



Do use this form

- **to claim help with paying health/travel costs for:**
 - HS dental treatment
 - Sight tests, glasses and contact lenses
 - Travel to hospital for HS treatment
- You might be able to get them free, or get help with paying for them.
- You should use this form to claim help with the cost of Prison Visits and expenses prior to your visit.
- **to claim help for:**
 - yourself
 - your partner
 - your children
- **at any time before you need treatment**

You *don't* have to wait until you need help with paying health costs

Important Note – For people who have reached State Pension qualifying age your claim will be dealt with by the Pension Service, they can be contacted on 0845 601 8821.

Don't use this form

- **you cannot get help if you or your partner have more than:**
 - £16,000 in property, savings or any other money (don't count the place where you live)
 - £23,250 in property, savings or any other money if you live permanently in a care home.

Note - if you have a partner, their property, savings or any other money is counted with yours

- **you are already entitled to full help with health costs if you or your partner are getting:**
 - Income Support
 - Pension Credit Guarantee Credit
 - Income-based Jobseeker's Allowance
 - Income-related Employment and Support Allowance; or
 - You are named on or entitled to a Tax Credit HS Exemption Certificate

But, if you paid any health or travel costs *before* you were getting any of these benefits or became entitled to your Tax Credit HS Exemption Certificate, read the back cover of this form to see what to do to claim your money back.

Important Note – If you are living in a care home you may need a different form. Please contact your local Social Security or Jobs & Benefits office, or if you have reached the State Pension qualifying age contact the Pension Service on 0845 601 8821.

Please read the notes on this page before filling in this form - they will help you make this claim correctly. Then pull off pages A, B and C and keep them for information

How to make your claim

From the information you give us in this claim form, we will work out how much help you can get through the HS Low Income Scheme.

Work carefully through this form. In most of the form we ask you to tick a No or Yes box and give any details needed. The notes in the form will tell you what to do next. If you need more space for any of your answers, use **part 9** of this form.

What we need to know about. We need to know about you and, if you are a member of a couple about your partner and any income and savings that you both have.

What we mean by partner. We use the term 'partner' to mean a person you live with as part of a couple of the same or opposite sex, whether or not you are married or have a civil partnership.

If we ask for evidence. If you are working, in full-time education or a trainee, you will be asked to provide evidence of your income. We accept photocopies as evidence. It will delay your claim if you do not send us the evidence we ask for. If you are not sure what evidence to send (or don't have it), phone your local Social Security or Jobs & Benefits office, or if you have reached the State Pension qualifying age contact the Pension Service on 0845 601 8821.

If you are claiming money back. Use **part 9** of this form to tell us if your circumstances changed between the date you paid and the date you signed this form.

If you have claimed before. You still need to fill in this form with your current details as we need to know your circumstances at the date of this claim. Even small changes to rent, mortgage or the yearly increase in benefits or earnings can affect the amount of help you are entitled to.

If you are filling in this form for someone else

If you are filling in this form for someone else, they are responsible for making sure the information given is correct. They should tell you what to write for them and they should sign or make their mark in **part 10 Box 10A**

If you are filling in this form for someone with learning difficulties or a condition that prevents them from managing their own affairs, you are responsible for making sure the information provided is correct. You should fill in the form and sign it yourself in **part 10 Box 10B**. Please make sure you give the details we ask for in **Box 10B**. If you are still not sure what to do, call your local Social Security or Jobs & Benefits office, or if you have reached the State Pension qualifying age contact the Pension Service on 0845 601 8821.

What to do when you've filled in the form

Check that you have answered **all** the questions that apply to you and your partner (if you have one). Make sure that you have signed and dated the form in **part 10** and given the details and evidence we have asked for.

Once you have checked everything, pull off this cover and keep it for information and post the form in the envelope provided to your nearest **Social Security or Jobs & Benefits office**. Write in this box the date that you posted the form to us.

Date posted / /

What happens when you've sent off this form

About your claim:

- your claim will be dealt with by your local Social Security or Jobs & Benefits office, or if you have reached the State Pension qualifying age contact the Pension Service
- you'll normally hear from us within 4 weeks from the date we get this form
- if you have any queries about your claim, or you have not heard from us after 4 weeks, you can contact your local Social Security or Jobs & Benefits office **Monday - Friday between 9.00 am and 5.00 pm** or the Pension Service on 0845 601 8821 **Monday - Friday between 9.00 am and 5.00 pm**
- if you are not satisfied with our handling of your claim or you want us to formally review our decision, please write and tell us the reasons why.

Please note - we can only give information about your claim to another person with your permission.

If you qualify for help - we'll send you a certificate which can be used to get help for:

- you • your partner

The certificate will tell you how long it lasts for - when your certificate arrives fill in this box

Valid until: / /

Note: The information on this form may be disclosed to other public bodies for the purposes of checking entitlement and preventing or detecting fraud.

Part 1 About you and your partner

1.1	Are you claiming for health or travel costs you have already paid?	No	Go to question 2.
		Yes	The 'claiming money back' page tells you what to do. Read it before filling in this form. Go to question 2.

1.2	Do you have a partner who is living with you?	No	Please answer all questions that apply to you.
		Yes	Please answer all questions that apply to you and your partner.

Personal details – please write in block capitals

	You	Your partner
Surname or family name	<input type="text"/>	<input type="text"/>
First Name	<input type="text"/>	<input type="text"/>
Mr/Mrs/Miss/Ms/Other	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>
National Insurance Number	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
	Postcode	<input type="text"/>
Mobile telephone number	<input type="text"/>	
Daytime telephone number including dialling code	<input type="text"/>	

We may need to contact you about your claim between the hours of 9.00 am and 5.00 pm. Please tell us what time is most convenient to telephone.

Please go to **part 2**

1.3	Is this your permanent address?	No	Give details below.
		Yes	Go to part 2 .

Address								
	Postcode							

Children and qualifying young people are:

- Children under 16 who normally live with you; and
- Young people aged 16, 17 or 18 who normally live with you and who are still in full-time education doing a course that is not higher than GCE 'A' Level, or equivalent

Note: Don't count young people who have permanently finished a course like this. Tell us about them in **part 3**. Don't count children or young people who are boarding with you, or foster children. Tell us about them in **part 3** and use **part 5** to tell us about any money you get for looking after them.

2.1	Do you have any children or qualifying young people who live with you and who you support?	No	Go to part 3 Page 3.
		Yes	Give details below.

Surname or family name	First Name	Date of Birth	Relationship to you
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	

Use **part 9** if you need more space.

Go to **part 3**.

We need to know about any other people who live with you. We need this information to make sure we work out your housing costs correctly.

Please tell us about:

- children and young people you have not already told us about at **part 2** ;
- relatives who live with you;
- friends who live with you; and
- boarders and lodgers - please tell us about them in question **3.3**.

Do not tell us about:

- people you have already told us about in **parts 1 and 2** ;
- co-owners;
- co-tenants, if you are a full-time student and they live in the same accommodation as you;
- landlords;
- other residents, if you live in a care home; or
- relatives or friends you live with.

3.1	Does anyone else live with you? Tell us about them below and tick whichever boxes apply.	No	Go to question 3.3 .
		Yes	Give details below.

	Person 1	Person 2	Person 3	Person 4
Surname or family name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Age	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
On youth training	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Full-time student	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gets Income Support	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gets Pension Credit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gets income-based Jobseeker's Allowance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gets income-related Employment and Support Allowance which does not include a component	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gets the daily living component of Personal Independence Payment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gets the middle or higher rate care component of DLA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gets Attendance Allowance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Is registered blind	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gets Armed Forces Independence Payment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gets money from work	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

On average, does the person named above work for 16 hours or more a week?			
No	Yes	No	Yes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the person named above works, please tell us how much money they have coming in each week. You don't have to tell us, but if they don't have much money coming in, you might get more help. Include their earnings before tax and National Insurance are taken off - also include any other money they have coming in. Don't include their Attendance Allowance, Disability Living Allowance, Personal Independence Payment or Armed Forces Independence Payment if they get it.

£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
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If more than four people live with you, tell us about the others at **part 9**.

3.2	Are any of the people you have told us about in question 3.1 living together as a couple of the same or opposite sex, whether or not they are married or have a civil partnership?	No	<input type="text"/>	Give details below.
		Yes	<input type="text"/>	
(name)		is the partner of (name)		
(name)		is the partner of (name)		

3.3	Do you or your partner have boarders, lodgers or subtenants living with you? Don't count people who live as part of your family. Tell us about them at question 3.1 .	No	<input type="text"/>	Give details below.
		Yes	<input type="text"/>	

	Person 1	Person 2	Person 3
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much do they pay?	£ <input type="text"/> every	£ <input type="text"/> every	£ <input type="text"/> every
Does it include heating?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Does it include any meals?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

Go to **part 4**.

Savings means things like:

- money in bank, building society and post office accounts, including current accounts and savings accounts;
- Premium, Income or Capital Bonds;
- shares;
- National Savings Certificates;
- unit trusts, Personal Equity Plans (PEPs), Individual Savings Accounts (ISAs) and other investments; and
- any other money.

Note: If you have a partner (for an explanation of what we mean by 'partner' see [page A](#)) and you both have savings, we need you to tell us the combined amounts. If you do not know the value of any of your savings and investments, please check your most recent statements.

4.1	Do you or your partner have savings or any other money in this country or abroad?	No		Give details below.
		Yes		
Money in accounts - tell us the total amount held in accounts		✓		£
Premium Bonds - tell us the face value		✓		£
Income or Capital Bonds - tell us the face value		✓		£
Shares - tell us about them below		✓		
Name of the company the shares are held in and the type of shares held		Number of shares held		
National Savings Certificates - tell us about them below		✓		
Please tell us exactly how much they are worth now				
Unit trusts, PEPs, ISAs and other investments - tell us the current value, after any selling costs		✓		£
Any other money - for example any cash you have		✓		£

4.2	Do you or your partner own any property or land in this country or abroad? <i>Don't include the place where you live.</i>	No		Give details below.
		Yes		
What is the address of this property or land?				
What is the value of the property or land?		£		
How much, if anything, is still owed on the property or land?		£		

We may need to contact you if we need more information about this.

4.3	Do you intend to occupy it?	No		Go to question 5.
		Yes		Give details below.
When do you intend to occupy it?		/	/	Go to question 5.

4.4	Are the premises occupied?	No		Go to question 6.
		Yes		Give details below.
Who is the occupant?				
What relationship is this person to you or your partner?				
How much rent do you get?		£		every
				Go to question 6.

4.5	Do you have to pay any of the following for this second property?			
Mortgage	<input checked="" type="checkbox"/>	£		every
Rates or council tax (for G.B. properties)	<input checked="" type="checkbox"/>	£		every
Water Rates	<input checked="" type="checkbox"/>	£		every

Go to **part 5**.

Part 5 About your income

We need to know about all income that you get. Tell us about your work in **part 6**. Tell us about your student income in **part 8**. Use this part to tell us about everything else.

- Include anything that is paid to someone else on your behalf or that you get for someone else.
- If you get pensions or benefits paid together, list them separately.

If you receive Pension Credit, do not include it with any State Retirement Pension. List Pension Credit Savings Credit payments separately at question **5.1**.

5.1	Do you or your partner get any social security benefits or pensions?	No	<input type="text"/>	Give details below.
		Yes	<input type="text"/>	
<p>Tell us about the following.</p> <ul style="list-style-type: none"> • State Retirement Pension • Incapacity Benefit • Severe Disablement Allowance • Industrial Injuries Disablement Benefit • Statutory Sick Pay • Contribution-based Jobseeker's Allowance • Contribution-based Employment and Support Allowance <ul style="list-style-type: none"> • Maternity Allowance • Pension Credit (Savings Credit) • War Disablement Pension • War Widow's Pension • Widow's Benefits • Bereavement Allowance • Widowed Parent's Allowance • Carer's Allowance • Any other social security benefit (see note below) <p>Note: Tell us about any Attendance Allowance, Disability Living Allowance, Personal Independence Payment and Armed Forces Independence Payment at questions 5.3 and 5.4 and 5.5. Do not tell us about Housing Benefit.</p>				
Name of Benefit		Who is it for?		How much do you get?
				£ every
				£ every
				£ every
				£ every
				£ every
				£ every

5.2	Do you or your partner get any other income? Don't include work or student income here.	No	<input type="text"/>	Give details below.
		Yes	<input type="text"/>	
<p>Tell us about:</p> <ul style="list-style-type: none"> • private pensions; • pensions from previous employers; • money from a trust fund; • maintenance payments; • vouchers; • other payments not from social security, for example, Child Tax Credits or Working Tax Credits; • money from a charity or voluntary organisation; and • any other income that you have not already told us about. 				
Type of income		Who is it for?		How much do you get?
				£ every
				£ every
				£ every
				£ every
				£ every
				£ every

You	Your partner
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5.3 Do you or your partner get Attendance Allowance?			
No		No	
Yes	Tick which rate below.	Yes	Tick which rate below.
	High rate? <input checked="" type="checkbox"/>		High rate? <input checked="" type="checkbox"/>
	Low rate? <input checked="" type="checkbox"/>		Low rate? <input checked="" type="checkbox"/>

5.4 Do you or your partner get Disability Living Allowance?			
No		No	
Yes	Tick which rate or rates below.	Yes	Tick which rate or rates below.
Care component	Mobility component	Care component	Mobility component
High rate? <input checked="" type="checkbox"/>	High rate? <input checked="" type="checkbox"/>	High rate? <input checked="" type="checkbox"/>	High rate? <input checked="" type="checkbox"/>
Middle rate? <input checked="" type="checkbox"/>	Low rate? <input checked="" type="checkbox"/>	Middle rate? <input checked="" type="checkbox"/>	Low rate? <input checked="" type="checkbox"/>
Low rate? <input checked="" type="checkbox"/>		Low rate? <input checked="" type="checkbox"/>	

5.5 Do you or your partner get Personal Independence Payment or Armed Forces Independence Payment?			
No		No	
Yes	Tick which rate or rates below.	Yes	Tick which rate or rates below.
Daily living component	Mobility component	Daily living component	Mobility component
Enhanced rate? <input checked="" type="checkbox"/>	Enhanced rate? <input checked="" type="checkbox"/>	Enhanced rate? <input checked="" type="checkbox"/>	Enhanced rate? <input checked="" type="checkbox"/>
Standard rate? <input checked="" type="checkbox"/>	Standard rate? <input checked="" type="checkbox"/>	Standard rate? <input checked="" type="checkbox"/>	Standard rate? <input checked="" type="checkbox"/>
Armed Forces Independence Payment <input checked="" type="checkbox"/>		Armed Forces Independence Payment <input checked="" type="checkbox"/>	

5.6 Are you or your partner sending sick notes to the Social Security Agency or employer at the moment?			
No		No	
Yes	Give details below.	Yes	Give details below.
When did you start sending them in?		When did you start sending them in?	
Over a year ago? <input checked="" type="checkbox"/>		Over a year ago? <input checked="" type="checkbox"/>	
Less than a year ago? <input checked="" type="checkbox"/>		Less than a year ago? <input checked="" type="checkbox"/>	
Tell us the exact date. / /		Tell us the exact date. / /	

5.7 Has the Social Security Agency said that you are not capable of work and that you don't have to send in sick notes?			
No		No	
Yes	Give details below.	Yes	Give details below.
When did they tell you? / /		When did they tell you? / /	

5.8 Are you or your partner looking after someone but cannot get Carer's Allowance because you get another benefit instead? <small>Carer's Allowance is paid to someone caring for a severely disabled person. It used to be called Invalid Care Allowance. It is not Attendance Allowance or Disability Living Allowance.</small>			
No		No	
Yes		Yes	

5.9 Does someone other than you or your partner get Carer's Allowance for looking after either of you?			
No		No	
Yes		Yes	

Go to **part 6**.

In this part of the form we need to know about any money that you or your partner receive for any work you are doing now.

This includes:

- work for an employer;
- self-employed work;
- full-time or part-time work;
- permanent or casual work;
- paid voluntary or charity work;
- training schemes; and
- overtime and tips.

You	Your partner
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6.1	Do you or your partner have a job?
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No	<input type="checkbox"/> Go to part 7 .	No	<input type="checkbox"/> Go to part 7 .
Yes	<input type="checkbox"/> Give details below.	Yes	<input type="checkbox"/> Give details below.

What is your job?

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How many hours do you normally work each week?
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6.2	What type of work is it? Tick all the boxes that apply in the rest of this part and give the information we ask for.
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6.2a	Employed <input checked="" type="checkbox"/>
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6.2a	Employed <input checked="" type="checkbox"/>
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Please tell us how often you are paid and provide photocopies of the payslips we ask for below as evidence of your earnings.

Every week	<input checked="" type="checkbox"/>	Send last four payslips.
Every two weeks	<input checked="" type="checkbox"/>	Send last four payslips.
Every four weeks	<input checked="" type="checkbox"/>	Send last two payslips.
Every month	<input checked="" type="checkbox"/>	Send last two payslips.

Every week	<input checked="" type="checkbox"/>	Send last four payslips.
Every two weeks	<input checked="" type="checkbox"/>	Send last four payslips.
Every four weeks	<input checked="" type="checkbox"/>	Send last two payslips.
Every month	<input checked="" type="checkbox"/>	Send last two payslips.

6.2b	Self-employed <input checked="" type="checkbox"/>
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6.2b	Self-employed <input checked="" type="checkbox"/>
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Please send us a copy of your accounts for the financial year ending within the last 12 months.
Note: We cannot accept HM Revenue & Customs self-assessment forms as evidence of self-employed income.

6.3	Do you or your partner pay anything towards a personal pension? Do not include anything you pay into a works pension as this will be shown on your payslips.
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No	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/> Give details below.	Yes	<input type="checkbox"/> Give details below.

No	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/> Give details below.	Yes	<input type="checkbox"/> Give details below.

How much do you pay?
£ <input style="width: 100px;" type="text"/> every <input style="width: 50px;" type="text"/>

How much do you pay?
£ <input style="width: 100px;" type="text"/> every <input style="width: 50px;" type="text"/>

You	Your partner
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6.4	Are you or your partner sending sick notes to your employer at the moment? If you are sending sick notes to the Social Security Agency please give details at question 5.6 .
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No		
Yes	<input type="checkbox"/>	Give details below.
When did you start sending them in?		
/ /		

No		
Yes	<input type="checkbox"/>	Give details below.
When did you start sending them in?		
/ /		

Please send us a photocopy of your most recent payslip and say what period it covers (for example, every week or month).

Period payslip covers	Period payslip covers
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6.5	Are you or your partner on a training scheme?
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No		
Yes	<input type="checkbox"/>	Give details below.

No		
Yes	<input type="checkbox"/>	Give details below.

What type of training scheme is it? Tick all the boxes that apply below and give the information we ask for.

6.5a	Youth training	<input checked="" type="checkbox"/>		6.5a	Youth training	<input checked="" type="checkbox"/>	
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Youth training can include:

- Modern Apprenticeships
- work-based training
- National Traineeships.

Are you paid as a trainee or as an employee?

Trainee	<input checked="" type="checkbox"/>	Give details below.
How much do you get? Tell us how much you receive after any tax and national insurance deductions. Do not include any allowances for travel.		
£		every
Employee	<input checked="" type="checkbox"/>	Go to question 6.2a and send the payslips we ask for.

Trainee	<input checked="" type="checkbox"/>	Give details below.
How much do you get? Tell us how much you receive after any tax and national insurance deductions. Do not include any allowances for travel.		
£		every
Employee	<input checked="" type="checkbox"/>	Go to question 6.2a and send the payslips we ask for.

6.5b	Other training	<input checked="" type="checkbox"/>		6.5b	Other training	<input checked="" type="checkbox"/>	
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Other training can include:

- Steps to Work
- and
- New Deal.

Name of scheme	
How much do you get?	£
	every

Name of scheme	
How much do you get?	£
	every

Please provide a letter from your training provider showing your allowance.

In this part we need to know about your share and your partner's share of anything you pay for the place where you live.

Please tell us about money you pay:

- to a private landlord or landlady;
- to the housing executive;
- to a housing association;
- for a room in a bed and breakfast, hostel or hotel;
- for ground rent;
- for a mortgage; and
- for service charges.

7.1	Are you or your partner in hospital?	No	<input type="checkbox"/>	Give details below.
		Yes	<input type="checkbox"/>	
Name of the person who is in hospital		<input type="text"/>		
Date they went into hospital		<input type="text"/> / <input type="text"/> / <input type="text"/>		
7.2	Do you or your partner live with parents, relatives or friends in their home? Tick Yes if you are in hospital but normally live with parents, relatives or friends.	No	<input type="checkbox"/>	Go to question 7.3 .
		Yes	<input type="checkbox"/>	Go to part 8 .
7.3	Are you or your partner a joint owner or tenant of the place where you live?	No	<input type="checkbox"/>	Give details below.
		Yes	<input type="checkbox"/>	
Who with?		<input type="text"/>		
What is their relationship to you or your partner?		<input type="text"/>		
7.4	Do you or your partner pay rent for the place where you live? If you pay money to parents, relatives or friends, tick No and go to part 8 . We do not need to know about any money that you pay to them. If you are a student and pay rent for a place where you live, tick No . We ask you to tell us about the rent you pay at part 8 .	No	<input type="checkbox"/>	Go to question 7.5 .
		Yes	<input type="checkbox"/>	Give details below.
How much do you pay? Take off Housing Benefit if you get it. Don't include rates, or arrears. If you are waiting to hear about a claim for Housing Benefit, tell us what you currently pay. Take off amounts for heating, lighting, cooking or hot water if they are included in your rent and you know the amounts. If heating, lighting, cooking and hot water are included in your rent and you do not know the amounts, please tick the relevant boxes below.		£ <input type="text"/>		
		every <input type="text"/>		
Does your rent include any of these things? Tick the relevant boxes. If it does not, or if you have already taken amounts for these things off your rent, leave the boxes blank.	Heating	<input checked="" type="checkbox"/>	<input type="text"/>	
	Lighting	<input checked="" type="checkbox"/>	<input type="text"/>	
	Cooking	<input checked="" type="checkbox"/>	<input type="text"/>	
	Hot water	<input checked="" type="checkbox"/>	<input type="text"/>	
Do you have just one room? Don't count rooms you share with people who are not part of your family.	No	<input type="checkbox"/>		
	Yes	<input type="checkbox"/>		
Does your rent include any meals?	No	<input type="checkbox"/>		Give details below.
	Yes	<input type="checkbox"/>		
How many breakfasts each week for each person?		<input type="text"/>		
How many midday meals each week for each person?		<input type="text"/>		
How many evening meals each week for each person?		<input type="text"/>		

7.5	Do you or your partner have to pay Rates? Don't include Rates for property you have told us about in part 4 .	No	<input type="checkbox"/>	Give details below.
		Yes	<input type="checkbox"/>	

How much do you have to pay for this year? Tell us the amount you pay after deducting all discounts and Rate Rebates. If you are waiting to hear about a Rate Rebate claim, tell us what you currently pay. Don't include arrears.	£
	<input type="text"/>

7.6	Do you or your partner own your own home? If you have a mortgage or secured loan, still tick Yes . Also tick Yes if you partly rent and partly own your home.	No	<input type="checkbox"/>	Go to question 7.8 .
		Yes	<input type="checkbox"/>	Go to question 7.7 .

7.7	Do you or your partner have a mortgage or loan secured on your home?	No	<input type="checkbox"/>	Give details below.
		Yes	<input type="checkbox"/>	

How much do you have to pay for the mortgage or loan? Include any endowment premiums linked to the mortgage. Don't include premiums for any other type of insurance. Don't include arrears.	£
	every <input type="text"/>

7.8	Do you or your partner pay ground rent? In Scotland, this is called feu duty.	No	<input type="checkbox"/>	Give details below.
		Yes	<input type="checkbox"/>	

How much ground rent do you pay? Don't include arrears.	£
	every <input type="text"/>

7.9	Do you or your partner pay any service charges for the place where you live?	No	<input type="checkbox"/>	Give details below.
		Yes	<input type="checkbox"/>	

Service charges are charges you pay to live in your home for things like cleaning and maintaining shared areas, such as hallways and stairs.

What is it paid for?	<input type="text"/>
	<input type="text"/>

How much do you pay? Don't include charges for ordinary gas, electricity, meals or cleaning your own rooms. Don't include arrears, or any other bills that you pay separately from your service charges. Take off Housing Benefit if you get it.	£
	every <input type="text"/>

7.10	Do you or your partner have a loan to adapt your home for the special needs of a disabled person? Tick No if the disabled person is an adult and has savings or property of more than £16,000.	No	<input type="checkbox"/>	Give details below.
		Yes	<input type="checkbox"/>	

How much do you pay for the loan? Don't include arrears.	£
	every <input type="text"/>

Name of the disabled person	<input type="text"/>
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7.11	Are you or your partner living permanently in a care home? If you live in sheltered accommodation, tick No and answer question 7.4 .	No	<input type="checkbox"/>	Go to part 8 .
		Yes	<input type="checkbox"/>	

7.12	Has the Health & Social Care Trust assessed your resources, and as a result, you get help with the cost of your care home accommodation?	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>

Go to **part 8**.

- We may ask you to tell us about amounts of money you either receive or pay out. If you give a yearly amount, please say whether you mean 52 weeks a year or academic year.

You	Your partner
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8.1 Are you or your partner in full-time education?
Only tick **Yes** if you have actually started your course.

No	<input type="checkbox"/>	No	<input type="checkbox"/>
	Go to part 9 .		Go to part 9 .
Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
	Give details below.		Give details below.

Qualification, and whether post-graduate or undergraduate

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Name of school, college or university

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Exact dates of terms of the current academic year
Please contact your college or university if you do not know them.
We cannot accept semester dates. Terms are normally separated by Christmas and Easter holidays.
It may delay your claim if you do not provide your exact term dates.
If you are making this claim in the summer holiday, please give exact term dates for the last academic year and next academic year. Use **part 9** if you need more space.

Term 1	starts	/	/	ends	/	/	Term 1	starts	/	/	ends	/	/
Term 2	starts	/	/	ends	/	/	Term 2	starts	/	/	ends	/	/
Term 3	starts	/	/	ends	/	/	Term 3	starts	/	/	ends	/	/

Are you in the final year or only year of your course?

No	<input type="checkbox"/>	No	<input type="checkbox"/>
	Date when your next year starts		Date when your next year starts
	/ /		/ /
Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>

8.2 Are you or your partner an overseas student?

No	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
	What is your normal country of residence when you are not a student?		What is your normal country of residence when you are not a student?

8.3 Are you or your partner's tuition fees paid by the Education & Library Board (E&LB)?

No	<input type="checkbox"/>	No	<input type="checkbox"/>
	Who pays?		Who pays?
Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
	Which E&LB		Which E&LB

8.4 Have you or your partner applied to the E&LB for financial support?

No	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
	Give details below.		Give details below.

Tick each type of support you have applied for. Tick even if it was not paid.

Tuition fee support	<input checked="" type="checkbox"/>		Tuition fee support	<input checked="" type="checkbox"/>	
Loan support	<input checked="" type="checkbox"/>		Loan support	<input checked="" type="checkbox"/>	
Grant support	<input checked="" type="checkbox"/>		Grant support	<input checked="" type="checkbox"/>	

8.5 What is the source of money you and your partner live on while you are in full-time education? Tick the relevant boxes below. More than one box may apply.

Please send us the evidence we ask for. We cannot deal with your claim without it. If you are making this claim in the summer holiday, please send a copy of last year's award notice and next year's award notice (if you have received it).

	You	Your partner
Loan from Student Loans Company Send us the financial assessment or support notice from Student Support Direct for you or your partner. It must be the financial assessment or support notice. We cannot accept the schedule of payments. If you are making this claim in the summer holiday, please send a copy of last year's award notice and next year's award notice (if you have received it).	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HS Bursary Send us the award notice showing how much you or your partner get.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Bursary from your higher education insitution (HEI) Send us the award notice showing how much you or your partner get. For example, this may be a bursary because you are charged the maximum amount of tuition fees and your household has a low income.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other scholarship, sponsorship, award or bursary Send us the award notice showing how much you or your partner get.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Grant or loan from overseas Send us the award notice showing how much you or your partner get. If the award notice is not written in English, please translate it.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

If you have money coming in from part-time or full-time work, please fill in **part 6**. It tells you what you need to send.

	You	Your partner
Money from parents Include money received for rent and living expenses but do not include money received to pay tuition fees. Please be exact.	<input checked="" type="checkbox"/> £ every	<input checked="" type="checkbox"/> £ every
Any other money Do not include money for tuition fees.	<input checked="" type="checkbox"/> £ every	<input checked="" type="checkbox"/> £ every
Who pays this money to you?		
Relationship to you		

8.6	Do you or your partner live with parents during term-time?	No		Go to part 9 .
		Yes		

8.7	Do you or your partner pay rent for the place where you live, for example, money you pay for halls of residence or to a private landlord?	No		Go to part 9 .
		Yes		Give details below.

If you pay money to parents, relatives or friends, tick **No** and go to **part 9**.

Please tell us the start and end dates of the period for which you are liable to pay these housing costs. <small>For example from 01/09/2011 to 30/06/2012 - these dates may be for longer than your academic year.</small>	Start	/	/
	End	/	/

How much do you pay in total for the period you have entered above? <small>Take off amounts for heating, lighting, cooking and hot water if they are included in your rent and you know the amounts. If heating, lighting, cooking or hot water are included in your rent and you do not know the amounts, please tick the relevant boxes below.</small>	£
	E.g. If you paid £50 per week 40 times during this period, enter £2,000. If you paid £200 per month and paid it 10 times, enter £2,000. If you paid £600 per term, enter £1,800.

	Term	Holidays
Does your rent include any of these things? <small>Tick the relevant boxes that apply during term time and during your Christmas and Easter holidays. If it does not, or you have already taken amounts for these things off your rent, leave the boxes blank.</small>		
Heating	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Lighting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cooking	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Hot water	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Do you have just one room? <small>Don't count rooms you share with other people who are not part of your family.</small>	No	
	Yes	

Does your rent include any meals? <small>Enter the number of meals included in the relevant boxes that apply during term time and during your Christmas and Easter holidays.</small>	No		Give details below.
	Yes		

	Term	Holidays
How many breakfasts each week for each person?		
How many midday meals each week for each person?		
How many evening meals each week for each person?		

8.8	What date did you return (or will you return) to your student accommodation after the summer holiday?	/	/
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Use this space to tell us anything else that you think we might need to know about you and your partner (if you have one).

For example, tell us:

- what you are living on if you have not told us about any income;
- if you have an Invacar or a car on the mobility scheme;
- if you pay a charity or voluntary organisation for someone to live with you and look after either of you;
- if you have money added to a student grant or loan because you are deaf;
- if you are registered blind; or
- if you know the amount of your benefit or pension is going to increase. Tell us what you get now at **part 5** and the new amount and the date of the increase below.

And also use this space to tell us anything else you think we might need to know about.

Please check now that you have enclosed everything we have asked for, then sign the form on the opposite page. If you cannot send us everything we have asked for, tell us why not in the space above. **Once you have checked everything, pull off the cover and keep it for information and post the form in the envelope provided to your nearest Social Security or Jobs & Benefits office.**

Now complete your claim by signing the declaration at **part 10** on the next page.

WARNING

False information may lead to prosecution or legal action.
The person signing this form is responsible for the accuracy of the information provided.

If you are signing for yourself

If you cannot fill in this form yourself, you can ask someone to do it for you. Tell them what to write for you. You must then sign or make your mark and date it in **Box 10A** below.

I confirm that the information given on this form is correct and complete, and that if it is not, civil or criminal action may be taken against me. I agree information on this form may be given to appropriate organisations and they may disclose information to the HS for the purposes of checking entitlement and preventing or detecting fraud. This is my claim for help with health or travel costs.

Box 10A	Signature		Date	/	/
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If you are signing for somebody else

If you are making the claim on behalf of someone who is incapable of understanding it, fill in the form yourself and sign and date it in **Box 10B** below. Please give the details we ask for. You will be responsible for the information provided.

I confirm that the information given on this form is correct and complete, and that if it is not, civil or criminal action may be taken against me. I agree information on this form may be given to appropriate organisations and they may disclose information to the HS for the purposes of checking entitlement and preventing or detecting fraud. This is my claim for help with health or travel costs on behalf of the person named in **Part 1**.

Box 10B	Signature		Date	/	/
----------------	-----------	--	------	---	---

Block Capitals	Your Name				
	Your Address				
	Post Code		Telephone No.		
	Your relationship to the person in part 1				
	The reason they are not signing this form				

THIS CLAIM IS NOT VALID UNLESS IT IS SIGNED and DATED
See inside the front cover to check what to do next.







Make sure you read the notes on page A (inside front cover) as well

How we assess your claim

From the information you give us in this claim form, we compare your income with your requirements to work out how much help you can get through the HS Low Income Scheme (see below).

Our calculation is based on your circumstances on the date we get this claim form and any help you can get starts from that date. It is very important that you send it to us as soon as you can.

'Income' includes the following.

- Earnings after tax, National Insurance and half of any pension contributions are taken off.
- Social security benefits and pensions
- Work pensions or superannuation pensions
- Student grants, loans and any parental contributions

Note: We will consider a student loan to be income if you would be entitled to claim one, whether or not you choose to take it up. This includes any income and non-income related parts.

- Money from trust funds.
- War Disablement Pension or War Widow's Pension.
- Any other income you or your partner get regularly.

'Requirements' include the following.

- Personal allowances for you and your partner. These are at rates approved by Parliament for daily living expenses, which include things like fuel bills, phone bills, TV rental and house insurance.
- Premiums for special needs because, for example, you or your partner are disabled.
- Housing costs that you and your partner are responsible for. These include mortgage repayments and rent not covered by Housing Benefit. Housing costs do not include money you pay to another member of your family.

Note: The rates of personal allowances and premiums increase at least once a year, usually in April, in line with Income Support arrangements.

These notes are only guidelines. We will assess your claim individually.

How to claim back money that you have already paid

You can normally claim money back if you have already paid for something - the chart on the other side of this page tells you what to do. Our calculation is based on your circumstances on the date you paid.

Help and advice

If you want more information about help with HS/travel costs:

- get leaflet HC11 '**Are you entitled to help with health costs?**' from any HS hospital, the Pension Service, Social Security or Jobs & Benefits office. Some doctors, dentists and opticians might have one and you can download leaflet from www.dhsspsni.gov.uk/hc11-booklet.pdf
- for advice about this claim ring your local Social Security or Jobs & Benefits office Monday to Friday, between 9.00am and 5.00pm, or if you have reached the State Pension qualifying age contact the Pension Service on 0845 601 8821 Monday - Friday, between 9.00am and 5.00pm
- talk to someone at an advice centre.

Please pull off this cover and keep it for your information

This chart tells you about claiming money back if you or your partner have already paid for something

What you have paid for	What you should send us	When you should send it
HS dental treatment	<ol style="list-style-type: none"> 1. Receipt which shows you had HS treatment. Ask your dentist for a HS Receipt when you pay for your treatment 2. Refund claim form HC5 - you can get one from the Pension Service, a Social Security or Jobs & Benefits office or your dentist might have one; it tells you what to do 	We must get your claim within 3 months of the date you paid for your dental treatment. If you're paying for your treatment by instalments, send in your claim within 3 months of the date you finish paying
Sight test	<ol style="list-style-type: none"> 1. Receipt which shows you have paid for a sight test 2. Refund claim form HC5 - you can get one from the Pension Service, a Social Security or Jobs & Benefits office or your optician may have one; it tells you what to do 	We must get your claim within 3 months of the date of your sight test
Glasses or contact lenses Note You cannot claim a refund if you have already used an optical voucher towards the cost of your glasses or contact lenses, unless it was only a 'complex lens' voucher.	<ol style="list-style-type: none"> 1. Receipt which shows you paid for glasses or contact lenses 2. Refund claim form HC5 - you can get one from the Pension Service, a Social Security or Jobs & Benefits office or your optician may have one; it tells you what to do 3. Your optical prescription 	We must get your claim within 3 months of the date you paid for your glasses or contact lenses Note The Health & Social Care Business Services Organisation cannot deal with your claim without your optical prescription
Travel expenses to hospital for HS treatment	<ol style="list-style-type: none"> 1. Tickets, or receipts for your travel costs 2. Refund claim form HC5 - you can get one from the Pension Service, a Social Security or Jobs & Benefits office or HS hospital; it tells you what to do 	We must get your claim within 3 months of the date you paid the travel costs

People getting Income Support, Pension Credit Guarantee Credit, Income-based Jobseeker's Allowance, Income-related Employment and Support Allowance or named on or entitled to a Tax Credit Exemption Certificate

If you now get one of the above benefits/credits, but want to claim money back for something you paid for **before** you were getting any of these benefits/credits, use this form to tell us about your circumstances **on the date you paid**. Tell us in **part 5** which benefit/tax credit you get.

The HS Low Income Scheme is administered by the Social Security Agency on behalf of the Department of Health, Social Services and Public Safety and the Northern Ireland Prison Service.