bed.

Or help with something else.

No

☐

Yes

☐

**Remember – the child must need more help than a child of the same age who does not have their illness or disability.**

**Does someone have to wake the child up, or tell or encourage them to get up or go to bed?**

No

☐

Yes

☐

**Tell us about the help the child needs to wake up or get up or go to bed.**

Tell us about any equipment the child uses and how it helps them.

**How many days a week does the child need this help?**

days a week

**How many times a day does the child need this help?**

times a day

**Tell us roughly how long it takes the child to get out of bed or into bed.**

We know this may be difficult, but please try to tell us in minutes.

minutes

## Part 11 – Washing and bathing

**Does the child have difficulties washing, or having a bath or shower?**

For example, they may need help with things like

- cleaning their teeth
- washing their hair
- getting into or out of the bath or shower
- physical support
- coping with periods
- keeping safe.

Or help with something else.

No

☐

Yes

☐

**Remember – the child must need more help than a child of the same age who does not have their illness or disability.**

**Does someone have to tell or encourage the child to wash or have a bath or shower?**

No

☐

Yes

☐

**Tell us about the help or encouragement the child needs washing or having a bath or shower.** If they have bed baths, tell us about this here. Tell us about any equipment the child uses and how it helps them.

**How many days a week does the child need this help?**

days a week

**How many times a day does the child need help with washing or having a bath or shower?**

times a day

**Tell us roughly how long it takes the child to have a bath or shower.** We know this may be difficult, but please try to tell us in minutes.

minutes

## Part 12 – Getting dressed or undressed

Does the child have difficulties getting dressed or undressed? No ☐

For example, they

- have poor co-ordination
- have no control over their arms or legs
- are not able to judge appropriate clothes.

Yes ☐

They may need someone to help them, or it may take a long time.

**Remember – the child must need more help than a child of the same age who does not have their illness or disability.**

Does someone have to tell or encourage the child to get dressed or undressed? No ☐

Yes ☐

**Tell us about the help or encouragement the child needs getting dressed or undressed.** Tell us about any equipment the child uses and how it helps them.

**How many days a week does the child need this help?**

days a week

**How many times a day does the child need this help?**

times a day

**Tell us roughly how long it takes the child to get dressed or undressed.**

We know this may be difficult, but please try to tell us in minutes.

minutes

## Part 13 – Help with toilet needs

**We know these are very personal questions, but this information will help us to decide about the child's claim.**

**Does the child have difficulties coping with their toilet needs?**

For example,

- getting to the toilet and using the toilet
- using something like a nappy, commode, bedpan or bottle instead of the toilet
- using or changing incontinence aids
- catheterisation or bladder expression
- using enemas or suppositories.

No

☐

Yes

☐

**Does someone have to tell or encourage the child to attend to their toilet needs?**

No

☐

Yes

☐

**Tell us about the help or encouragement the child needs and any equipment they use.**

During the day

**Tell us about the help or encouragement the child needs and any equipment they use.**

During the night

**How many days a week does the child need this help?**

days a week

**How many times a day does the child need this help?**

times a day

**Tell us roughly how long it takes each time.**

We know this may be difficult, but please try to tell us in minutes.

minutes

**How many nights a week does the child need this help?**

nights a week

**How many times a night does the child need this help?**

times a night

**Tell us roughly how long it takes each time.**

We know this may be difficult, but please try to tell us in minutes.

minutes

## Part 14 – Communicating with other people

**Does the child need help understanding other people?**

For example, they need someone to

- help with lip reading
- explain what people mean
- interpret sign language.

No

☐

Go to the next question under the thick orange line.

Yes

☐

Tell us about this.

**Tell us about the child's difficulties understanding other people.** Tell us about anything the child needs to help them understand other people, and how useful this is. Tell us if they need to have physical contact or some other sign to attract their attention.

If the next 2 questions are difficult to answer because of the child's condition, do not worry. You can tell us more about this later.

**How many times a day do they need someone to help them understand other people?**

times a day

**Tell us roughly how long it takes each time.**

We know this may be difficult, but please try to tell us in minutes.

minutes

**Does the child need help being understood by other people?**

For example,

- because of a language disorder or a physical speech problem
- someone has to interpret the child's language, signs or gestures.

No

☐

Go to page 16.

Yes

☐

Tell us about this.

**Tell us about the child's difficulties being understood by other people.** Tell us about any equipment the child uses to help them, and how useful this is.

If the rest of the questions on this page are difficult to answer because of the child's condition, do not worry. You can tell us more about this later.

**How many times a day do they need help to make themselves understood by other people?**

times a day

**Tell us roughly how long it takes each time.**

We know this may be difficult, but please try to tell us in minutes.

minutes

## Part 14 – Communicating with other people – continued

**Is the child unwilling to communicate with other people?**

For example, because of

- difficult or withdrawn behaviour
- frustration or stress
- a communication disorder.

Or something like this.

No

☐

Go to Part 15.

Yes

☐

Tell us about this.

---

**Tell us about the encouragement the child needs to help them communicate with other people.** Tell us about any equipment the child uses to help them and how useful this is.

If the rest of the questions on this page are difficult to answer because of the child's condition, do not worry. You can tell us more about this later.

**How many times a day do they need help to communicate with other people?**

times a day

**Tell us roughly how long it takes each time.**

We know this may be difficult, but please try to tell us in minutes.

minutes

## Part 15 – Eating and drinking

**Does the child have difficulties eating or drinking?**

For example, they need help

- cutting up food or being fed
- with a specialised feeding method.

Or with something else.

No

☐

Yes

☐

**Does someone have to tell or encourage the child to eat or drink?**

No

☐

Yes

☐

**Tell us about the help or encouragement the child needs, and any equipment they use.**

During the day

**Tell us about the help or encouragement the child needs, and any equipment they use.**

During the night

**How many days a week does the child need this help?**

days a week

**How many times a day does the child need this help?**

times a day

**Tell us roughly how long it takes each time.**

We know this may be difficult, but please try to tell us in minutes.

minutes

**How many nights a week does the child need this help?**

nights a week

**How many times a night does the child need this help?**

times a night

**Tell us roughly how long it takes each time.**

We know this may be difficult, but please try to tell us in minutes.

minutes

# Part 16 – Help with medication

**Does the child need help with medication?**

For example,

- taking tablets or medicines
- having injections
- using an inhaler or nebuliser
- applying creams
- they do not co-operate with their treatment.

No

☐

Go to Part 17.

Yes

☐

Tell us about this.

**Tell us about the help or encouragement the child needs with medication.**

During the day

**Tell us about the help or encouragement the child needs with medication.**

During the night

**How many days a week does the child need this help?**

days a week

**How many nights a week does the child need this help?**

nights a week

**How many times a day does the child need this help?**

times a day

**How many times a night does the child need this help?**

times a night

**Tell us roughly how long it takes each time.**

We know this may be difficult, but please try to tell us in minutes.

minutes

**Tell us roughly how long it takes each time.**

We know this may be difficult, but please try to tell us in minutes.

minutes

## Part 17 – Therapy

### Does the child need therapy?

Therapy may be done by a therapist or by someone else. It may be at home or somewhere else. It may involve exercises, routines or methods designed to help the child develop. For example,

- physiotherapy
- speech therapy
- play therapy.

Or something else.

No

☐

Go to Part 18.

Yes

☐

Tell us about this.

### Tell us about the child's therapy.

During the day

How many days a week does the child need this help?

days a week

How many times a day does the child need this help?

times a day

Tell us roughly how long it takes each time.

We know this may be difficult, but please try to tell us in minutes.

minutes

### Tell us about the child's therapy.

During the night

How many nights a week does the child need this help?

nights a week

How many times a night does the child need this help?

times a night

Tell us roughly how long it takes each time.

We know this may be difficult, but please try to tell us in minutes.

minutes

## Part 18 – Help with medical equipment

**Does the child need medical equipment?**

For example,

- colostomy or catheter care
- tracheostomy care
- using splints, gaiters or special clothing.

Or something else.

No

☐

Go to Part 19.

Yes

☐

Tell us about this.

**Tell us about the help or encouragement the child needs with medical equipment.**

During the day

**Tell us about the help or encouragement the child needs with medical equipment.**

During the night

**How many days a week does the child need this help?**

days a week

**How many nights a week does the child need this help?**

nights a week

**How many times a day does the child need this help?**

times a day

**How many times a night does the child need this help?**

times a night

**Tell us roughly how long it takes each time.**

We know this may be difficult, but please try to tell us in minutes.

minutes

**Tell us roughly how long it takes each time.**

We know this may be difficult, but please try to tell us in minutes.

minutes

## Part 19 – Blackouts, fits, seizures or something like this

**Does the child have blackouts, fits, seizures or something like this?**

For example, because of

- epilepsy
- diabetes.

No

☐

Go to Part 20.

Yes

☐

Tell us about this.

**Tell us what happens.**

We need to know

- what happens before they have a blackout, fit or seizure
- if they get any warning of what is going to happen
- what happens during the fit or seizure
- if they lose consciousness or if their limbs shake, or if they bite their tongue or are incontinent
- what happens after a fit or seizure, if they need to sleep or if they are confused.

Tell us anything that will help us get a clear picture of what happens to the child if they have a blackout, fit or seizure.

**Tell us about the help the child needs.**

During the day

**Tell us about the help the child needs.**

During the night

**Tell us roughly how often this happens.**

**Tell us roughly how long the child needs help each time.**

We know this may be difficult, but please try to tell us in minutes.

minutes

**Tell us roughly how often this happens.**

**Tell us roughly how long the child needs help each time.**

We know this may be difficult, but please try to tell us in minutes.

minutes

## Part 20 – The child's mental health

**Does the child have difficulties because of the way they feel?**

For example, they may sometimes

- get anxious or panicky
- get upset or frustrated
- feel someone may harm them
- try to harm themselves
- be verbally or physically aggressive
- try to damage things
- be impulsive or destructive
- feel they cannot cope with even the slightest change to their daily routine.

Or something else.

No

☐

Go to Part 21.

Yes

☐

Tell us about this.

**Tell us about the help the child needs and the things the child does because of their mental health problems.**

**Tell us roughly how often this happens, and how long the child needs help when it happens.**

## Part 21 – Movement and co-ordination

**Does the child have difficulties with movement and co-ordination?**

For example, they

- cannot move at all
- suffer pain when they move
- may injure themselves if they move
- cannot co-ordinate movements of their arms or legs.

Or something else.

No

☐

Go to Part 22.

Yes

☐

Tell us about this.

**Tell us about the help the child needs with movement and co-ordination.**

## Part 22 – Moving about indoors

**Does the child have difficulties moving about indoors?**

For example, with things like

- getting out of a chair
- walking around indoors
- going up or down stairs
- using a wheelchair or Major Buggy
- transferring from a wheelchair or Major Buggy
- having to be carried.

No

☐

Yes

☐

**Remember – the child must need more help than a child of the same age who does not have their illness or disability.**

**Does someone have to tell or encourage the child to move about indoors?**

No

☐

Yes

☐

**Tell us about any help or encouragement the child needs moving about indoors.** Tell us about any ways the child's home has been adapted, or about any equipment they use to help them move about indoors. This could be a wheelchair, a frame, a stairlift, or something like this.

## Part 23 – When the child is in bed at night

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

**Does the child need help when they are in bed at night?**

For example, they may need help with things like

- changing sheets or nightclothes
- getting bedclothes back on the bed if they fall off
- turning over
- resettling to sleep after waking because of night terrors or irregular sleep patterns
- getting back into bed after falling out
- settling and staying in bed.

Or something else.

No

☐

Go to Part 24.

Yes

☐

Tell us about this.

**Remember – the child must need more help than a child of the same age who does not have their illness or disability.**

**Tell us about any help the child needs when they are in bed at night.**

**How many nights a week does the child need help?**

\_\_\_\_\_ nights a week

**How many times a night does the child need help?**

\_\_\_\_\_ times a night

**Tell us roughly how long it takes each time**

We know this may be difficult, but please try to tell us in minutes.

\_\_\_\_\_ minutes

## Part 24 – Help the child needs when they go out during the day or in the evening

Please tell us in this part about the help the child needs from another person at home or when they go out. For example, this can be help with things like social and religious activities, interests and hobbies.

**Remember** – they can be helped in lots of different ways. Someone speaking to them can count as help if they

- tell them or encourage them to do things
- tell them how to do things
- tell them if there is danger.

Even someone reading to them or helping them to communicate with other people can count as help. For example, they may need someone to interpret their sign language for other people. Or they may only be able to make themselves understood to someone who knows them well, who needs to interpret what they are saying for other people.

You should tell us about the help they need even if they do not actually get that help.

We want you to tell us about each of the different things they usually do or would do if they had the help they need. Use a separate box to tell us about each thing. We have given you three sets of boxes, but you do not have to fill in every set unless you need to tell us about 3 different things. If you want to tell us about more than 3 things, use a separate sheet of paper and send it to us with this form.

**What they do or would do if they had the help they need**

When they go out during the day  
or evening

**What they do or would do if they had the help they need**

At home

**How many days  
a week?**

days a week

**How many times  
a day?**

times a day

**How many days  
a week?**

days a week

**How many times  
a day?**

times a day

**How long do they usually need help  
for each time?**

**How long do they usually need help  
for each time?**

**What help do they need from  
another person?**

**What help do they need from  
another person?**

## Part 24 – Help the child needs when they go out during the day or in the evening – continued

What they do or would do if they had the help they need

When they go out during the day or evening

How many days a week?

days a week

How many times a day?

times a day

How long do they usually need help for each time?

What help do they need from another person?

What they do or would do if they had the help they need

At home

How many days a week?

days a week

How many times a day?

times a day

How long do they usually need help for each time?

What help do they need from another person?

## Part 25 – Who would you like to tell us about the child's illnesses or disabilities?

This could be for example

- a teacher
- a nurse, a health visitor, a physiotherapist, a speech therapist, or an occupational therapist
- someone from the Social Services or the Social Work Department
- a carer or any other professional who knows the effect of your child's illness.

We may contact them if we need further information.

Please tell us their name

Their address

Postcode

Their phone number, if you know it.

Code

Number

What is their job?

When did they last see the child?

## **Part 26 – Anything else about the way the child is affected by their illnesses or disabilities**

**Tell us about any ways that the child's illnesses or disabilities affect them that you have not been able to put anywhere else on this form.**

For example, the child may need special help at school or nursery. Or there may be places on this form where the questions have been difficult to answer, and you want to tell us more about the help the child needs. Or you may want to tell us if the child's condition changes from day to day, which means that the amount of help they need varies.

Tell us anything that you think will help us get a picture of how the child is affected by their illnesses or disabilities.

**Continue on a separate piece of paper, if necessary. Remember to write the child's name and reference number at the top of each page.**

Page 39 of 50 of this pdf

## Part 27 – About the child's condition

**If the child has problems getting around, tell us when they started to have the problems you have told us about.**

— 10 —

**If the child has problems with personal care, tell us when they started to have the problems you have told us about.**

1 / 1

Tell us the exact date if you can. But if you cannot remember, you must tell us roughly when this was.

## Part 28 – About nights in hospital

No

[illegible]

Go to Part 29.

Yes

|  |  |
|--|--|
|  |  |
|--|--|

/ /

/ /

Postcode

## Code

Number

No

|  |  |
|--|--|
|  |  |
|--|--|

Yes

|  |  |
|--|--|
|  |  |
|--|--|

Not sure

|  |  |
|--|--|
|  |  |
|--|--|

## Part 29 – About nights in a care home or similar residence

This includes independent hospitals, boarding schools, hospices, residential colleges, children's homes, respite care or anywhere like this.

Is the child in a care home or similar residence now?

No

☐

Go to Part 30.

Yes

☐

Please tell us the full name and address where the child is staying.

Postcode

Phone number if you know it.

|      |        |
|------|--------|
| Code | Number |
|------|--------|

When did the child first start to live in a care home or similar residence?

/ /

Does a local authority, a health authority, an NHS trust, Primary Care Trust or a government department pay any of the costs for the child to live there?

No

☐

Yes

☐

Not sure

☐

Which authority, NHS trust, Primary Care Trust or government department pays?

## Part 30 – About nights in hospital and nights in a care home or similar residence

Has the child been in hospital or a care home or similar residence in the past 6 weeks?

No

☐

Yes

☐

Tell us when they went in. If they have come out of hospital or a care home or similar residence, please tell us when this was.

in

 /  / 

out

 /  / 

Please tell us the full name and address of where the child was staying.

  


Postcode

Phone number if you know it.

Code

Number

## Part 31 – For children on kidney dialysis

Tell us about the hospital that arranges the dialysis, so we can contact them.

Hospital address

  


Postcode

Hospital phone number, if you know it.

Code

Number

Hospital record number, if you know it.

## Part 32 – The child's school or nursery

Name of child's school or nursery

Address

  


Postcode

Phone number

Code

Number

Contact

For example, a teacher.

## Part 33 – The child's hospital doctor or specialist

**Tell us about any hospital doctor or specialist the child has seen in the last 12 months because of their illnesses or disabilities.** This might be a doctor at a child development centre. If you want to tell us about more than one person, give us the details on an extra piece of paper and send it with this form.

Please tell us their name

Their address

  


Their phone number,  
if you know it.

|      |        |
|------|--------|
| Code | Number |
|------|--------|

The child's record number,  
if you know it.

When did the child last  
see their hospital doctor  
or specialist?

The child's present illness  
or disability they are  
seeing a hospital doctor  
or specialist for.

## Part 34 – The child's family doctor or health centre

Please tell us their name

Their address

  


Their phone number,  
if you know it.

|      |        |
|------|--------|
| Code | Number |
|------|--------|

When did the child last see  
their doctor about their  
illnesses or disabilities?

## Part 35 – Consent

We may wish to contact your GP or persons or organisations involved with you for information in relation to your claim. This may include medical information in respect of your claim. You do not have to agree to us contacting those persons or organisations. If you do not, however, agree to us obtaining such information, it may mean that we are unable to obtain enough information to satisfy ourselves that you meet the conditions of entitlement in respect of your claim.

The Department for Work and Pensions or any doctor providing medical services on behalf of an organisation approved by the Secretary of State, may ask any person(s) or organisation(s) for any information, including medical information, which is needed to deal with:

- this claim for benefit, or
- any appeal or other reconsideration of a decision in relation to this claim and that the information may be given to that doctor or to the Department.

**Now please tick one of the consent options below.**

**I agree to you contacting persons or organisations as in the statement above.**

☐

**I do not agree to you contacting persons or organisations as in the statement above.**

☐

**Now sign and date below.**

**Signature**

**Date**

**Please make sure you sign and date the Declaration on page 38 of this claim form.**

## Part 36 – Statement from someone else who knows the child

Please note – completion of this page is optional.

**Please ask someone who knows how the child's illness or disability affects them to sign this statement.** This could be anyone who knows the child well. For example, a carer, relative, friend, professional health care worker or someone like this. They do not need to look at the answers on this form.

**How often do you see the child this form is about?**

**Please tell us what their illnesses and disabilities are, and how they are affected by them**

**Tell us your job, profession or relationship to the child this form is about**

**Your full name**

**Your daytime phone number**

|      |        |
|------|--------|
| Code | Number |
|------|--------|

**Your address**

|  |          |
|--|----------|
|  | Postcode |
|--|----------|

**Your signature**

**Date**

## Part 37 – About Income Support, Jobseeker's Allowance or Pension Credit

Are you getting or waiting to hear about Income Support, Jobseeker's Allowance or Pension Credit?

No

☐

Yes

☐

Is anyone within your household getting or waiting to hear about Income Support, Jobseeker's Allowance or Pension Credit for you?

No

☐

Yes

☐

Please tell us their name

Their National Insurance (NI) number

Their relationship to you

## Part 38 – About tax credits

Is anyone within your household getting or waiting to hear about Child Tax Credit?

No

☐

Yes

☐

Please tell us their name

Their National Insurance (NI) number

Their relationship to you

Is anyone within your household getting or waiting to hear about Working Tax Credit?

No

☐

Yes

☐

Please tell us their name

Their National Insurance (NI) number

Their relationship to you

## **Part 39 – Payment Direct into an account**

### **We normally pay your money direct into an account**

You can use a bank, building society or other account provider. Many banks and building societies will let you collect cash at the post office.

### **How we will pay you**

We will tell you when the first payment will be made and how much it is for. Each payment, after the first one should be the same unless there is a change in your circumstances. We will tell you whenever there is going to be a change in the amount we pay into your account.

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

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

### **If we pay you too much money**

We have the right to recover any money paid to you, which you are not entitled to. This may be because of the way the Direct Payment system works. For example, you may give us information, which means you are entitled to less money but we may not be able to change the amount we have already sent out. If this happens, we will contact you before we recover any money.

### **What to do now:**

- **Tell us about the account you want to use on the next page. By giving us your account details you are agreeing to be paid by Direct Payment and understand the information above about being overpaid.**
- **If you intend to open an account, please give us your account details as soon as you have them.**
- **If you do not have an account, please contact us and we will give you more information.**

**Please continue to fill in the claim form and send it to us now.**

## Part 39 – Payment Direct into an account – continued

### About the account you want us to use

**Please tell us your account details below. It is very important you complete ALL boxes correctly including the building society roll or reference number if you have one. If you tell us the wrong account details your payment may be delayed or you may lose money.** You can find the account details on your chequebook or bank statements. If you are not sure about the details, ask the bank, building society or other account provider.

### About the account you want to use

#### You can use

- an account in your name
- a joint account or
- someone else's account,  
subject to the terms and conditions of the account and as long as you have the other person's permission and authorise them to use the money in the way you tell them.
- If you are an Appointee or a legal representative acting on behalf of the customer, the account should be in your name only.
- To be paid into a credit union account you must provide the credit union's account details. Your credit union will be able to help you with this.

## Part 39 – Payment Direct into an account – continued

### 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, building society or other account provider

### Sort code

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

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

### 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.

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.

### Building society roll or reference number

You may be getting other benefits and entitlements that are not paid direct into an account. To have them paid into the above account, please tick the box.

☐

## Part 40 – Declaration

No benefit can be paid, for any time period claimed for, until the declaration is signed and the form is returned to us. Please return the signed form straight away.

- **I declare**  
that the information I have given on this form is correct and complete as far as I know and believe.
- **I understand**  
that if I knowingly give false information, I may be liable to prosecution or other action.
- **I understand**  
that I must promptly tell the office that pays my child's Disability Living Allowance of anything that may affect their entitlement to or the amount of that benefit.
- **I understand**  
that the Department may use the information which it has now or may get in the future to decide whether I am entitled to
  - the benefit I am claiming for my child
  - any other benefit I have claimed
  - any other benefit I may claim in the future.

**This is my claim for Disability Living Allowance.**

**Signature**

**Date**

**Please make sure you sign and date the Consent section on page 32 of this claim form**

## Part 41 – What to do now

Do not forget to write the child's name and reference number on any additional documents you send us.

If you are sending any documents with this form, please list them below.

**Check that you have signed the Consent statement on page 32 and the Declaration on page 38.**

Then send the completed form back to us.

If you are not sure where to send this form, phone the Benefit Enquiry Line on **0800 88 22 00**.

## Part 42 – How we collect and use information

The Department for Work and Pensions collects information for the purposes of dealing with social security, child support, vaccine-damage issues, employment and training, private pensions policy, retirement planning and the Financial Assistance Scheme. The information we collect about you depends on the reason for your business with us, but we may use the information for any of these purposes.

We may check information about you with other information we have. We may get information about you from other people and certain other organisations. We may give information to certain other organisations, as the law allows, to:

- check the accuracy of information
- prevent or detect crime
- protect public funds in other ways, and
- use in research or statistics.

These other organisations include other government departments, local authorities, and private-sector bodies such as banks and organisations that may lend you money. We will not give information about you to anyone outside our department unless the law allows us to.

The Department for Work and Pensions is the Data Controller for the purposes of the Data Protection Act.

If you want to know more about what information we have about you, or the way we use your information, please contact us. You can contact any of our offices and ask for the leaflet called Data Protection Act 1998. Or you can find a copy of the leaflet on our website. The address is **[www.dwp.gov.uk](http://www.dwp.gov.uk)**

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## Where to send the completed form

Please send the completed claim form to the office that deals with the area where you live. These are shown on the attached map. Please note, the office that deals with your area may be in another part of the country.

### 1. Disability Benefits Centre

PO Box 30  
Chester  
CH70 8AN

### 2. Disability Benefits Centre

PO Box 35  
Bristol  
BS80 8AJ

### 3. Disability Contact and Processing Unit

Government Buildings  
Warbreck House  
Warbreck Hill  
Blackpool  
FY2 0YJ

### 4. Disability Benefits Centre

PO Box 37  
Glasgow  
G90 8AS

### 5. Disability Benefits Centre

PO Box 33  
Leeds  
LS88 8AF

### 6. Disability Benefits Centre

PO Box 32  
Preston  
PR11 2BB

### 7. Disability Benefits Centre

PO Box 34  
Birmingham  
B99 1AR

**\*8.** For customers living in the North East please see asterisk below.

### 9. Disability Contact and Processing Unit

Government Buildings  
Warbreck House  
Warbreck Hill  
Blackpool  
FY2 0YJ

### 10. Disability Benefits Centre

PO Box 36  
Cardiff  
CF91 5AT

### 11. Disability Benefits Centre

PO Box 31  
London  
SW95 9BD



\* For customers living in the following postal areas -

NE, SR, TD completed forms should be sent to Disability Benefits Centre, PO Box 30, Chester, CH70 8AN.  
DH, DL - DL1, DL3 to DL5, DL12 to DL17, TS - TS1 to TS7, TS11 to TS13, TS14, TS19 completed forms should be sent to Disability Benefits Centre, PO Box 36, Cardiff, CF91 5AT.

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

Phone the Benefit Enquiry Line (BEL). The number is **0800 88 22 00**.

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

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## For existing disability claims

You can contact:

Disability Contact and Processing Unit  
Government Buildings  
Warbreck House  
Warbreck Hill  
Blackpool  
Lancashire FY2 0YJ

Phone: **08457 123456**

Fax: **01253 331 266**

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