

# Help using this PDF claim form

In this PDF form we have introduced a special feature that lets you save it in Adobe Reader 8.1.2 and later. This means that you no longer have to complete the form in one session.

This form will only work if you:

- save it to your computer, then
- open it in Acrobat Reader version 8.1.2 or later.

The form will not work in:

- older versions of Acrobat Reader
- other pdf readers, for example *Preview* on a Mac or *Foxit* on a PC
- your web browser window.

**If you are having technical difficulties:**

- downloading the form
- Navigating around the form, or
- printing the form

Please contact the **eService helpdesk**.

Phone: **0845 601 80 40**

Minicom (textphone): **0845 601 80 39**

Email: **[eservicehelpdesk@dwp.gsi.gov.uk](mailto:eservicehelpdesk@dwp.gsi.gov.uk)**

Opening hours

Monday to Friday: 08.00am - 09.00pm

Weekend: 08.00am - 04.00pm

Closed on all Public and Bank Holidays.

For help and advice on the information you need to put on the form or about the benefit you want to claim, contact the office that deals with the benefit.

## We would like your feedback about this PDF claim form

We would like your feedback about this form. We will use any comments to improve future versions. Please email your comments to:

**[forms.feedback@dwp.gsi.gov.uk](mailto:forms.feedback@dwp.gsi.gov.uk)**

Please do not send personal information or questions about your benefit or entitlement to this email address.

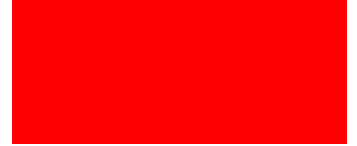




Department  
for Work &  
Pensions

# Disability Living Allowance for a child under 16

Please fill in this 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 DLA Helpline on **08457 12 34 56**.

If you have speech or hearing difficulties, you can contact the DLA Helpline by textphone on **08457 22 44 33**.

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

This form is available in large print or braille.  
Please phone **08457 12 34 56**.

## About the child

1 Surname or family name

All other names in full

2 Child reference number  
(if you know it)

3 Date of birth  
(day/month/year)

4 Sex

Male

Female

5 Full address where the child lives

Postcode

**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 4 weeks at a time in the last 3 years?**

Abroad means out of Great Britain.

Yes

We may contact you  
for more details.

No

Please continue below.

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

Is the child's parent or guardian receiving any pensions or benefits  
from another EEA state or Switzerland?

Yes

We will contact you about this.

No

Go to question 10.

Don't know

We will contact you about this.

**10 Entitlement to other benefits from another EEA State or Switzerland**

Is the child's parent or guardian working in or paying insurance to another EEA state or  
Switzerland? By insurance we mean connected to work, like UK National Insurance.

Yes

We will contact you about this.

No

Go to question 11.

Don't know

We will contact you about this.

**11 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 12.

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 23)  
and they are in a hospice.

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

In

Out

In

Out

**Full name and address of the hospital or hospice**

Postcode

**Phone number**

Include the dialling code.

**Why did they go in?**

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

Yes  No

**12** **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 13.

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

In

Out

In

Out

**Full 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 13.

**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.

**13** **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 14.

**If they see or have recently seen more than one professional, tell us the other professionals' details at question 70 Extra information.**

**Name**

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

**Profession or specialist area**

**Full 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?**

**14 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.

**Full address**

Postcode

**Phone number**

Include the dialling code.

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

**15 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 16.

Date and type of test	What did the test show?
<b>Example</b> June 2013 Eyesight test	They needed to see a hospital doctor

**16 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 17.

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

**Send us a copy.** Please send us the most up-to-date copies of your reports. Try not to send original copies as they cannot be returned.

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

**Full address**

Postcode

**Phone number**

Include the dialling code.

**Person we can contact**

For example, a teacher.

**18 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 19.

**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.

## 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)**

**Full address**

Postcode

**Phone number**

Include the dialling code.

**Job or profession**

**Relationship to child,  
if applicable.**

**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, then sign and date below.

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

Yes

No

**Signature**

**Date**

**Please make sure you also sign and date the declaration question 66.**

## 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

21 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 70 **Extra information**.

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

Yes  Please continue below. No  Go to question 23.

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.



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

<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 70 **Extra information**.

## Special rules

### 23 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 24.

Make sure you:

- answer all the questions on the form that apply to you, or the child you are claiming for, **apart from questions 37 to 55**
- answer **questions 25 to 36** 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 25 to 31 are about the physical difficulties a child has walking. This is for children **age 3 and over**.

Questions 32 to 34 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 25 to 31. Tell us about any behavioural difficulties with walking at questions 32 to 34.

## 25 Can they physically walk?

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

Yes  Go to question 26.

No  Go to question 36 to tell us how long they have been unable to walk.

## 26 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 27.

No  Go to question 32.

## 27 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"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

**28** 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.

**29** 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.



**30** 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 31.

**31** 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.

**32** 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 33.

**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"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<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"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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

**Yes**  Please continue below.

**No**  Go to question 34.

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"/>

34

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 are frightened by loud noises and behave without thinking about danger.

### Extra information about mobility

35

If you want to tell us anything else about their mobility, use the box below.

36

**When did the child's mobility needs you have told us about start?**

Normally, the child can only get the mobility part of DLA if they have needed help for more than 3 months.

**Please tell us the date the mobility needs you have told us about started.**

If you can't remember the exact date, tell us roughly when this was.

---

**If you are claiming under the special rules,  
go straight to question 56.**

# 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 37 to 52 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.

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

## Care

37

**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 38.

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.

**38** 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 39.

**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

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<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 have pain and become distressed.

**39** 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 40.

**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

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<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 bump into furniture and doors.

**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.



Use page 13 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?**

have a wash



minutes

clean their teeth



minutes

wash their hair



minutes

get in or out of the bath



minutes

get in or out of the shower



minutes

clean themselves in the bath or shower



minutes

dry themselves after a bath or shower



minutes

check their appearance



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.

**41** 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 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>
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.



**42** 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.

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

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

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.

**43 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 44.

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?**

take the correct medicine

minutes

know when to take their medicine

minutes

do their therapy

minutes

know when to do their therapy

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.

**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 45.

**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 45.

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.

**45** 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 46.

	<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.

**46** 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 47.

**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.

**47 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.

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

**Yes**  Tick the boxes that apply.

**No**  Go to question 48.

**To communicate they use:**

writing

BSL (British Sign Language)

lip-reading

using hand movements, facial expressions and body language

Makaton

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

with someone they know

with someone they don't know

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

**48** 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 49.

Tell us what type they have and what happens

**They:**

can recognise a warning and tell an adult

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

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

 days

how many fits they have on these days

the number of nights affected each month

 nights

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.

Continue at question 70 if necessary.

**49** 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.



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

**Yes**  Tick the boxes that apply.

**No**  Go to question 50.

**Can they:**

recognise and react to common dangers?

**Yes**

**No**

cope with planned changes to daily routine?

cope with unplanned changes to daily routine?

**Do they regularly:**

**Yes**

**No**

feel anxious or panic?

become upset or frustrated?

harm themselves or others?

feel someone may harm them?

become verbally or physically aggressive or destructive?

act impulsively?

have tantrums?

**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.



**50** 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.



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

**Yes**

Tick the boxes that apply.

**No**

Go to question 51.

**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**

**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.

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



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

**Yes**  Tick the boxes that apply.

**No**  Go to question 52.

**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.

52

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 53.

**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

53

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

Question 53 is about the help needed during the night.

Night is when everyone in the house is in bed. 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.



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

**Yes**  Please continue below. **No**  Go to question 54.

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

**How often each night?**

**How long each time?**

minutes

get to and use the toilet, manage nappies or pads

minutes

have treatment

minutes

settle or re-settle

minutes

**They need watching over because they:**

**How often each night?**

**How long each time?**

are unaware of danger and may harm themselves or others

minutes

may wander about

minutes

have behavioural problems

minutes

**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.

## Extra information about care

**54** If you want to tell us anything else about their care needs, use the box below.

**55** When did the child's care needs you have told us about start?

Normally, the child can only get the care part of DLA if they have needed help for more than 3 months.

**Please tell us the date the care needs you have told us about started.**

If you can't remember the exact date, tell us roughly when this was.

# About you

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

56 Your surname or family name

All other names in full

Title

For example, Mr, Mrs, Miss, Ms

57 Your date of birth

Letters Numbers

Letter

58 Your National Insurance number

59 Address if different to the child's

Postcode

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

61 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

62 What is your relationship to the child?

63 What is your nationality?

64 What is the Child Benefit number for the child?

## About Income Support

65 Are you getting or waiting to hear about Income Support?

No

Yes

66 Is anyone within your household getting or waiting to hear about Income Support?

No

Yes

Please tell us their name:

Their National Insurance number:

Their relationship to you:

## About tax credits

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

No

Yes

Please tell us their name:

Their National Insurance number:

Their relationship to you:

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

No

Yes

Please tell us their name:

Their National Insurance number:

Their relationship to you:

# How we pay you

69 Please tell us your account details below.



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

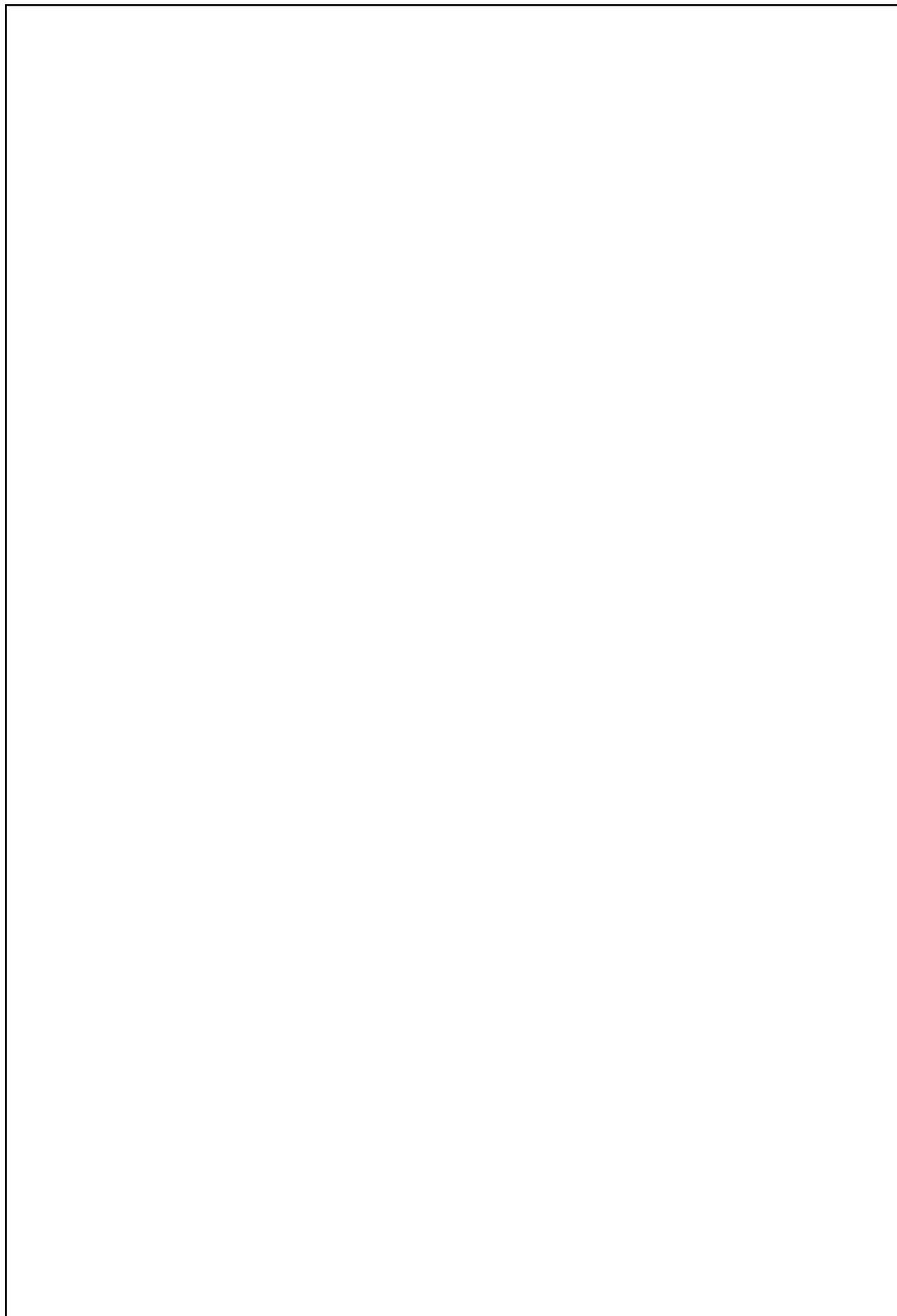
If you are using a building society account you may need to tell us a roll or reference number. This may be made up of letters and numbers, and may be up to 18 characters long. If you are not sure if the account has a roll or reference number, ask the building society.

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

70 Tell us anything else you think we should know 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 20.

**List below all the documents you are sending with this claim form.**

For example, a prescription list, medical report or a statement of Special Educational Needs. Send copies if possible, because we cannot return them.

**Now read and sign the declaration below.**

## 71 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**

**Send the claim form and the documents listed above** back to us straight away. You can send more information to us at any time.

## Checklist

- Make sure you have included full details of your **GP** at **question 14**.
- Make sure you have included full details for **anyone else you have seen** at **question 13**.
- Make sure you have ticked the relevant box and signed the **consent** at **question 20**.
- Make sure you have signed the **declaration** at **question 71**.

# Claiming Disability Living Allowance for a child under 16

---

## 1. Where to send the completed form

Please send the completed DLA Child new claim requests form to:

Disability Benefit Centre 4  
Post Handling Site B  
Wolverhampton  
WV99 1BY

All other Child forms and letters should be sent to the address above.  
For further help you can phone the DLA Helpline on 08457 12 34 56  
or use a textphone and call on 08457 22 44 33 if you have speech or hearing  
difficulties.

Phone: 08457 123456

## 2. Print the form

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