

Help using this PDF claim form

You can save data typed into this PDF claim form if you use **Adobe Reader XI**.

This means that you do not have to fill the form in one session.

This form will only save if:

- the form is saved onto your computer, and
- opened in Adobe Reader XI.

The form will not save in:

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

You can download **Adobe Reader XI** free of charge from the Adobe website

If you are having technical difficulties:

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

Please contact the **DWP Online helpdesk**.

Phone: **0345/0845 604 3349**

Minicom (textphone): **0345/0845 604 0523**

Email: **dwponline.helpdesk@dwp.gsi.gov.uk**

Opening hours

Monday to Friday: 8.00am - 6.00pm

Weekend: 8.00am - 4.00pm

Closed on all Public and Bank Holidays.

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



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 day we receive it.



Before you fill in this form, click [here](#) to read page 3 of the notes that are included with the form.

About you

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

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 The full address where you live

6 Daytime phone number

Please include the dialling code.

Mobile phone number,
if different

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

☐

Textphone number

7 What is your nationality?

Please see question 7 in the notes booklet

About you (continued)

8 Do you normally live in Great Britain?

Great Britain is England, Scotland and Wales.



For more information, click here to 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 in future, tick this box.

☐

9 Have you been abroad for more than 4 weeks at a time in the last 3 years?

Abroad means out of Great Britain.

Yes ☐ Please continue below.

No ☒ Go to question 10.

Please tell us when you went abroad.

From

To

Tell us where you went.

Tell us why you went.

If you have been abroad more than once in the last 3 years, please tell us the dates you went, where you went and why you went at question 49 **Extra information**.

About you (continued)

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

Are you, your wife, husband or civil partner receiving any pensions or benefits from another EEA state or Switzerland?

No ☒ Go to question 11. Yes ☐ We will contact you about this.

Don't know ☐ We will contact you about this.

11 Entitlement to other benefits from another EEA State or Switzerland

Are you, your wife, husband or civil partner working in or paying insurance to another EEA state or Switzerland? By insurance we mean connected to work, like UK National Insurance.

No ☒ Go to question 12. Yes ☐ We will contact you about this.

Don't know ☐ We will contact you about this.

12 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

13 You can fill in the form for someone else, but they must still sign themselves unless:

- you've already been legally appointed to receive and deal with their benefits. That is, you're a benefit appointee, a deputy or hold a Power of Attorney, or
- the person you're claiming for is too ill or disabled to claim for themselves and you want to be appointed to receive and deal with their benefits, or
- you're completing this form in their absence and/or without their knowledge.

Are you signing the form for someone else?

Yes ☐ Continue below. No ☒ Go to question 14.

Why are you signing the form for them? Please select one of the following.

I'm claiming for them under the special rules for terminally ill people. ☐

You may wish to tell the person you have claimed for that you have made a claim to this benefit on their behalf. This is because we will send letters about Attendance Allowance to them. There is no mention of terminal illness or the special rules in our notifications.

Signing the form for someone else (continued)

I'm an appointee, appointed by the
Department for Work and Pensions

☐

I hold Power of Attorney

☐

I'm a Deputy

☐

I'm a Tutor (under Scottish law)

☐

**I'm a Curator bonis or Judicial
factor** (under Scottish law)

☐

**I'm a Corporate Acting Body or
Corporate Appointee**

☐

Please tell us the name
of your organisation.

For example, an organisation appointed to act on behalf of the person the benefit is for,
such as a local authority or firm of solicitors.

**Unless we've already seen this authority we'll need to see it before we can process
the claim. Please send us your power of attorney or the relevant documents with this
claim. You can send the original or a certified copy.**

I want to be appointed to act on their behalf.

Tick this box if:

☐

- the person you're claiming for is too ill or disabled to claim for themselves and you want to be appointed to handle their benefit affairs, or
- you're in the process of becoming a legally appointed representative.
We'll contact you about this.

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

Date of birth (day/month/year)

Your full address

Daytime phone number,
including the dialling code

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

14 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, but we still need to know your illness or disability.

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 |
| Treble Heart Bypass Angina | | | |
| Diabetes Type 2 In remission from bowel cancer | | | |
| Arthritis in knees, feet and hands | | | |
| Spinal Spondylosis Asthma | | | |
| Thyroid problems Gall bladder removal | | | |
| Neck operation where bone was removed | | | |

If you need more space to tell us about your illnesses or disabilities, please continue at question 49 **Extra information**.

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

15 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 16.

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

Dr

Their profession or specialist area

The full address where you see them

For example, the address of the health centre or hospital

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 49 **Extra information**.

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

16 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 17.

Their name

Their full address

Their phone number,
including the dialling code

What help do you get
from them?

Helps with my washing, ironing, cleaning and also
cooks meals for me.

Their relationship to you

How often do you see them?

Daily

If more than one person helps you, please tell us their name and how they help you at question 49 **Extra information**.

17 About your GP

The GP only gives details of medical fact, they don't decide if you can get Attendance Allowance.

Their name

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

Their full address

Their phone number,
including the dialling code

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

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

18

Consent



For more information, click here to read page 8 of the **notes**

We may want to contact your GP, or the people or organisations involved with you, for information about your claim. This may include medical information. You do not have to agree to us contacting these people or organisations, but if you don't agree, we may be unable to make sure you are entitled to the benefit you are claiming.

We, or any health care professional working for an organisation approved by the Secretary of State, may ask any person or organisation to give them or us any information, including medical information, which we need to deal with:

- this claim for benefit, or
- any appeal or other request to reconsider a decision about this claim.

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

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

Yes

☒

No

☐

Signature

Date

Please remember to sign and date the form after printing.

Please make sure you also sign and date the declaration at question 50.

19

Special rules



You **must** read page 8 of the **notes** about special rules before you complete this question. Click here if you haven't already read the notes.

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

If you are not claiming under the special rules, please go to question 20.

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

☐

If you are claiming under the special rules please go straight to question 44.

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 50.

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

If you are claiming under the special rules, please go to question 44.
You do not have to answer any more questions until then.

20 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 21.

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

21 Are you on a waiting list for surgery?

Yes ☒ Tell us about this in the table below. No ☐ Go to question 22.

| 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 13 December 2013 | Operation to replace my right hip | 1 November 2014 |
| 2 months ago | Operation on both eyes due to cataract | Awaiting date |
| | | |

22 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 23.

| Date and type of test | Results |
|------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Example November 2013 treadmill test | Four minutes (stage 2) |
| Sight tests Triple Heart Bypass Treadmill tests Hearing tests | Requires operation due to cataract Operation in 2013 2 Hearing aids |
| I have had several tests so unsure which I have had. | |

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

23 Where is there a toilet in your home?

Upstairs

☐

Downstairs

☒

Other

same level

Tell us where.

24 Where do you sleep in your home?

Upstairs

☐

Downstairs

☒

Other

same level

Tell us where.

25 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, click here to 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. |
| Handle on front door | ✓ | For support when getting through the door | I lack strength to use. |
| Handles in the bathroom | ✓ | To support me around the bathroom | At times I lack strength to use. |
| Raised toilet seat with rail | ✓ | To avoid bending too far to get onto the toilet | I lack strength to use this |
| Walk in shower with seat | ✓ | To avoid falls getting in and out of shower | I often avoid showering due to pain and fatigue |
| Perching stool kitchen and adapted can opener. | ✓ | I cannot stand for long periods. | I do not cook, my daughter does this for me |
| Walking Stick Bed Raiser | | To support me when walking and getting out of bed | I struggle to use this due to pain/ weakness |

If you need more space to tell us about your aids or adaptations, please continue at question 49 **Extra information**.

Care needs

When your care needs started

Normally, you can only get Attendance Allowance if you have had difficulty or needed help for six months.

Please tell us the date your care needs started.

If you cannot remember the exact date, tell us roughly when this was.

Your care needs during the day

During the day includes the evening. Care needs during the night are covered later.

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, click here to read page 5 of the **notes**.

Help with your care needs during the day

26 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 27.

I have difficulty:

- getting into bed
- getting out of bed

☐☐

I 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

☐☐

Help with your care needs during the day (continued)

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 27.

I am very stiff in the mornings, I have to take my time to try and stand, I have a bed raiser which helps. I have to sit for a while before standing.
Going to bed I have to move around beforehand, but then have difficulty getting comfortable. I have a raiser to help me when in bed due to the fact that if I move, I am in extreme pain, it wakes me up. I get little refreshed sleep. I have to take pain killers during the night at times.

27 **Do you usually have difficulty or do you need help with your toilet needs?**

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

Yes ☒ Please continue below.

No ☐ Go to question 28.

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:

- with my toilet needs

How often each day?

4

I have difficulty:

- with my toilet needs
- with my incontinence needs

How often each day?

I need help:

- with my toilet needs
- with my incontinence needs

How often each day?

I have difficulty concentrating or motivating myself and need:

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

How often each day?

Help with your care needs during the day (continued)

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 28.

I have a raised toilet seat as I struggle to get on and off the toilet, also a rail by the toilet. I have to allow myself time to reach the toilet.

28 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. Personal hygiene includes things like cleaning your teeth, washing your hair, shaving or something like this.

Yes ☒ Please continue below.

No ☐ Go to question 29.

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

I have difficulty:

How often each day?

- 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 need help:

How often each day?

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

Help with your care needs during the day (continued)

I have difficulty concentrating or motivating myself and need:

How often each day?

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

daily

daily

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 or personal hygiene?

Yes ☒ Tell us in the box below.

No ☐ Go to question 29.

I have a walk in shower with a seat inside. My son helps me to shower when I am in a lot of pain but when I am very bad I avoid showering all together.

I struggle to shower due to restricted movements so my son helps wash me at times, I cannot bend to wash my lower half or reach to wash my hair, my son helps me with this.

I need help drying myself. I have a friend who will come and do my hair for me also.

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

Yes ☒ Please continue below.

No ☐ Go to question 30.

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

I have difficulty:

How often each day?

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

daily

daily

I need help:

How often each day?

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

daily

daily

Help with your care needs during the day (continued)

I have difficulty concentrating or motivating myself and need:

How often each day?

- encouraging to get dressed or undressed

daily

- reminding to change my clothes

daily

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 30.

I have a long handled shoe horn to put on my shoes but still need help with this at times.

I have a long handled grabber to pull on my trousers.

I struggle with buttons and zips so need help with these, most of my clothes do not have buttons or fasteners.

I wear slip on shoes a lot of the time.

30 **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 31.

I have difficulty:

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

☒☒☒☐

I need help:

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

☒☒☒☐

Help with your care needs during the day (continued)

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 31.

I struggle with stiffness when I am sat down, I become very stiff and it is painful in my back and legs when I stand.

I need support from my stick and furniture to get up and down. I have a walking stick which I use in the house and outdoors.

I have a lot of furniture placed strategically round the rooms. I get exhausted walking so I avoid walking around when it is not needed.

31 **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.

Fall ☒ Please continue below.

No ☐ Go to question 32.

Stumble ☒ Please continue below.

What happens when you fall or stumble?

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

I can easily trip and stumble as I am often unsteady on my feet.

My muscles are weak in my legs and they can give way with little or no warning, I have suffered several falls as a result of this in the past.

Have you been referred to a Falls Clinic?

Yes ☐

No ☒

Help with your care needs during the day (continued)

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 ☒ Tell us in the box below.

No ☐

My arms are weak so I need help getting up to standing as I would be unable to manage on my own.

I have people check on me and I do not go out alone incase I fall. I worry about this when I need to go anywhere.

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 year.

5 times

times last month

times last year

32 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 33.

I have difficulty:

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

How often each day?

weekly

weekly

I need help:

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

How often each day?

weekly

weekly

I have difficulty concentrating or motivating myself and need:

- encouraging or reminding to eat or drink

How often each day?

Help with your care needs during the day (continued)

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 33.

I struggle to hold my cutlery, when my wrists are particularly painful I will need help cutting up foods, my daughter will bring meals to me as I cannot grip a knife to prepare them.

33 Do you usually have difficulty or do you need help with taking your medicines 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 34.

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

I have difficulty:

- taking my medication
- with my treatment or therapy

How often each day?

daily

I need help:

- taking my medication
- with my treatment or therapy

How often each day?

daily

I have difficulty concentrating or motivating myself and need:

- encouraging or reminding to take my medication
- encouraging or reminding about my treatment or therapy

How often each day?

daily

Help with your care needs during the day (continued)

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 34.

I need reminding to take my medication due to poor memory, I am forgetful and at risk of over or undermedicating as a result of this.

My prescription is delivered to my home.
I have a dosette box for my medication.

34 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 35.

I have difficulty:

- understanding people I do not know well ☐
- being understood by people who do not know me 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 ☐

Help with your care needs during the day (continued)

I need help:

- understanding people I do not know well ☒
- being understood by people who do not know me 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 BSL (British Sign Language).

Yes ☒ Tell us about your communication needs in the box below. **No** ☐ Go to question 35.

My hearing is very poor, I have hearing aids in both ears.
My vision is also very poor and I am waiting for an operation for this.

I lack concentration so I can struggle to follow a simple conversation.
I also forget what has been said to me only minutes ago and at times what I need to say which is very distressing and frustrating for me.

35

How many days a week do you have difficulty or need help with the care needs you have told us about on questions 26 to 34?

7

days

Help with your care needs during the day (continued)

36 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 37.

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 need help to find the disc I want and put the disc in the player. | Four or five times a week |
| | I no longer have hobbies because of pain, I struggle with fatigue so I tend not to do much during the day as a result of this. | |
| | | |
| | | |

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 49 **Extra Information**.

Help with your care needs during the day (continued)

37 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 38.

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. ☐

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

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 38.

I have problems with my memory sometimes, but I have to cope with it and live alone. I have lots of support from family who will constantly ring and check up on me.

I have someone to hand if I need anything, I always have a phone so someone can ring if I am ever in a situation where I need someone to help me but I struggle to hear it ringing, I can also forget where I have left it so my daughter comes to check on me.

38 How many days a week do you need someone to keep an eye on you?

days

Help with your care needs during the night

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

39 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 40.

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 each night? | | | How long each time? | |
|--------------------------------------------|--------------------------|--------------------------|-------------------------------------|---------------------|---------|
| | 1 | 2 | 3+ | | |
| • turning over or changing position in bed | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 30 | minutes |
| • sleeping comfortably | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | minutes |
| • with my toilet needs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | minutes |
| • with my incontinence needs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | minutes |
| • taking my medication | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | minutes |
| • with treatment or therapy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | minutes |

I have difficulty concentrating or motivating myself and need:

| | How often each night? | | | How long each time? | |
|------------------------------------------------------------------|--------------------------|--------------------------|-------------------------------------|---------------------|---------|
| | 1 | 2 | 3+ | | |
| • encouraging or reminding about my toilet or incontinence needs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | minutes |
| • encouraging or reminding about medication or medical treatment | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | everyday | 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 40.

I struggle at night time because of two things, pain and discomfort, my daughter will help me get into a comfortable position and I also have a bed raiser.

Help with your care needs during the night (continued)

40

How many nights a week do you have difficulty or need help with your care needs?

nights

41

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 43.

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 42.

42

How many nights a week do you need someone to watch over you?

nights

Help with your care needs

43

Please tell us anything else you think we should know about the difficulty you have or the help you need.

I am constantly pained and stiff. Movement makes the pain worse although sitting and standing also causes a lot of pain so I have help going from sitting to standing.

I suffer with poor memory and concentration. I need help to remember things ie, when to take my medication.

I get confused when I am in conversation and easily forget what I am talking about.

I have constant breathlessness. I suffer with terrible weakness and pain in my body and unable to weight bear.

My eyesight is very poor and I suffer with headaches due to this.

I have poor hearing and wear a hearing aids.

I get anxious and low in mood at times which makes it difficult for me to leave the house.

If you need some more space to tell us about the help you need or the difficulty you have with your care needs, please continue at question 49 **Extra information**.

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

44

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, click here to read page 10 of the **notes**.

Yes

☐

Tell us when you went in.

No

☒

Go to question 45.

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

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

Does a local authority, health authority, education authority or a government department give you, or the place where you stay, any money towards the costs of your stay?

Yes

☐

If “Yes”, which authority or government department pays?

No

☐

Go to question 45.

45

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 46.

Tell us when you came out.

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

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

About time spent in hospital, Constant Attendance Allowance and How we pay you

46 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 ☐

47 How we pay you



Click here to read page 10 of the **notes** before you fill in this section.

Please tell us the account details below.

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

Name of the account holder

Please write the name of the account holder exactly as it is shown on the chequebook or statement.

Full name of bank or building society

Sort code

Please tell us all 6 numbers, for example: 12-34-56.

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

Account number

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

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

Building society roll or reference number

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

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

You may get other benefits and entitlements we do not pay into an account. If you want us to pay them into the account above, please tick this box.

☐

Statement from someone who knows you

48 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 full address

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

Your signature

Please remember to sign and date the form after printing.

Date

Extra information

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

Specialists Cont:

Chronic back pain in (predominantly lower but also whole back right up to just below my arm pits, I cannot stand for long as a result and then I become stiff sitting down. I had oosteoarthritis in right hip which was replaced. I have sciatica down both legs and but it is always there. I am worried I have oosteoarthritis in the left hip also.

The fact that my leg is shorter this causes extreme pain because my back is not straight. I was given a heel insert but it does not help. I get numbness in my hands, my shoulders get very sore and I cannot move well at all.

Sciatic pain forces me to sit down. My pain affects my sleep pattern drastically, I become uncomfortable and unable to lift my body up due to pain, I never sleep continuously, when I move pain wakes me. As a result I suffer from fatigue and poor concentration and irritability. I get cramps in all my left calf intermittently waking me up at night. I sometimes get restless legs, and luckily I am in a first floor flat so everything is on the same level.

My care needs have increased since I last applied, I have increased pain in my back and legs as a result of the hip replacement. I am awaiting referral to different specialists with a view to other specialist care options in the future.

There are many times when pain is unbearable and I cannot do anything nor leave the flat.

Continue on a separate piece of paper, if necessary. Remember to write your name and National Insurance number at the top of each page.

Declaration

50

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 for Work and Pensions may use the information which it has now or may get in the future to decide whether I am entitled to:

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

This is my claim for Attendance Allowance.

Signature

Date

Please remember to sign and date the form after printing.

Print your name here

Have you signed and dated the consent question 18 on this claim form?



For information about how we collect and use information and help and advice about other benefits, click here to read pages 10 and 11 of the **notes**.

What to do now

Please check that you have filled in all the questions that apply to you or the person you are claiming for. Failure to answer all the required questions may affect the time taken to deal with your claim.

Checklist

- ☐ Make sure you have ticked the relevant box and signed the **consent at question 18**.
- ☐ Make sure you have signed the **declaration at question 50**.
- ☐ Make sure that you have included full details of your **GP at question 17**.
- ☐ Make sure that you have included full details for **anyone else you have seen at question 15**.
- ☐ Make sure that you have included full details for **anyone else who helps you at question 16**.
- ☐ Make sure you have completed care needs start date at **question 25**.

51

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

For example, a prescription list, a certificate of vision impairment, a medical report, passport or a care plan.

prescription list and numerous reports to illustrate a history of specialist input.

Send the claim form and any reports, if you hold them, back to us in the envelope we have sent you. It does not need a stamp. Send copies as we cannot return them.

What happens next



For information about what happens next, click here to read page 12 of the **notes**.

Where to send the completed form

Please print off the completed form, sign and date the consent at question 18 and declaration at question 50 then send the form and any supporting documents to:

**Attendance Allowance Unit
Government Buildings
Warbreck House
Warbreck Hill Road
Blackpool
FY2 0UZ**

Please return the completed claim form as soon as you can as we can only consider paying benefit from the day we receive it.

For help or advice you can call the Attendance Allowance Service Centre on 0345 605 6055.

You can also use the 0845 code to call the above number. Check with your phone company which code is cheaper for you.

Textphone: 0845 604 5312 for people who do not speak or hear clearly.

We cannot accept claim forms returned by email.