



## **Disability and Carers Service**

### **Notes**

Claiming Attendance Allowance for  
people aged 65 or over.

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## What is Attendance Allowance?

Attendance Allowance is money to help you with extra costs if you have a disability severe enough that you need someone to help look after you and you are aged 65 or older when you claim.

If you are under 65, you may be able to get Disability Living Allowance instead. Contact the Benefit Enquiry Line if you want to ask us about Disability Living Allowance (see **Help and advice about other benefits** on page 11).

You may not think of yourself as disabled, but if you have a health condition or illness that means you need the sort of help we tell you about in these notes, you may be able to get Attendance Allowance.

Your disability may be physical, or you may have mental-health problems, learning difficulties, sight, hearing or speech difficulties.

- Attendance Allowance is not usually affected by your income or savings (but, if you get Constant Attendance Allowance with another benefit, this will be paid instead, or reduce the amount of your Attendance Allowance).
- Attendance Allowance is not taken off other benefits and tax credits you may receive.
- You can claim Attendance Allowance even if you have not paid any National Insurance contributions.
- You do not have to pay tax on the Attendance Allowance you receive.
- If you get Attendance Allowance, you may get extra money with other benefits (see page 11).

## Can I get Attendance Allowance?

You may get Attendance Allowance if:

- you are 65 or over when you make your claim
- you are not entitled to Disability Living Allowance
- your disability means that you need help with your personal care (see page 4) or you need someone to supervise you for your own or someone else's safety (see page 4), and
- you have needed that help for at least six months.

**Even if you are not actually getting the help you need, you can still get Attendance Allowance.**

## What do 'help with personal care' and 'supervise' mean?

'Help with personal care' means day-to-day help with things like:

- washing (or getting into or out of a bath or shower)
- dressing
- eating
- going to or using the toilet, or
- telling people what you need or making yourself understood (if you have a problem, such as learning difficulties, that makes this hard).

'Supervise' means that you need someone to watch over you to avoid substantial danger to yourself or other people. This could mean:

- when you take medicines or have treatment
- keeping you away from danger that you may not know is there
- avoiding danger you could face because you cannot control the way you behave, and
- stopping you from hurting yourself or other people.

You may need help with personal care or supervision because you:

- find it hard to move your arms or legs or have no control over them
- get breathless easily or are in pain, or
- have behaviour difficulties, mental-health problems, or you get confused.

## **When can I claim Attendance Allowance?**

You can normally only get Attendance Allowance when you have needed help for six months (unless you claim under the special rules – see page 8). If you claim straight away, we will deal with your claim as soon as possible.

## **How is Attendance Allowance worked out?**

There are two rates of Attendance Allowance:

- lower rate, and
- higher rate.

The rate you get is based on how much help you need.

### **Lower rate of Attendance Allowance**

You may get the lower rate of Attendance Allowance if you need:

- help with personal care frequently throughout the day
- help with personal care during the night
- someone to supervise you continually throughout the day to avoid substantial danger
- someone to watch over you at night to avoid substantial danger, or
- someone with you when you are on dialysis.

### **Higher rate of Attendance Allowance**

You may get the higher rate if you need:

- help with personal care or someone to supervise you throughout the day and also during the night.

You may also be able to get this rate if you claim under the special rules (see page 8).

There are fixed amounts of money for Attendance Allowance. You can find the current rates in the leaflet called **Benefit and Pension Rates**. You can get this leaflet from any Jobcentre Plus.

The rates are also on the website at [\*\*www.direct.gov.uk/disability\*\*](http://www.direct.gov.uk/disability)

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

If you need help, phone the Benefit Enquiry Line for people with disabilities and for carers.

The phone number is **0800 88 22 00**.

Lines are open from 8.30am to 6.30pm Monday to Friday, and from 9am to 1pm on Saturdays.

**If you have speech or hearing difficulties**, you can contact us using a textphone on **0800 24 33 55**. You can also use Typetalk.

The person you speak to may need to arrange for someone to phone you back. The person who calls you back is specially trained to help you fill in this form. They will have a copy of the claim form and they will go through it with you over the phone. Or, they can fill in a claim form for you.

If they fill in the claim form for you, they will send it to you. You can then check it, sign it and send it back. They will send you a reply envelope. It will not need a stamp.

**If you cannot use the phone**, we may be able to send someone to visit you. Write to the office that deals with the area where you live (see **Where to send the completed form** on the last page). If you have a visit, it may take us longer to deal with your claim.

## **About how your disabilities affect you**

You may not think of yourself as disabled, but if you have a health condition or illness that means you need the sort of help we tell you about in these notes, you may be able to get Attendance Allowance.

We know that disabilities can affect people more on one day than another – they have good days and bad days. We know that your disability may vary over a period of time. Please try to tell us as much as you can about how your disability varies.

We also know that help needed during the day and help needed during the night can be different. There are separate questions for you to tell us about the different sort of help you might need.

You may find it helpful to keep a record of your needs. Try to list all the times when you need help from someone else or when you have difficulty doing something because there is nobody around to help you. If your condition varies, you may want to keep a record of your needs over a good day and over a bad day. Start from the time you get up in the morning, through 24 hours, to the time you get up the following morning. You can send this record in with your claim form if you want to.

## About medical examinations

If we cannot get a clear picture of how your illnesses or disabilities affect you, we may ask a health care professional to examine you.

Medical Services arrange medical examinations for us. Medical Services will contact you to arrange an appointment. If you want an interpreter or a health care professional of the same sex as you, you should ask Medical Services about this when they contact you. They will, if it is possible, arrange it for you.

After your medical examination, Medical Services will send us a copy of the report. We will use this report when we make a decision on your claim. If you want to see the report, ask the office dealing with your claim for a copy.

## Help with questions in the claim form

### 8 Do you normally live in Great Britain?

You must normally be living in Great Britain and have lived there for 26 weeks in the last 52 weeks before you claim. Great Britain is England, Scotland and Wales.

Time spent in a country that is part of the European Economic Area (EEA) or in Switzerland, may also be treated as being in Great Britain for the 26-week rule.

The 26-week rule does not apply if you are terminally ill and qualify under special rules.

### 15 About your GP

Your doctor does not decide whether you can get Attendance Allowance.

We may need to ask your doctor for more information about your condition. We will only ask your doctor to give details of the medical facts. They do not have to give an opinion on problems you may have with daily living activities or whether you get Attendance Allowance.

## **17 Special rules**

We have arrangements called special rules which help people who are terminally ill get their benefit as quickly as possible. The special rules are for people who have a progressive disease and are not reasonably expected to live for more than six months.

So that we can deal with your claim as quickly as possible, it is important that you send a DS1500 report with your claim. The notes below tell you how to get a DS1500 report.

If you have not got the DS1500 report by the time you have filled in the claim form, send us the claim form straight away. Please send the DS1500 when you can.

### **Getting Attendance Allowance under the special rules means:**

- getting the higher rate of Attendance Allowance
- getting paid straight away (this means you do not have to wait until you have needed help for six months), and
- claims are dealt with more quickly.

### **Claiming under the special rules for someone else**

You can claim under the special rules for someone else. You do not have to tell them you are claiming for them. Tell us about them on the claim form. We will normally write to them about whether they can get Attendance Allowance, but we will not tell them anything about the special rules.

If you are filling in this form as part of your job, you do not need to tell us your National Insurance number or date of birth at question 11.

### **How to claim under the special rules**

Please fill in the claim form or someone else can claim for you. Tick the box at question 17 of the claim form to show you are claiming under the special rules.

If you do not tick this box, we cannot normally pay you under the special rules.

### **How to get a DS1500 report**

Ask your doctor or specialist for a DS1500 report.

This is a report about your medical condition. You will not have to pay for it. You can ask the doctor's receptionist, a nurse or a social worker to arrange this for you. You do not have to see the doctor. Most doctors' practices provide DS1500 reports very quickly. Ask for the report in a sealed envelope if you do not want anyone to see it.

## **23 About the aids and adaptations you use**

We want to know if you use any aids or adaptations to help you do things. For example:

- a hoist, monkey pole or bed-raiser may help you get out of bed
- a commode, raised toilet seat or rails may help you with your toilet needs
- bath rails, a shower seat or a hoist may help you bath or shower
- a long-handled shoehorn, button hook, zip pull or sock aid may help you dress
- a stairlift, raised chair, wheelchair or rails may help you move about indoors
- a walking stick, walking frame, crutches or artificial limbs may help you get around
- special cutlery or a feeding cup may help you eat and drink, or
- a hearing aid, textphone, magnifier or Braille terminal may help you communicate.

We also want you to tell us if you need help to use the aids or adaptations, and if you do, what help you get from another person.

## **39 About being in hospital, a care home or a similar place**

By care home, we mean a home such as a residential care home, nursing home, hospice or similar place.

We need to know if:

- you are in a hospital, a care home or similar place when you make your claim, and
- the local authority or NHS pay anything towards the cost of your stay.

If you are awarded Attendance Allowance when you are in hospital, a care home or a similar place, we cannot pay you until you come out. But if you are a private patient or resident, paying for your stay without help from public funds, we will be able to pay you.

We may still be able to pay you if you are claiming under the special rules and you are in a hospice.

## **43 How we pay you**

If we are able to pay you Attendance Allowance, we will pay the benefit in the same way as your State Pension or Pension Credit.

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

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

For example, you may give us some information, which means you are entitled to less money. Sometimes we may not be able to change the amount we have already paid you. This means we will have paid you money that you are not entitled to. **We will contact you before we take back any money.**

### **How we collect and use information**

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

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

We may get information from others to check the information you give to us and to improve our services. We may give information to other organisations as the law allows, for example to protect against crime.

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

## **Help and advice about other benefits**

If you want general advice about any other benefits you may be able to claim, you can do the following.

- Phone the Benefit Enquiry Line for people with disabilities on **0800 88 22 00**.
- If you have speech or hearing difficulties, you can contact us using a textphone on **0800 24 33 55**. If you do not have your own textphone, some libraries or your local Citizens Advice Bureau may have one. You can also use Typetalk.
- Get in touch with Jobcentre Plus. You can find the phone number and address in the business numbers section of the phone book. Look under Jobcentre Plus.
- Get in touch with an advice centre like a Citizens Advice Bureau.

## **If you want more information about Carer's Allowance**

If you are claiming Attendance Allowance and someone looks after you for 35 hours or more a week, they may be able to get Carer's Allowance. Read the information sheet, it has important information about Carer's Allowance. It tells you and your carer:

- how your benefit could be affected if your carer is paid Carer's Allowance
- how to get help and advice about Carer's Allowance
- how to make a claim
- when to make a claim to avoid losing benefit, and
- where to get a claim form or how to claim online.

**If you want more information about Child Tax Credit or Working Tax Credit, you can do the following.**

- Phone the helpline on **0845 300 3900**.
- If you have speech or hearing difficulties, you can contact us using a textphone on **0845 300 3909**.
- If you need a form or help in Welsh, phone **0845 302 1489**.
- You can visit the website at **[www.hmrc.gov.uk](http://www.hmrc.gov.uk)**

**If you want more information about Pension Credit, you can do the following.**

- You can get a leaflet about Pension Credit.
- Phone The Pension Service on **0800 99 1234**.
- If you have speech or hearing difficulties, you can contact us using a textphone on **0800 169 0133**.
- You can visit the website at **[www.thepensionservice.gov.uk](http://www.thepensionservice.gov.uk)**

# Attendance Allowance

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

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

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

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

- Income Support
- Pension Credit
- Housing Benefit
- Council Tax Benefit

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

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### **For your carer**

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

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

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

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

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

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

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

**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 date we receive it.**

**If you want help filling in this form you can phone the Benefit Enquiry Line (BEL) or contact an organisation like Citizens Advice.**

BEL is open from 8.30am to 6.30pm  
Monday to Friday, and from  
9am to 1pm on Saturdays.  
Phone **0800 88 22 00**

If you have speech or hearing difficulties, you can contact us using a textphone on **0800 24 33 55**. These textphones do not accept texts from mobile phones.

You can also use Typetalk.

We can send you a claim form in Braille or in large print. Or, BEL can arrange to fill one in with you over the phone. They will send you the filled-in claim form in Braille or in large print.

We can also arrange for interpreters if you phone us or visit us. If you want any more information about this, please phone BEL.

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Please keep this page with the notes about claiming Attendance Allowance. You may need it after you have sent the claim form back to us.

# Things to get together before you fill in the claim form

Before you fill in the claim form, it will be useful to have ready some of the things listed below. Do not worry if you do not have all of them.

- Your National Insurance number. You can find this on your National Insurance number card, letters from the Department for Work and Pensions or payslips. If you do not have a National Insurance number, or you do not know it, get in touch with Jobcentre Plus. They will help you apply for or trace your number.
- The name of your GP and the address of your GP's surgery.
- Details of your medication or an up-to-date printed prescription list if you have one.
- Details of anyone you have seen about your illnesses or disabilities in the last 12 months, apart from your GP.
- Your hospital record number (if you know it). You can find this on your appointment card or letter.
- If you have been in hospital, a care home or similar place, the dates you went in and came out and the name and address of the place you stayed.

You may find it helpful to keep a record of your needs.



For more information please read page 6 of the **notes**.

You do not have to fill in the form in one go. Take your time so that you can describe all the help you need.

## How to fill in the claim form

Please use black ink to fill in this form. Do not worry if you are not sure how to spell something or you make a mistake. If you want to correct a mistake, please cross it out with a pen - do not use correction fluid.

Please tick the box to show your answer, for example:

Yes

☒

No

☐

## What happens next

Fill in the claim form and post it back to us.

**Write the date you post your claim form to us in this box.**

We will write to you to tell you that we have received your claim form. If you do not get this letter within two weeks of sending your claim form to us, please phone us on **08457 12 34 56**. If you have speech or hearing difficulties, you can contact us using a textphone on **08457 22 44 33**.

Please keep this page with the notes about claiming Attendance Allowance. You may need it after you have sent the claim form back to us.

# Attendance Allowance for people aged 65 or over

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 date we receive it.

## About you

Please tell us your personal details. If you are filling in this form for someone else, tell us about them, not yourself.

1 Surname or family name

All other names in full

Title

For example, Mr, Mrs, Miss, Ms

Letters   Numbers   Letter

2 National Insurance number

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

3 Date of birth  
(day/month/year)

		/			/			
--	--	---	--	--	---	--	--	--

4 Sex

Male

☐

Female

☐

5 Address where you live

Postcode									

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

Phone number,  
including the dialling code

Tick to show how you would prefer us to contact you.

Phone

☐

Fax

☐

Textphone

☐

Our textphone service does not receive messages from mobile phones.

Mobile number

7 What is your nationality?

For example, British, Spanish, Turkish

## About you (continued)

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### 8 Do you normally live in Great Britain?

Great Britain is England, Scotland and Wales.



For more information please read page 7 of the **notes**.

Yes

☐

Please continue below.

No

☐

Go to question 9.

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

☐

### 9 Have you been abroad for more than a total of 13 weeks in the last 52 weeks?

Abroad means out of Great Britain.

Yes

☐

Please continue below.

No

☐

Go to question 10.

If you have been abroad for more than 13 weeks in the last 52 weeks, please tell us when you went abroad, where you went and why you went.

From

To

Tell us where you went.

Tell us why you went.

If you have been abroad more than once in the last 52 weeks, please tell us the dates you went, where you went and why you went at question 45 **Extra information**.

### 10 What type of accommodation do you live in?

For example, you may live in a house, bungalow, flat, supported housing, residential care home, nursing home or somewhere else.

# Signing the form for someone else

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## 11 Signing the form for someone else

You can fill in this form for another adult, but they must still sign it themselves unless **one or more of the following apply**. Please tick all the relevant boxes.

- I hold a power of attorney to receive and deal with their benefits from social security, or ☐
- I act as a deputy for them, appointed by the Court of Protection, or
- In Scotland, I am a judicial factor, guardian, tutor or curator bonis appointed under Scottish law.

**Send us the relevant document (or certified copy) with this claim form and sign the declaration on their behalf.** Copies must be certified, and signed, as being true and complete by the customer, a solicitor or a stockbroker.

- I am an Appointee, appointed by the Department for Work and Pensions (DWP), to receive and deal with their benefits and their letters from social security. ☐

**We will send all letters about Attendance Allowance to you.**

- They cannot manage their affairs due to a mental-health problem or learning disability. ☐

**We will contact you about this.** If the customer cannot manage their affairs the DWP may appoint you to get their benefits and to deal with letters from social security.

- They are so ill or disabled they find it impossible to sign for themselves. ☐

**We will contact you about this.**

- I am claiming for them under the special rules. ☐



You **must** read the **notes about special rules** on page 8 of the **notes** before you tick this box and tick the box at question 17.

**If the person does not know you are signing this form for them, tell us why.**

**Your name**

**National Insurance number**

Letters	Numbers	Letter
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

**Date of birth** (day/month/year)

**Your address**

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

**Daytime phone number,**  
including the dialling code

# About your illnesses or disabilities and the treatment or help you receive

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## 12 Please list separately details of your illnesses or disabilities in the table below.

By illnesses or disabilities we mean physical, sight, hearing or speech difficulty or mental-health problems.

**If you have a spare up-to-date printed prescription list**, please send it in with this form. If you send in your prescription list you do not need to tell us about your medicines and dosage in the table below.

You can find the dosage on the label on your medicine.

By treatments we mean things like physiotherapy, speech therapy, occupational therapy or visiting a day-care centre or a mental-health professional for counselling or other treatments.

Name of illness or disability.	How long have you had this illness or disability?	What medicines or treatments (or both) have you been prescribed for this illness or disability?	What is the dosage and how often do you take each of the medicines or receive treatment?
Example Alzheimer's	Two years	Aricept	10 milligrams (mg) One tablet a day
Example Kidney failure	One year	Dialysis	Two times a week
Example Partially sighted	About 10 years	None	None

If you need more space to tell us about your illnesses or disabilities, please continue at question 45 **Extra information**.

# About your illnesses or disabilities and the treatment or help you receive (continued)

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**Apart from your GP, in the last 12 months, have you seen anyone about your illnesses or disabilities?**

For example, a hospital doctor or consultant, district or specialist nurse, community psychiatric nurse, occupational therapist, physiotherapist, audiologist or social worker.

Yes ☐ Please continue below.

No ☐ Go to question 14.

**Their name (Mr,Mrs,Miss,Ms,Dr)**

**Their profession or specialist area**

**The address where you see them** for example, the address of the health centre or hospital.

Postcode									

**Their phone number,**  
including the dialling code

**Your hospital record number**  
You can find this on your appointment card or letter.

**Which of your illnesses or disabilities do you see them about?**


**How often do you usually see them because of your illnesses or disabilities?**

**When did you last see them because of your illnesses or disabilities?**

	/		/	
--	---	--	---	--

If you have seen more than one professional, please tell us their contact details, what they treat you for and when you last saw them at question 45 **Extra information**.

# About your illnesses or disabilities and the treatment or help you receive (continued)

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## 14 Does anyone else help you because of your illnesses or disabilities?

For example, a carer, support worker, nurse, friend, neighbour or family member.

Yes ☐ Please continue below.

No ☐ Go to question 15.

Their name

Their address

Postcode									

Their phone number,  
including the dialling code

What help do you get  
from them?


Their relationship to you

How often do you see them?

If more than one person helps you, please tell us their name and how they help you at question 45 **Extra information**.

## 15 About your GP



For more information please read page 7 of the **notes**.

Their name

If you do not know your GP's  
name, please give the name of  
the surgery or health centre.

Their address

Postcode									

Their phone number,  
including the dialling code

When did you last see them  
because of your illnesses  
or disabilities?

	/		/	
--	---	--	---	--

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## Consent

We may want to contact your GP, or the people or organisations involved with you, for information in relation to your claim. This may include medical information in respect of your claim. You do not have to agree to us contacting these people or organisations, but if you do not, it may mean that we cannot get enough information to satisfy ourselves that you meet the conditions of entitlement in respect of your claim.

The Department for Work and Pensions, or any health care professional providing medical services on behalf of an organisation approved by the Secretary of State, may ask any person or organisation for any information, including medical information, which we need to deal with:

- this claim for benefit, or
- any appeal or other reconsideration of a decision in relation to this claim,

and that the information may be given to that health care professional or to the Department.

**Please tick one of the consent options then sign and date below.**

I agree to you contacting the relevant people or organisations, as in the statement above.

☐

I do not agree to you contacting the relevant people or organisations, as in the statement above.

☐

**Signature**

**Date**

**Please make sure you also sign and date the declaration question 46.**

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## Special rules



You must read page 8 of the **notes** about special rules before you tick the box below.

The special rules apply to people who have a progressive disease and are not expected to live longer than six months.

**If you are not claiming under the special rules please go to question 18.**

**If you are claiming under the special rules, tick this box.**

☐

If you are claiming under the special rules please go straight to question 39. Then please send this form to us with a DS1500 report. You can get the report from your doctor or specialist.

If you have not got your DS1500 report by the time you have filled in the claim form, send the claim form straight away. If you wait, you could lose money. Please send the DS1500 report when you can.

Please make sure you sign the **consent** above and the **declaration** question 46.

# About your illnesses or disabilities and the treatment or help you receive (continued)

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If you are claiming under the special rules, please go to question 39. You do not have to answer any more questions until then.

## 18 Do you have any reports about your illnesses or disabilities?

These may be from a person who treats you, for example, an occupational therapist, hospital doctor or counsellor. It may be an assessment report, a care plan or something like this.

Yes ☐ Please send us a copy if you have one.

No ☐ Go to question 19.

Do not worry if you do not have any reports. Just send in your claim form.

## 19 Are you on a waiting list for surgery?

Yes ☐ Tell us about this in the table below.

No ☐ Go to question 20.

The date you were put on the waiting list	What surgery are you going to have?	When is the surgery planned for, if you know this?
Example 1 May 2008	Operation to replace my right hip	1 October 2008

## 20 Have you had any tests for your illnesses or disabilities?

For example, a peak flow, a treadmill exercise, a hearing or sight test or something else.

Yes ☐ Tell us about these in the table below.

No ☐ Go to question 21.

Date and type of test	Results
Example April 2008 treadmill test	Four minutes (stage 2)

# About your illnesses or disabilities and the treatment or help you receive (continued)

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## 21 Where is there a toilet in your home?

Upstairs ☐ Downstairs ☐ Other   
Tell us where.

## 22 Where do you sleep in your home?

Upstairs ☐ Downstairs ☐ Other   
Tell us where.

## 23 Please list any aids or adaptations you use.

Put a tick in the second box against those that have been prescribed by a health care professional, for example, an occupational therapist.

If you have difficulty using any aids or adaptations or you need help from another person to use them, tell us in the table below.



For more information please read page 9 of the **notes**.

Aids and adaptations	✓	How does this help you?	What difficulty do you have using this aid or adaptation?
Example Magnifier		Helps me to see the print in the newspaper.	None
Example Stairlift		I can get up and down stairs	I need help to get in and out of the chair.

If you need more space to tell us about your aids or adaptations, please continue at question 45 **Extra information**.

# Your care needs during the day

## During the day includes the evening

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By care needs we mean help or supervision, due to an illness or disability, with:

- everyday tasks like getting in and out of bed, dressing, washing
- taking part in certain hobbies, interests, social or religious activities, or
- communication.

Help means physical help, guidance or encouragement from someone else so you can do the task.

Use the tick boxes to tell us about the difficulty you have or the help you usually need. Usually means most of the time.

It is important that you tell us about the difficulty you have or the help you need, whether you get the help or not.



For more information about care and supervision see page 4 of the **notes**.

24

**Do you usually have difficulty or do you need help getting out of bed in the morning or getting into bed at night?**

**Yes** ☐ Please tick the boxes that apply to you.

**No** ☐ Go to question 25.

**I have difficulty or need help:**

• getting into bed

☐

• getting out of bed

☐

**I have difficulty concentrating or motivating myself and need:**

• encouraging to get out of bed in the morning

☐

• encouraging to go to bed at night

☐

**Is there anything else you want to tell us about the difficulty you have or the help you need getting in or out of bed?**

For example, you may go back to bed during the day or stay in bed all day.

**Yes** ☐ Tell us in the box below.

**No** ☐ Go to question 25.


## Help with your care needs during the day (continued)

Page 25 of 43 of this pdf

### 25 Do you usually have difficulty or do you need help with your toilet needs?

This means things like getting to the toilet, using the toilet, a commode, bedpan or bottle. It also means using or changing incontinence aids, a catheter or cleaning yourself.

Yes ☐ Please continue below. No ☐ Go to question 26.

**Please tell us what help you need and how often you need this help.**

#### For example

If you need help to get to and use the toilet four times a day, you would fill in the boxes as shown below.

#### I have difficulty or need help:

- with my toilet needs

#### How often?

4 times a day

#### I have difficulty or need help:

- with my toilet needs
- with my incontinence needs

#### How often?

#### I have difficulty concentrating or motivating myself and need:

- encouraging with my toilet needs
- encouraging with my incontinence needs

#### How often?

**Is there anything else you want to tell us about the difficulty you have or the help you need with your toilet needs?**

Yes ☐ Tell us in the box below. No ☐ Go to question 26.


## Help with your care needs during the day (continued)

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### 26 Do you usually have difficulty or do you need help with washing, bathing, showering or looking after your appearance?

This means things like getting into or out of the bath or shower, checking your appearance or looking after your personal hygiene including things like cleaning your teeth, washing your hair, shaving or something like this.

Yes ☐ Please continue below.

No ☐ Go to question 27.

Please tell us what help you need and how often you need this help.

#### I have difficulty or need help:

#### How often?

- looking after my appearance
- getting in and out of the bath
- washing and drying myself or looking after my personal hygiene
- using a shower

#### I have difficulty concentrating or motivating myself and need:

#### How often?

- encouraging to look after my appearance
- encouraging or reminding about washing, bathing, showering, drying or looking after my personal hygiene

Is there anything else you want to tell us about the difficulty you have or the help you need washing, bathing, showering or looking after your appearance?

Yes ☐ Tell us in the box below.

No ☐ Go to question 27.


## Help with your care needs during the day (continued)

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**27** Do you usually have difficulty or do you need help with dressing or undressing?

Yes ☐ Please continue below.

No ☐ Go to question 28.

Please tell us what help you need and how often you need this help.

**I have difficulty or need help:**

**How often?**

- with putting on or fastening clothes or footwear
- with taking off clothes or footwear
- with choosing the appropriate clothes

**I have difficulty concentrating or motivating myself and need:**

**How often?**

- encouraging to get dressed or undressed
- reminding to change my clothes

**Is there anything else you want to tell us about the difficulty you have or the help you need dressing or undressing?**

For example, you may get breathless, feel pain or it may take you a long time.

Yes ☐ Tell us in the box below.

No ☐ Go to question 28.


# Help with your care needs during the day (continued)

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## 28 Do you usually have difficulty or do you need help with moving around indoors?

By indoors we mean anywhere inside, not just the place where you live.

Yes ☐ Please tick the boxes that apply to you.

No ☐ Go to question 29.

### I have difficulty or need help:

- walking around indoors
- going up or down stairs
- getting in or out of a chair
- transferring to and from a wheelchair

☐☐☐☐

### I have difficulty concentrating or motivating myself and need:

- encouraging or reminding to move around indoors

☐

### Is there anything else you want to tell us about the difficulty you have or the help you need with moving around indoors?

For example, you may hold on to furniture to get about or it may take you a long time.

Yes ☐ Tell us in the box below.

No ☐ Go to question 29.


# Help with your care needs during the day (continued)

Page 29 of 43 of this pdf

## 29 Do you fall or stumble because of your illnesses or disabilities?

For example, you may fall or stumble because you have weak muscles, stiff joints or your knee gives way, or you may have problems with your sight, or you may faint, feel dizzy, blackout or have a fit.

Yes ☐ Please continue below. No ☐ Go to question 30.

### What happens when you fall or stumble?

Tell us why you fall or stumble and if you hurt yourself.


### Do you need help to get up after a fall?

Tell us if you have difficulty getting up after a fall and the help you need from someone else.

Yes ☐ Please continue below. No ☐


### When did you last fall or stumble?

/	/	/
---	---	---

If you don't know the exact date, tell us roughly when this was.

### How often do you fall or stumble?

Tell us roughly how many times you have fallen or stumbled in the last month or in the last year.

times last month.
-------------------

times last year.
------------------

## Help with your care needs during the day (continued)

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**30** Do you usually have difficulty or do you need help with cutting up food, eating or drinking?

This means things like getting food or drink into your mouth or identifying food on your plate.

Yes ☐ Please continue below.

No ☐ Go to question 31.

**Please tell us what help you need and how often you need this help.**

**I have difficulty or need help:**

- eating or drinking
- with cutting up food on my plate

**How often?**

**I have difficulty concentrating or motivating myself and need:**

- encouraging or reminding to eat or drink

**How often?**

**Is there anything else you want to tell us about the difficulty you have or the help you need with cutting up food, eating or drinking?**

Yes ☐ Tell us in the box below.

No ☐ Go to question 31.


## Help with your care needs during the day (continued)

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### 31 Do you usually have difficulty or do you need help with taking your medication or with your medical treatment?

This means things like injections, an inhaler, eye drops, physiotherapy, oxygen therapy, speech therapy, monitoring treatment, coping with side effects, and help from mental-health services. It includes handling medicine and understanding which medicines to take, how much to take and when to take them.

Yes ☐ Please continue below.

No ☐ Go to question 32.

Please tell us what help you need and how often you need this help.

I have difficulty or need help:

How often?

• taking my medication

• with my treatment or therapy

I have difficulty concentrating or motivating myself and need:

How often?

• encouraging or reminding to take my medication

• encouraging or reminding about my treatment or therapy

Is there anything else you want to tell us about the difficulty you have or the help you need taking your medication or with medical treatment?

Yes ☐ Tell us in the box below.

No ☐ Go to question 32.


## Help with your care needs during the day (continued)

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### 32 Do you usually need help from another person to communicate with other people?

For example, you may have a mental-health problem, learning disability, sight, hearing or speech difficulty and need help to communicate. Please answer as if using your normal aids, such as glasses or a hearing aid.

Yes ☐ Please tick the boxes that apply to you.

No ☐ Go to question 33.

#### I have difficulty or need help:

- understanding people I do not know well ☐
- being understood by people who do not know me well ☐
- in places I do not know well ☐
- concentrating or remembering things ☐
- answering or using the phone ☐
- reading letters, filling in forms, replying to mail ☐
- asking for help when I need it ☐

#### Is there anything else you want to tell us about the difficulty you have or the help you need from another person to communicate with other people?

For example, you use British Sign Language (BSL).

Yes ☐ Tell us about your communication needs in the box below.

No ☐ Go to question 33.


## Help with your care needs during the day (continued)

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### 33 Do you usually need help from another person to actively take part in hobbies, interests, social or religious activities?

We need this information because we can take into account the help you need or would need to take part in these activities, as well as the other help you need during the day.

Yes ☐ Please continue below. No ☐ Go to question 34.

Tell us about the activities and the help you need from another person **at home**.

What you do or would like to do.	What help do you need or would you need from another person to do this?	How often do you or would you do this?
Example Listening to music	I cannot see and my wife has to find the disc I want and put the disc in the player.	Four or five times a week

Tell us about the activities and the help you need from another person **when you go out**.

What you do or would like to do.	What help do you need or would you need from another person to do this?	How often do you or would you do this?
Example Swimming	When I get to the swimming pool I need help to get changed, to dry myself and to get in and out of the pool.	Three times a week for half an hour each time.

If you need some more space to tell us about your hobbies, interests, social or religious activities please continue at question 45 **Extra information**.

## Help with your care needs during the day (continued)

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### 34 Do you usually need someone to keep an eye on you?

For example, you may have a mental-health problem, learning disability, sight, hearing or speech difficulty and need supervision.

Yes ☐ Please tick the boxes that apply to you.

No ☐ Go to question 35.

How long can you be safely left for at a time?

Please tell us why you need supervision.

- To prevent danger to myself or others. ☐
- I am not aware of common dangers. ☐
- I am at risk of neglecting myself. ☐
- I am at risk of harming myself. ☐
- I may wander. ☐
- To discourage antisocial or aggressive behaviour. ☐
- I may have fits, dizzy spells or blackouts. ☐
- I may get confused. ☐
- I may hear voices or experience thoughts that disrupt my thinking. ☐

Is there anything else you want to tell us about the supervision you need from another person?

Yes ☐ Tell us in the box below.

No ☐ Go to question 35.


# Help with your care needs during the night

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

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## 35 Do you usually have difficulty or need help during the night?

This means things like settling, getting into position to sleep, being propped up or getting your bedclothes back on the bed if they fall off, getting to the toilet, using the toilet, using a commode, bedpan or bottle, getting to and taking the tablets or medicines prescribed for you and having any treatment or therapy.

Yes ☐ Please continue below. No ☐ Go to question 36.

Please tell us what help you need, how often and how long each time you need this help for.

### I have difficulty or need help:

### How often? How long each time?

- |  |                      |                              |
|--|----------------------|------------------------------|
| • turning over or changing position in bed | <input type="text"/> | <input type="text"/> minutes |
| • sleeping comfortably                     | <input type="text"/> | <input type="text"/> minutes |
| • with my toilet needs                     | <input type="text"/> | <input type="text"/> minutes |
| • with my incontinence needs               | <input type="text"/> | <input type="text"/> minutes |
| • taking my medication                     | <input type="text"/> | <input type="text"/> minutes |
| • with treatment or therapy                | <input type="text"/> | <input type="text"/> minutes |

### I have difficulty concentrating or motivating myself and need:

### How often? How long each time?

- |  |                      |                              |
|--|----------------------|------------------------------|
| • encouraging or reminding about my toilet or incontinence needs | <input type="text"/> | <input type="text"/> minutes |
| • encouraging or reminding about medication or medical treatment | <input type="text"/> | <input type="text"/> minutes |

Is there anything else you want to tell us about the difficulty you have or the help you need during the night?

Yes ☐ Tell us in the box below. No ☐ Go to question 36.


# Help with your care needs during the night (continued)

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## 36 Do you usually need someone to watch over you?

For example, you may have a mental-health problem, learning disability, sight, hearing or speech difficulty and need another person to be awake to watch over you.

Yes ☐ Please tick the boxes that apply to you.

No ☐ Go to question 37.

Please tell us why you need watching over.

- To prevent danger to myself or others. ☐
- I am not aware of common dangers. ☐
- I am at risk of harming myself. ☐
- I may wander. ☐
- To discourage antisocial or aggressive behaviour. ☐
- I may get confused. ☐
- I may hear voices or experience thoughts that disrupt my thinking. ☐

How many times a night does another person need to be awake to watch over you?

How long on average does another person need to be awake to watch over you at night?

 minutes

Is there anything else you want to tell us about why you need someone to watch over you?

Yes ☐ Tell us in the box below.

No ☐ Go to question 37.


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# About time spent in hospital, a care home or a similar place

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## 39 Are you in hospital, a care home or similar place now?

For example, a residential care home, nursing home, hospice or similar place.



For more information please read page 9 of the **notes**.

Yes ☐ Tell us when you went in.

No ☐ Go to question 40.

Please tell us the full name and address of the place where you are staying.

Postcode								

If you are in hospital, why did you go into hospital?


Does the local authority, NHS trust, primary care trust or a government department pay any of the costs for you to live there?

Yes ☐ If 'Yes', which authority, NHS trust, primary care trust or government department pays?

No ☐

## 40 Have you come out of hospital, a care home or similar place in the past six weeks?

Yes ☐ Tell us when you went in.

No ☐ Go to question 41.

Tell us when you came out.

Please tell us the full name and address of the place where you were staying.

Postcode								

If you have been in hospital, why did you go into hospital?


## About time spent in hospital (continued)

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### 41 Have you been in hospital in the past two years?

Yes ☐ Please continue below.

No ☐ Go to question 42.

Why did you have to go into hospital?


### 42 Constant Attendance Allowance

Please tick the box if you are getting or waiting to hear about:

• War Pension Constant Attendance Allowance

☐

• Industrial Injuries Disablement Benefit Constant Attendance Allowance

☐

### 43 How we pay you



You must read page 10 of the **notes** about how we pay you before you tick one of the boxes below.

If we are able to pay you Attendance Allowance, we will pay the benefit in the same way as your State Pension or Pension Credit.

Tick if you agree to be paid this way and understand the information about being overpaid on page 10 of the **notes** – **How we pay you**.

☐

Tick if you do not agree, or do not receive State Pension or Pension Credit. We will contact you about this.

☐

# Statement from someone who knows you

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## 44 Statement from someone who knows you

**Please note, this statement does not have to be filled in.**

If you do want this statement to be filled in, the best person to do it is the one who is most involved with your treatment or care. This may be someone you have already told us about on this form.

If you are signing this form on behalf of the disabled person, please get someone else to fill in this section.

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

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


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

**Your full name**

**Your address**

Postcode									

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

**Your signature**

**Date**

## Extra information

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## Extra information

**Please tell us anything else you think we should know about your claim.**

If you need more space continue on page 29. Please put your name and National Insurance number on any extra pieces of paper you send us.

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## 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** that the information I have given on this form is correct and complete as far as I know and believe.

**I understand** that if I knowingly give false information, I may be liable to prosecution or other action.

**I understand** that I must promptly tell the office that pays my Attendance Allowance of anything that may affect my entitlement to, or the amount of, that benefit.

**I understand** that the Department may use the information which it has now or may get in the future to decide whether I am entitled to:

- the benefit I am claiming,
- any other benefit I have claimed,
- any other benefit I may claim in the future.

**This is my claim for Attendance Allowance.**

**Signature**

**Date**

 /  / 

**Print your name here**

**Have you signed and dated the consent question 16 on this claim form?**



For information about how we collect and use information, see page 10 of the **notes**.

## What to do now

Check that you have filled in all the questions that apply to you or the person you are claiming for. Make sure you have signed the consent question 16 and the declaration question 46.

Send the claim form to the office that deals with the area where you live (see **Where to send the completed form** on the last page).

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

For example, a prescription list, medical report, or care plan.




For help and advice about other benefits, see page 11 of the **notes**.

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## Where to send the completed form

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

### 1. Disability Benefits Centre

PO Box 30  
Chester  
CH70 8AN

### 2. Disability Benefits Centre

PO Box 35  
Bristol  
BS80 8AJ

### 3. Attendance Allowance Team

Palatine House  
Preston  
PR1 1HB

### 4. Disability Benefits Centre

PO Box 37  
Glasgow  
G90 8AS

### 5. Disability Benefits Centre

PO Box 33  
Leeds  
LS88 8AF

### 6. Attendance Allowance Team

Palatine House  
Preston  
PR1 1HB

### 7. Disability Benefits Centre

PO Box 34  
Birmingham  
B99 1AR

### 8. Attendance Allowance Team

Palatine House  
Preston  
PR1 1HB

### 9. Disability Contact and Processing Unit

Government Buildings  
Warbreck House  
Warbreck Hill  
Blackpool  
FY2 0YJ

### 10. Disability Benefits Centre

PO Box 36  
Cardiff  
CF91 5AT

### 11. Disability Benefits Centre

PO Box 31  
London  
SW95 9BD



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

Phone the Benefit Enquiry Line (BEL). The number is **0800 88 22 00**.  
Textphone **0800 24 33 55** (for hearing or speech difficulties).

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## For existing disability claims

You can contact:

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

Phone: **08457 123456**

Fax: **01253 331 266**

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