

QUESTIONS 1 - 67 OF THE CLAIM FORM

FACTSHEET

1. Child's surname or family name
2. National Insurance Number
3. Date of birth
4. Gender
5. Address where the child resides
6. Are you claiming under special rules? Tick 'yes' if your child has a terminal condition meaning they are not expected to live more than 6 months.
7. What is the child's nationality. Do they reside in Great Britain
8. Has your child been abroad for more than a total of 4 weeks in the last 3 years?
9. Any entitlements to other benefits from another European Economic Area (EEA) state or Switzerland
10. Entitlement to other benefits from another EEA state or Switzerland
11. Is your child in hospital or a hospice at the moment, or been admitted in the past 12 months?
12. Is your child at the moment in a residential college or similar, or has been in the past 12 months?
13. In the last 12 months, apart from the GP has your child seen a Paediatrician or Hospital Specialist, Health Visitor, OT or Speech Therapist, Social Worker etc regarding their conditions?
14. Name of your child's GP
15. Have they undergone tests or waiting for diagnosis, to treat/monitor their illnesses or conditions.?
16. Send copies of letters, reports, or assessments about your child to support your claim and a statement from someone who knows your child, this is optional.
17. Name of their school or nursery and person to contact. Someone who knows your child best. ie SENCO or Teaching Assistant rather than their class teacher.
18. Are they waiting to hear about an Individual Education Plan (IEP), Individual Behaviour Plan (IBP) or statement of Special Educational Needs (statement)? This includes EHCPs in England.
19. Make sure you tick, sign, and date the form. Usually you should give consent for DWP to contact those named unless there's a very good reason not to.
20. List illnesses or conditions, and how long they've had them. This is often from birth with neurological conditions.
21. Does your child use or have they been assessed for any aids or adaptations?
22. When they need help...say their care needs vary if there are marked variations in their needs for a particular reason or it may look to DWP there are times when they need little or no care.

Questions 23 to 31

Mobility (physical difficulties)

23. Can they physically walk?

If your child cannot physically walk at all then tick 'no' under question 25 continuing to question 36, there is no need to complete any other sections in between. Tick 'yes' if your child can physically walk and continue onto question 26.

24. Do they have any physical difficulties walking?

If they have difficulties walking which affects their speed, health, or gait, how long does it take, and how far can they walk, if it takes a considerable amount of effort to walk, then tick 'yes' under question 26. Tick 'no' if your child doesn't have any physical difficulties walking, and move onto question 32.

Behavioural difficulties walking: If your child has severe behavioural and mental impairment problems, or refuses regularly to walk due to a neurological condition, tick yes to question 26.

Tick boxes on the claim form

25. Please tick the boxes that best describe how far they can walk without severe discomfort and how long it takes them to do this.

26. Tick the box that best describes their walking speed.

27. Tick the box that best describes the way they walk.

28. Does the effort of walking seriously affect their health.

- Does your child have breathing problems that are exacerbated by walking, or
- have a heart condition that makes the effort of walking dangerous, or
- are prone to dizziness or epileptic absences that restrict the distance they can walk, or
- Hypermobility may cause joint pain and restrict their walking distance, or
- your child walks with a limp or on their toes with feet turned inwards etc, explain what causes this.

29. Walking outdoors do they need supervision/guidance most of the time.

If your child needs extra supervision or guidance when outdoors tick 'yes' completing the yes/no questions below.

Only tick 'no' to question 32 if you have looked at the table below and decided they don't have these problems, and move to question 33.

Yes/No boxes on the claim form ;	Use this column to decide whether to select 'yes' or 'no' in the tick boxes)
Answer 'no' if they cannot...	
Find their way around places they know	In familiar places they would get lost and if alone would be unable to find their way without help
Ask for and follow directions	They cannot communicate clearly to ask for directions, understand what is being said to them or if lost unable to follow directions
Walk safely next to a busy road	They don't know how to behave next to a busy road; and they may be distracted or run off.
Cross a road safely	They don't know how to check for traffic and use pedestrian crossings on their own.
Understand common dangers outdoors	Cannot behave safely around traffic, ponds etc. and is unaware of Stranger Danger. They are unable to read and understand warning signs and signals.

Answer yes if they regularly...

Become anxious, confused or disorientated	They worry about things that would not normally bother other children, or know where they are or what they are doing.
Display unpredictable behaviour	May have tantrums, run off, invade another's space, be aggressive, upset or verbally abusive
Need physical restraint	In order to protect them or others, they must have someone holding them, be on reins or need to be strapped into a buggy.
Refuse to walk	They won't walk due to behavioural issues; they throw themselves onto the floor, and have a tantrum, any changes to their routine or anxieties result in them refusing to walk.

If adding extra information at the bottom of the form, consider if ;

- They need a lot of encouragement to walk.
- They need supervision to ensure they don't use up too much energy or hurt themselves,
- You have to supervise, monitor, keep them safe during seizures, and help with recovery their afterwards.
- Having a visual or hearing impairment, they need someone to help guide or supervise them.
- They are unable to judge speeds or distance and need help crossing roads.
- Your child is easily distracted and has no danger awareness ie if they saw someone on the other side of the road they would run to see them without looking.
- They have episodes of incontinence, need taking to the nearest toilet, and/or help with toileting needs.
- Your child is scared to go outside alone due to fears and anxieties related to their condition.

- They have inappropriate behaviour such as shouting, kicking, being destructive etc.
- They can be compulsive, want to count, touch, smell things etc. before they carry on walking.
- Need someone to watch for them and calm them down during panic attacks.
- Experience sensory overload ie, loud sounds, strong smells etc. can distress them resulting in refusal episodes.
- A strict routine has to be enforced when outdoors and the environment controlled as much as possible to prevent meltdowns and refusals.
- They have balance problems meaning they fall over frequently and any bumps or bruises can have a serious affect to their health.
- Your child needs supervision to watch for signs of tantrums or if they attempt to run off.
- They can become confrontational, aggressive and abusive towards strangers.

30. Do they fall due to their disability?

If your child regularly trips and falls over due to their condition then tick 'yes' and record the number of falls each month.

If they do not fall due to their condition continue onto question 34

Answer 'yes' if they;	
Can get up without help	They can get up on their own and don't need someone to physically help or give them encouragement.
Have had injuries needing hospital treatment	Due to a trip or fall that is directly related to their conditions and as a result had to be treated in hospital for stitches, scans etc

31. If you want to tell us why you have ticked the boxes, how their needs vary or anything else you think we should know, use the box below.

32. Extra information about mobility.

Use this box to put down any additional information that you couldn't fit in boxes 31 or 34, use the table above and the previous section of the guide to help with this.

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

The age at which you first noticed your child's mobility difficulties e.g. the child not meeting developmental milestones, experiencing pain, refusing to walk or severe behavioural problems.

34. Getting into or out of or settling in bed during the day

Do they need encouragement, prompting or physical help to get into or out of or settling in bed during the day?

If your child gets encouragement or extra help waking up, lifting their legs into or out of bed, sitting up or settling in bed please tick yes at the top of the page under question 37

Only tick 'no' if you read the boxes and examples on the form, checked the table below and decided your child doesn't have such problems.

During the day includes putting your child to bed at bedtime and morning waking plus any sleeps during the day but does NOT include any awakenings during the night.

Yes/No boxes on the claim form		How many times daily. How long does it take to help your child with each task.
Write down times if / when they need prompting, encouragement, or physical help to...		
Wake up	Include waking them up in the morning and any daytime sleeps. The time it takes from first trying to wake until they are fully awake and conscious.	How many times daily How long does it take
Get out of bed	Inc physically helping them out of bed, and encouraging, prompting to get out of bed including following a routine or refusals.	How many times daily How long does it take
Yes/No boxes How many times daily. How long does it take to help your child with each task.		
Get into bed	Include if you physically help them into bed; prompting or encouraging to get into bed at	How many times daily How long does it take

	bedtime and for any daytime sleeps. The amount of time it takes from when you decided they go to bed after any care needs, ie bathing, toileting until they are in bed, including following a routine or any refusals.	
Settle into bed	Include settling your child at bedtime and for any sleeps during the day. The amount of time it takes from when they are first in bed until they are settled and start to fall asleep.	How many times daily How long does it take

If adding extra information at the bottom of the form, consider if your child ;

- needs physical help waking, getting up, going to bed and settling.
- has a lengthy/rigid routine that has to be put in place.
- can be a danger to themselves or others so needs watching over.
- due to night time awakenings are they too tired to get up.
- lacks any motivation to get up
- finds it difficult to get up due to experiencing physical pain/exhaustion.
- has emotional distress / worry that makes them reluctant to get up.
- has drowsiness etc due to effects of medication.
- needs help with covers and pillows.
- they need transferring from a wheelchair or using hoists.
- has to be persuaded / reassured due to behavioural, sensory or medical issues.
- is still wide awake and active at bedtime
- gets out of bed and disrupts the rest of the household.

35. Toilet needs during the day

Does your child need prompting, encouragement, or physical help to go to or use the toilet during the day? If your child gets any extra help going to the toilet, including managing their clothes, getting on/off and using the toilet, cleaning themselves and coping with continence care please tick 'yes' at the top of the page.

Only tick 'no' if you have have looked below and found your child doesn't have such problems.

Do NOT include any issues with toileting that occur during the night, such as bed wetting, this will be dealt with later.

Yes/No boxes on the claim form	Use this column to decide whether to select 'yes' or 'no' in the tick boxes)
Tick the box if they need prompting, encouraging, or physical help.	
Go to the toilet	To use the toilet during the day, including reminding them to go to the toilet, guiding or supervising them while going to the toilet.
Manage clothes	When dressing or undressing, when going to the toilet, including when managing nappies, pads, catheters, stoma or changing/cleaning clothes after accidents.
Get on and off the toilet	Help getting on and off the toilet, including supervision and transferring from a wheelchair onto / off the toilet including the use of hoists and supervision while using the toilet.
Wipe themselves	Help your child to wipe themselves after using the toilet, include supervising and checking they have wiped themselves properly.
Wash and dry their hands	Help them wash and dry their hands, including supervising, making sure they do not burn themselves on hot water, eat soap etc. and physically helping the child to reach the taps.

Manage a catheter, ostomy or stoma	Help to manage any continence aids, include emptying, cleaning, checking etc. instructing / explaining how to use them and/or what they are for.
Manage nappies or pads	Help your child with their nappies and pads, include physically changing nappies, including cleaning them and helping / supervising a child with pads.

If adding extra information at the bottom of the form, consider if ;

- when using the toilet for safety reasons they need supervising or because they are easily distracted.
- the toilet area needs to be cleaned after your child.
- you help them with trousers, underwear, buttons and fastenings, checking clothing and appearance after going to the toilet.
- you deal with episodes of incontinence.
- need help knowing when their bladder or bowels need emptying.
- they have painful/frequent bowel movements or urination.
- they need comforting when experiencing pain or distress when using the toilet.
- you help your child with personal hygiene, needing to bath/shower after going to the toilet.
- need help assisting with medication and creams relating to toileting.
- they suffer from frequent constipation or loose bowels.
- you have to deal with them smearing, eating or playing with their faeces.
- your child goes to the toilet in other places around the home.
- they miss the toilet when urinating.
- you calm and reassure them because they find toileting distressing or get anxious.
- you take samples for monitoring/medical purposes.

36. Moving around indoors during the day

Does your child need prompting, encouragement or physical help to move around indoors, getting in or out of a chair or using stairs or if your child gets extra help to move from one place to another when indoors please tick 'yes' at the top of the page.

Only tick 'no' if you have looked at the table below and decided your child doesn't have such problems.

Tick the box if they need prompting, encouragement, or physical help.	
Yes/No boxes on the claim form	Use this column to decide whether to select 'yes' or 'no' in the tick boxes

Go upstairs	While going up a flight of stairs to ensure their safety, help with movement and co-ordination and to enable them to get from one place to another or to use any aids.
Go downstairs	While going down a flight of stairs to ensure their safety, help with movement and co-ordination and to enable them to get from one place to another or to use any aids.
Move around safely	While moving around indoors to ensure their safety, trying to prevent falls and accidents, guiding them making sure they know where they are going and making them aware of their surroundings
Get into or out of a chair	To get into or out of a chair as they may be unable to do it alone, to ensure their safety or because it takes them a long time.
Sit in a chair	To sit safely in a chair, including the use of specialised seating or postural support equipment, regularly moving your child because sitting for prolonged periods may cause pain or stiffness.

If adding extra information at the bottom of the form, consider if your child ;

- is physically unable to walk or move without help.

- when they move may suffer pain, stiffness or flaccidity.
- has limited movements/control.
- is unable to stand for long periods of time, as may cause pain, fatigue etc.
- suffers from uncontrollable spasms and movements.
- has poor balance, spatial awareness or motor skills.
- they become exhausted and tires easily.
- needs grab rails or has to hold onto things tightly to pull themselves up.
- They move very slowly, are unable to manipulate objects, such as opening and closing doors.
- need objects and aids to steady themselves, such as walkers or canes.
- they need to use certain techniques when indoors, such as going up or down the stairs on their bottom, or rolling off chairs onto their knees.
- need help getting up from sitting which is painful or potentially damaging to the child's health.
- They need a lot more help or encouragement to learn skills such as sitting, crawling, standing, walking, running.

37. Washing, bathing, showering and checking appearance during the day

Do they need encouragement, prompting or physical help to wash, bath, shower and check their appearance during the day? If your child gets any extra help getting in or out of a bath or shower, washing or drying themselves, brushing their teeth and checking their appearance please tick yes at the top of the page under question 40 of your form

Only tick no if you have read the boxes and examples on the form and have looked at the table below and decided your child doesn't have such problems.

Yes/No boxes on the claim form		Use this column to decide whether to select 'yes' or 'no' in the tick boxes.
Fill in timings if they need encouragement, prompting or physical help to...		
Have a wash .	All times during the day the child has a wash, including washing in the morning or at bedtime and washing before/after certain activities. Time it takes from the start of a wash including any prior prompting and encouragement until they are washed and dried including following a routine or refusals	How often daily How long each time
Clean their teeth	All times during the day the child cleans their teeth, needs physical help or prompting. Time it takes from the start of teeth cleaning inc any prior prompting and encouragement until their teeth are cleaned including following a routine or refusals.	How often daily How long each time
Wash their hair	All times during the day the child washes their hair or needs physical help or prompting. Time it takes from the start of washing their hair including any prior prompting and encouragement until their hair is washed including following a routine or refusals.	How often daily How long each time
Get in or out of the bath	All times during the day they get in or out of the bath and need physical help or prompting. Time it takes to get in or out of the bath including any prior prompting and encouragement until they are safe/comfortable in or out of the bath including following a routine	How often daily How long each time

	or refusals.	
Get in or out of the shower	All times during the day your child gets in or out of the shower, needs physical help or prompting. Time it takes to get in or out of the shower including any prior prompting and encouragement until the child is safe/comfortable in or out of the shower including following a routine or refusals	How often daily How long each time
Clean themselves in the shower	All times during the day the child cleans themselves in the bath or shower and needs physical help or prompting. Time it takes them to clean themselves in the bath or shower including any prior prompting and encouragement until they are adequately cleaned including following a routine or	How often daily How long each time
Dry themselves after a bath or shower	All times during the day the child dries themselves after a bath or shower and needs physical help or prompting to do so. Time it takes them child to dry themselves after a bath or shower including any prior prompting and encouragement until they are adequately dried including following a routine or refusals.	How often daily How long each time
Check their appearance	All times the child needs to check their appearance during the day including brushing hair, shaving, applying cosmetics etc. Time it takes them to check their appearance from start to finish including any prior prompting and encouragement and including following a routine or refusals.	How often daily How long each time

If adding extra information at the bottom of the form, consider if your child ;

- is physically unable to cope with any aspects of washing, bathing, showering and checking their appearance, has to follow a very lengthy and rigid routine.
- has pain associated with getting to and from the bathroom and getting into or out of the bath, while in the bath or shower or while washing.
- is resistant to washing, and can be aggressive.
- has problems because there are areas that have to be kept dry, such as dressings, or have a line into a vein or a stoma appliance etc.
- has no danger awareness so need supervising while washing to ensure their safety, ie they might leave taps running, eat soap, or scald themselves etc.
- they have to wash more often than other children.
- need someone to check that they have washed themselves properly.

38. Dressing and undressing during the day

Does your child need prompting, encouragement, or physical help to dress and undress during the day? If they get any extra help with any form of dressing or undressing (except when using the toilet) please tick 'yes' at the top of the page under question 41.

Only tick 'no' if you have read looked at the table below and decided you don't have such problems.

Yes/No boxes on the claim form	Use this column to decide whether to select 'yes' or 'no' in the tick boxes.
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Fill in timings if they need Encouragement, Prompting or Physical help to...

Dress	All times during the day when they get dressed, including morning, bedtime, for any activities such as sports and swimming, and redressing if they continue to remove clothes during the day, and changing soiled clothes. Time it takes from the start of dressing them including any prior prompting and encouragement until they are fully dressed including following a routine or refusals.	How often daily How long each time
Yes/No boxes on the claim form		Use this column to decide whether to select 'yes' or 'no' in the tick boxes.
Undress	All times during the day they get undressed, including in the morning, bedtime, for any activities ie sports, swimming, and changing soiled clothes. Time it takes from the start of undressing them including any prior prompting and encouragement until they are fully undressed including following a routine or refusals.	How often daily How long each time
Manage zips, buttons or other fastenings	All times during the day they need help with zips, buttons or other fastenings, including shoe laces. Time it takes to help the child with zips, buttons or other fastenings including any prior prompting and encouragement, including following a routine or refusals.	How often daily How long each time
Choose appropriate clothes	All times during the day the child needs help choosing appropriate clothing including in the morning, at night, for any activities such as sports and swimming, and changing soiled clothes. Time it takes to choose appropriate clothing for them.	How often daily How long each time

If adding extra information at the bottom of the form, consider if your child ;

- is physically unable to dress or undress themselves.
- experiences pain and discomfort when trying to dress or undress.
- have fine motor skill issues
- needs to follow a lengthy or rigid routine.
- clothes have to be laid out or put on in a specific order.
- any sensory issues with clothing means clothes have to be carefully chosen, ie, labels have to be removed, specific materials, colours etc.
- you need to check that clothes are put on properly, and the correct way round etc.
- is easily distracted and dressing and undressing can be a very long process
- requires special clothing that is easy to get on or off, and medically adapted etc.
- finds dressing and undressing a distressing experience and needs reassurance and support.
- likes to get undressed at inappropriate times and places.
- can be very resistant to getting dressed or undressed, may get aggressive.

39. Eating and drinking during the day

Do they need prompting, encouragement, or physical help to eat and drink during the day? If your child gets any extra help getting food into their mouth, chewing and swallowing, using cutlery, cutting up food, holding a cup and drinking please tick 'yes' at the top of the page under question 42.

Only tick 'no' if you have looked at the table below and decided you don't have such problems.

Yes/No boxes on the claim form		Use this column to decide whether to select 'yes' or 'no' in the tick boxes.
Fill in times if they need encouragement, prompting or physical help to...		
Eat	All times during the day your child eats, including meals and snacks. Time it takes from beginning the meal or snack including any prior prompting and encouragement until they have finished including following a routine or refusals.	How often daily How long each time
Use a spoon	All times during the day they have help to use a spoon. Time it takes them to use a spoon with encouragement, help and prompting including refusals, pauses and breaks.	How often daily How long each time
Cut up food on their plate	All times during the day they have help cutting up their food, including the preparation stages. Time it takes them to cut up food on their plate, and any help they may need.	How often daily How long each time
Drink using a cup	All times during the day they have help to drink using a cup. Time it takes for them to drink using a cup, including additional help needed.	How often daily How long each time
Be tube or pump fed	All times during the day they need to be tube or pump fed (each individual feeding). Time it takes from the beginning of the process until the end, including preparing, cleaning and setting up equipment.	How often daily How long each time

If adding extra information at the bottom of the form, consider if your child ;

- has problems chewing, swallowing and sucking, which makes it more difficult, time consuming and/or hazardous.
- experiences pain or discomfort when eating and drinking, and needs comforting, prompting, reassuring etc.
- needs additional preparation due to specific dietary needs or eating difficulties.
- is unable to/or finds it difficult and painful to manipulate objects such as cutlery and cups.
- has a special dietary requirement which means avoiding certain foods, precise measuring and monitoring etc.
- eating and drinking it a very lengthy process due to pain, difficulties, special requirements, and they are easily distracted, behavioural problems etc.
- medication impacts their eating and drinking ie, affects appetite, types of food that can be eaten, meal timings etc. eating patterns are different from a child of the same age.
- needs constant supervision otherwise they may eat dangerous/inedible things.
- will only eat certain foods, presented in a particular way, will only eat from a certain plate, may be brand specific etc.
- eats in socially unacceptable ways ie very noisily or messily, will only use their fingers etc.
- needs to be reminded or prompted to eat and drink during the day

40. Taking medication or having therapy during the day

Do they need prompting, encouragement, physical help to take medication or have therapy during the day? If they get any extra help to take medication, be reminded of when, how and the quantity to take or have their therapy please tick yes at the top of the page under question 43. .

Only tick no if you have read the boxes and examples on the form and have looked at the table below and decided you don't have such problems.

Yes/No boxes on the claim form		Use this column to decide whether to select 'yes' or 'no' in the tick boxes.
Fill in times if they need encouragement, prompting or physical help to...		
Take the correct medicine	All times during the day they need help to take the correct medicine, including physical help, preparation, supervision, encouragement etc. Time it takes for them to take the correct medicine including any prior prompting and encouragement until they have taken it including any refusal episodes.	How often daily How long each time
Know when to take their medicine	All times during they need help to know when to take medicine, including reminding and reassuring. Time it takes for them to know when to take their medicine including any prior prompting and encouragement.	How often daily How long each time
Do their therapy	All times during the day they need help to do their therapy, including physical help, preparation, supervision, encouragement etc. Time it takes from starting their therapy including any prior prompting and encouragement until they have completed it including any refusal episodes.	How often daily How long each time
Know when to do their therapy	All times during the day they need help to know when to do their therapy, including reminding and reassuring. Time it takes for them to know when to do their therapy including any prior prompting and encouragement.	How often daily How long each time

If adding extra information at the bottom of the form, consider if your child ;

- may not like taking medication; gets upset and angry, refuses to take it, have a tantrum etc. and needs comforting and reassuring.
- needs physical help administering medicine ie, injections, eye drops etc. and using other pieces of medical equipment.
- their wounds need cleaning, changing dressings etc.
- has their medication prepared and made more palatable.
- need reminding to take medication as they may forget.
- monitoring for warning signs that medication needs to be taken ie, temperatures, difficulty breathing, blood sugar levels etc.
- refusal episodes, when they experience pain/discomfort from the medication.
- calculating timings for medication or therapy.
- reminding them to do their therapy and supervising to make sure it is done properly.
- physically helping them with therapy, before, during and after.

- encouraging, reassuring and comforting them during their therapy

41. Vision

Do they have difficulty seeing?

If your child has difficulty seeing **when using their aids like glasses or contact lenses** then tick yes at the top of the page under question 44.

Only tick 'no' if your child does not have a **Certificate of Vision Impairment** and any difficulties they do have are corrected perfectly by aids such as glasses

Yes/No boxes on the claim form	Use this column to decide whether to select 'yes' or 'no' in the tick boxes.
Are they certified sight or severely sight impaired?	An examiner would have certified their sight, made you aware and given a Certificate of Vision Impairment (CVI). If they have a severe sight impairment then tick the box and move onto next question. If your child is certified sight impaired (not severely) tick the box and mark boxes below that apply. Remember to ask if you want the copy of your CVI returned to you, write this anywhere on the page.
Answer yes if they can see...	
<ul style="list-style-type: none"> • Computer keyboard keys or large print in a book. • A TV and follow the actions to a story • The shape of furniture in a room 	Only tick yes to these boxes if your child can see each thing clearly and does not need, support, guidance or any extra help with their vision.
Answer yes if they can recognise.. <ul style="list-style-type: none"> • Someone's face across a room • Someone across a street 	Only tick yes to these boxes if your child can recognise each thing clearly, rather than see it vaguely, and does not need, support guidance or any extra help with their vision.

If adding extra information at the bottom of the form, consider if your child ;

- their vision is made worse in poorly lit places.
- due to sensitivity to light their vision is made worse.
- experiences headaches etc. due to their poor vision.
- need lots of extra help and support due to difficulty seeing to prevent them from coming to harm and to ensure their needs are met.
- gets very anxious and upset due to their sight impairment.
- unable to take part in certain activities due to their vision.
- their eye treatments such as drops, an eye patch etc. have to be monitored and administered.
- they use Braille, have a guide or uses other aids and adaptations

42. Hearing

Do they have difficulty hearing? If your child has difficulty hearing sound or someone speaking when using their hearing aids then tick yes at the top of the page under question 45. If they have not been issued hearing aids but still have problems hearing after any other aid or adaptation they have then tick yes ie, they may have grommets or a cochlear implant but still have difficulty hearing.

Only tick no if you have looked at the table below and decided they don't have such problems.

Yes/No boxes on the claim form	Use this column to decide whether to select 'yes' or 'no' in the tick boxes.
Have they had an audiology test in the last 6 months? If they have due to a difficulty in hearing please tick yes. If you have any reports confirming the child's difficulty in hearing then attach a copy if you can. Remember to tell them if you want the copy of your audiology report returned.	
Answer yes if they can hear a...	
<ul style="list-style-type: none"> • Whisper in a quiet room • Normal voice in a quiet room • Loud voice in a quiet room • TV, radio or CD but only at a very loud volume • School bell or a car horn. 	Only tick yes to these boxes if they can hear each thing clearly and does not need, support guidance or any extra help with their hearing. For these last two boxes answer yes if they can hear these things in all environments ie, they can hear the TV in a quiet room, loud room, sitting close, sitting further away etc.

If adding extra information at the bottom of the form, consider if your child ;

- is unable to hear things if there is a lot of background noise.
- hearing is made worse by sensitivity to noise.
- has frequent medical issues ie, earache due to hearing difficulties.
- they need lots of extra help and support due to difficulty hearing preventing them from coming to harm and to ensure their needs are met.
- they get very anxious and upset due to their hearing.
- they can't take part in certain activities due to their hearing.
- ear treatments such as drops etc. have to be monitored and administered.
- they use sign language, have a guide or uses other aids and adaptations

43. Speaking

Do they have difficulty speaking? If your child has difficulty saying words out loud and speaking clearly then tick yes at the top of the page under question 46

Only tick no if you have read the boxes and examples and have looked at the table below and decided they don't have such problems

Yes/No boxes on the claim form	Use this column to decide whether to select 'yes' or 'no' in the tick boxes.
Answer yes if they can...	
Speak clearly in sentences	They can speak in clear sentences that have meaning and are relevant to the situation
Put words together to make simple sentences	They can put a few words together to make a meaningful sentence such as 'I want a sweet'.
Speak single words	Can speak single words 'dog', 'ball' etc. but cannot build them into sentences.
Answer yes if they can communicate using speech	
With someone they know	They can effectively communicate with someone familiar using speech. They may use simple sentences or single words but these can easily be understood by someone who knows them.
With someone they don't know	Their speech is clear and complex enough to communicate with someone they do not know. They can speak out loud, clearly, and be easily understood by someone who does not know them.

If adding extra information at the bottom of the form, consider if your child ;

- has a physical impairment which means they cannot speak or their speech is difficult to understand.
- they copy and echo sounds rather than use speech to communicate.
have the vocabulary/speech of a much younger child.
- is receiving speech and language therapy.
- they get angry and distressed if people do not understand what they are saying.
- feel embarrassed/self-conscious about speaking so withdraw from speech, only speak to those they are familiar with

44. Communicating.

Do they have difficulty and need extra help communicating?

If your child has difficulty and needs extra help passing on information, asking and answering questions, telling people how they feel and giving and following instructions please tick yes at the top of the page. Only tick no if you have read the boxes and examples on the form and have looked at the table below and decided they don't have such problems.

Yes/No boxes on the claim form	Use this column to decide whether to select 'yes' or 'no' in the tick boxes.
Answer yes if to communicate they use.	
Writing	May sometimes need to write or have things written down in order for them to communicate effectively.

BSL (British Sign Language)	Uses sign language and have difficulty understanding/ making themselves understood in spoken language.
Lip-reading	Child communicates by reading lips.
Using hand movements, facial expressions and body language	They use a series of movements, expressions, gestures etc. to communicate (not Makaton or BSL), these may be specific to an individual, family, group of people or area.
Makaton	Communicating using more basic signs and symbols.
Other forms of communication: Touch pad - computer screen - Picture Exchange Communication System (PECS) - use an interpreter or other specially designed communication aid.	
Answer yes if they can communicate...	
With someone they know	They can effectively communicate their thoughts, needs and feelings with someone familiar. May have their own specific way of communicating using sounds, signs and expressions that only certain people understand. They may need someone to communicate in a certain way so they can understand ie, slowly/clearly. May be shy, withdrawn, anxious and only communicate with those they know.
With someone they don't know	They can effectively communicate their thoughts, needs and feelings with those they don't know. They don't need help with interpretation (including parents), and can be understood by others. They are not withdrawn or shy and do not need to be familiar with someone in order to communicate.

If adding extra information at the bottom of the form, consider if your child ;

- finds it difficult to understand long complex sentences and needs people to communicate slowly, clearly, and not to obstruct their face.
- often need things repeating and explained in different ways.
- needs time to process what is being said.
- becomes confused by figures of speech, sarcasm, humour etc
- struggles to understand non-verbal communication such as facial expressions, gestures and body language.
- you have to get and hold the child's attention when speaking to them as they are easily distracted, and they avoid eye contact etc.
- becomes very nervous, anxious or self-conscious when talking to others due to physical, emotional and social issues, requiring reassurance and help building self-confidence.
- shout, talks very fast, changes conversation too quickly or cannot keep up with conversation.
- they talk at you rather than with you, and may talk repeatedly or obsessively about certain topics.
- use inappropriate language, gestures and body language ie, they may invade personal space or say things that people may take offence to.
- they find it easier to talk to adults rather than children of their own age.
- if they are shy and often withdraws from social situations needing lots of reassurance, and encouragement when communicating otherwise they will become isolated.
- they get very upset, anxious and aggressive when communicating and need a lot of support and reassurance.

45 Fits, Blackouts, Seizures or similar

Do they have fits, blackouts, seizures or something similar including epileptic, non-epileptic or febrile fits, faints, absences, loss of consciousness and hypoglycaemic attacks, tick yes at the top of the page under question 48 AND write what type they have and what happens.

Only tick no if you have looked at the table below and decided they don't have such problems. Explain what type they have and what happens, ie are they absences or tonic clonic seizures? Give a brief description of what happens ie, they collapse, and unaware of their surroundings etc

Yes/No boxes on the claim form	Use this column to decide whether to select 'yes' or 'no' in the tick boxes.
Answer yes if they...	
Can recognise a warning and inform an adult	Warning signs are clear and reliable; they can recognise a warning and have enough time to let an adult know.
Can recognise a warning and take appropriate action	Warning signs are clear and reliable; they can recognise a warning and have enough time to make themselves safe etc.
Have no warning	They have no warning or warnings are unreliable.
Had a serious injury in last 6 months due to a fit, blackout, or seizure	Serious injury may be concussion, a cut, they may have bitten themselves, had bad bruising or been hospitalised.
Display dangerous behaviour following a fit, blackout or seizure.	They may be confused, upset, exhausted, dizzy, nauseous, and aggressive after a seizure and need time to recover. This could be 1 hour or 1 day.
Tell them...	
* How many fits they have on these days * Number of nights affected each month * How many fits they have on these nights	Try to work out and average when putting in numbers. If they are on a good day/night fits once but on a bad day/night fits 10 times put down approx 5 times
Have they had an episode of status epilepticus in the past 12 months?	Persistent epileptic activity for more than 30 minutes or continued seizures without regaining consciousness

If adding extra information at the bottom of the form, consider if your child ;

- has seizures a particular time of day.
- loses consciousness, has convulsions or becomes incontinent.
- need monitoring ie, how long they are fitting for each time.
- may be very anxious about having a fit, blackout, seizure and need lots of support and reassurance.
- during and after a seizure, fit etc you may have to make the environment safe.
- need looking after and made comfortable after an attack.
- need watching over during the day/night in case of a fit, blackout, seizure?
- their medication has to be administered.
- clothes may need to be changed afterwards

46. Supervision

Does your child need to be supervised to keep safe during the day? If they need supervising due to how they feel, behave, or how they react to people, changing situations and things around them, tick yes under question 49.

Only tick no if you have looked at the table below and decided they don't have such problems.

Yes/No boxes on the claim form	Use this column to decide whether to select 'yes' or 'no' in the tick boxes.
Answer no if they cannot...	
Recognise and react to common dangers	Cannot behave safely around cookers, knives etc. They are unable to read and understand warning sign and signals.
Cope with planned changes to daily routine	Even if notice is given of changes in routine they react badly, and routines cannot be changed easily with prior notice.
Cope with unplanned changes to daily routine	Any changes to routine cannot be coped with, it is difficult to make changes to routine without serious consequences, distress, aggression etc.

Answer yes if they regularly...	
Feel anxious or panicky	They worry about things that would not normally bother other children.
Become upset or frustrated	Become upset and frustrated over things other children wouldn't. They Struggle to understand things or get their point across.
Try to harm themselves or others	They bang their head against things, bite, pinch, scratch, and hit themselves etc.
Feel someone may harm them	They have a fear of being alone and meeting different people, paranoia, and attachment disorders.
Become verbally, physically aggressive or destructive	They shout and swear. Hit, kick, pull hair, punch and bite. They throw and hit with the use of objects.
Act impulsively	They run off, and have unpredictable behaviour.
Have tantrums	They get very angry, refuse to listen to what is being said, ignores instructions, are uncooperative, and cry/scream uncontrollably for prolonged periods of time.

If adding extra information at the bottom of the form, consider if your child ;

- planned and unplanned changes to routine journeys may have to be rearranged or avoided.
- may over exert themselves which could have serious consequences.
- has a physical disability and needs supervision to ensure safety and enable certain activities.
- may behave dangerously, aggressively towards other children and adults.
- lacks danger awareness ie, no fear of hot things, heights, or sharp objects.
- may be a danger to themselves and others around them.
- any falls cuts or bumps could have serious consequences.
- they self-harm, ie, bang their head against a wall or pull out their hair.
- you have to offer comfort, support or reassurance when they are upset or frustrated.
- they may express withdrawn behaviour or become isolated if their basic needs are not met.
- may become emotionally distressed.
- they need continual supervision, a substantial amount more than a typically developing child of the same age.

47. Development

Do they need extra help with development? If they get any extra help to improve their understanding of people and their surroundings tick yes at the top of the page under question 50.

Only tick no if you have read looked at the table below and decided they don't have such problems.

Yes/No boxes on the claim form	Use this column to decide whether to select 'yes' or 'no' in the tick boxes.
Answer yes if they need help to...	
Understand the world around them	Explain things in a variety of ways, need to provide lots of support and encouragements as they regularly feel confused or do not take an interest in the world around them.
Recognise their surroundings	Need assistance and prompting as they are often confused and disorientated, they struggle to remember places or notice things around them.
Follow instructions	They need things explained in short clear sentences. Spend time explaining things in different ways.
Play with others	Need help and encouragement to interact with others physically, socially and communicatively. Assist with rules and monitor behaviour.
Play on their own	They need encouragement to play in a more varied

	and stimulating way. Help them use play equipment and explain play activities in a variety of ways.
Join in activities with others	Need help interacting with others, ie playing games and group learning exercises.
Behave appropriately	Need help to understand social situations, will often act inappropriately ie, invade personal space, try and touch people, have tantrums and melt downs, can be verbally aggressive and inappropriate
Understand other people's behaviour	They need help to interpret what others mean or want, often get mixed messages, take things the wrong way or are left out due to a lack of understanding

If adding extra information at the bottom of the form, consider if your child ;

- physical/sensory/learning/social/play skills are delayed.
- have difficulty manipulating objects ie. holding, kicking or throwing things.
- needs help learning to read write or do simple maths, may need extra help with school work.
- they play games that are for much younger children.
- dominate others, play wildly and dangerously.
- they do not understand how to play ie. rules and turn taking.
- have a lack of danger awareness ie no fear of heights, traffic safety.
- need extra help to learn and practice new skills.
- need encouragement to play in a more varied and stimulating way.
- someone has to help facilitate play, explain rules and help them engage and interact with others.
- has to learn different skills such as signing instead of speaking.
- without additional support they would develop much more slowly and unable to take part in things.
- would become emotionally distressed.
- they are physically unable to practice new skills, would find it difficult to learn new skills.
- they prefers to be alone, cannot socialise with others, they might be bullied or become isolated

48. At School or Nursery

Do they need encouragement, prompting or physical help when at school or nursery? If your child needs prompting, encouragement, or physical help at school or nursery tick yes at the top of the page.

Only tick no if you have looked at the table below and decided they don't have such problems.

Yes/No boxes on the claim form	Examples and Explanations (use this column to decide whether to select yes or no in the tick boxes)
Answer yes if they need prompting, encouragement, or physical help to...	
Go to and use the toilet	Need help with toileting needs, including physical help, preparation, supervision, encouragement. Help managing clothes, reminding them to go, and checking they have cleaned themselves.
Safely move between lessons	Need assistance to find their way as they get confused and disorientated, physical help to move around, supervision and encouragement to ensure they do not get hurt or distracted.
Change into different clothes for PE and other school activities	They cannot change on their own and need help with buttons, zips, laces etc. Changing can take a long time and they need prompting / encouraging and reassuring as they get anxious and upset about getting changed.
Eat meals	They need to be encouraged to eat, monitoring for special dietary requirements or to make sure they

	eat the correct foods, help manipulating cutlery and cutting up food.
Take medicine or do therapy	They need help with medicine/therapy ie knowing when and how to take or do it, applying creams, changing dressing etc. including physical help, preparation, supervision, and encouragement.
Communicate	They have difficulty and need extra help passing on information, asking and answering questions, telling people how they feel and giving and following instructions.
Yes/No boxes on the claim form	Use this column to decide whether to select 'yes' or 'no' in the tick boxes.

What extra help do they need with learning?

They need help with reading, writing and simple maths. Have difficulty concentrating and staying on task. Things need to be written down, in pictures or another adapted format. They are put into smaller groups, and instructions are simple and repeated.

What is their behaviour like at school or nursery?

They get upset and frustrated. Don't have many friends and are lonely/isolated. They have to follow a strict and rigid routine. They become angry and aggressive, have been excluded or have to be removed from classes.

How do they usually get to and from school or nursery?

You walk with them, take them in the car, they go on a school bus, or walk with siblings/friends etc

If adding extra information at the bottom of the form, consider if your child ;

- what type of school do they attend
- has one to one support from a teaching assistant or teacher.
- have a buddy at school to help them move around.
- they have an IEP, Statement, EHCP or are on School Action, School Action Plus or a form of specialised curriculum.
- have social communication lessons/support at school.
- do certain lessons in a special unit or area e.g. a resource unit.
- have a safe space they can go to if they need to.
- receive help expressing themselves or communicating so they can learn more efficiently.
- have aids and adaptations such as specialised glasses, laptops, pens etc. so they can learn more easily.
- attend special after school clubs.
- have additional support is provided in exams and for homework.

49. Hobbies and Activities

Do they need encouragement, prompting or physical help to take part in hobbies, social or religious activities? If your child gets any extra help with hobbies and activities please tick yes at the top of the page under question 52. These can be hobbies and activities that they are already doing, or things they would like to do if they had the help they needed.

Only tick no if you have at the table below and decided they don't have such problems.

Activity examples	Help needed decide how often each day and how long each time your child needs help with tasks.
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At home...

Playing with toys. Painting, drawing, arts and crafts, playing in the garden, riding a bike, cooking and baking, imaginary play, board games, interacting with other children, watching films or cartoons.	Need encouragement to use equipment, help getting equipment set up, motivation to keep interested, facilitation of play, help explaining and understanding games and rules, supervision for safety reasons, help or encouragement to clean up after themselves, help doing the activity ie using scissors or	How often daily. How long each time
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	lifting things. Is this something they would do if they had the help or would do every day? If not how many times a week would they like to be able to do this activity	
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When they go out..

Swimming, dance classes, the play park, go to the cinema, soft play areas, after school clubs, drama clubs, visiting friends, day trips, holidays, shopping for pleasure, playing outdoors, going to the library, brownies, cubs, scouts etc.	A lot of the help needed will be same as above, however, consider: Help getting to activity, hobby, supervision / help with care needs when out ie. reminding them to use the toilet, help with eating etc. staying with them during the activity, simple instruction or one to one support in clubs and classes, help with communication. Include time for encouragement, accompanying them, refusal episodes or tantrums.	How often daily. How long each time
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50. Help and supervision during the night

Do they wake and need help at night, or need someone to be awake and watch over during the night? If your child gets any extra help/supervision at night tick yes at the top of the page under question 53. Only tick no if you have looked at the table below and decided they don't have such problems. During the night; When everyone/carer in the house is in bed.

Yes/No boxes on the claim form	Help needed decide how often each day and how long each time your child needs help with tasks.
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Fill in times if they need prompting, encouragement, or physical help to...

Get into, get out of or turn in bed	Include physically helping them turning, get into/out of bed, and prompting/encouraging to turn. Amount of time it takes from deciding it's time to get them into/out of or turn them. Include following a routine or refusals.	How often daily How long each time
Get to and use the toilet, manage nappies or pads	All times during the night they need help with toileting, including physical help, preparation, supervision, encouragement, changing sheets/clothing etc. The time it takes from them first identifying a toileting need (including checking, any prior prompting and encouragement) until their needs are complete including any refusal episodes.	How often daily How long each time
Have treatment	All times during the night they need help with treatment; creams, medication, changing dressing, therapy, including physical help, preparation, supervision, encouragement. Time it takes for them to have treatment including any prior prompting and encouragement	How often daily How long each time

	until they have taken it including any refusal episodes.	
Settle or resettle	Settle them during the night, do not include when you first settle them in bed. The amount of time it takes from when they are put back in bed until they are settled and starting to fall asleep	How often daily How long each time
Fill in the times if they need watching over because they...		
Are unaware of danger and may harm themselves or others	They are unaware of dangers such as water hazards, sharp objects, heights, plugs etc. They may put themselves or others in harm's way if not supervised.	How often daily How long each time
May wander about	During the night they don't stay in bed but wander around upstairs and downstairs, they may try to get outside. Need to be supervised to ensure this doesn't happen.	How often daily How long each time
Have behavioural problems	They get upset, aggressive, destructive, have tantrums, shout, becomes anxious during the night and needs someone to watch over them including comforting and reassuring.	How often daily How long each time

If adding extra information at the bottom of the form, consider if your child ;

- does not go to sleep until very late and needs watching over.
- they wake up very early in the morning before everyone else is awake and needs supervision or help.
- have problems sleeping/sleep disorders such as sleep walking, night terrors, sleep apnoea, nightmares, intermittent sleep etc.
- they need turning regularly to avoid bed sores.
- need to be moved or have sheets adjusted as they cannot do it themselves.
- they are unable to move around, get into or out of bed without help.
- suffer pain and discomfort at night time.
- their temperature needs to be monitored as they cannot do this themselves ie they may not remove covers even though they are very hot.
- has incontinence episodes or has to be helped with toileting during the night.
- has accidents regularly and bed clothes and sheets need changing or cleaning.
- has therapy during the night.
- they have to have medication or food given to them during the night (include tube feeding).
- need watching over because of medical reasons, fits etc.
- they get upset; have lots of anxiety at night and need lots of comforting and reassurance.
- wakes throughout the night and cannot resettle themselves.
- needs constant supervision when not asleep as they may harm themselves or someone else.
- would be unable to sleep without help, supervision and encouragement.
- needs to be monitored/supervised because of the danger of epileptic seizures.

51 - 67 are mostly simple yes or no answers, we have listed them below, with a few hints and tips

52. If you want to tell us more about their care needs, use the box below

If there is anything you haven't had room to explain it's important that you use this box to do so.

53. When did the child's care needs you have told us about start? –

The date you first noticed your child had care needs greatly in excess of typical child their own age. This may be from birth in some cases, and later in others.

54. **Your surname or family name**
55. **Your date of birth**
56. **Your National Insurance number**
57. **Address if different to the child's**
58. **If you live in Wales and would like us to contact you in Welsh, tick this box**
59. **Your daytime phone number**
If you don't want DWP to contact you by phone, don't fill in.
60. **What is your relationship to the child?**
61. **What is your nationality?**
62. **What is the Child Benefit number for the child?**
63. **Are you getting or waiting to hear about Income Support?**
64. **Is anyone within your household getting or waiting to hear about Income Support?**
65. **Is anyone within your household getting/waiting to hear about Child Tax Credit?**
66. **Is anyone within your household getting or waiting to hear about Working Tax Credit?**
67. **Extra information**

This gives you the opportunity to explain further anything else you think is relevant to your claim not covered in the rest of the form. Continue on a separate piece of paper. Adding name and National insurance number Remember they won't have time to read large amounts, best to keep to the point.

67. **Declaration** Don't forget to sign and date the form before you send it in.