

# Claiming Attendance Allowance for people aged 65 or over

---

## 1. Where to send the completed form

Please send the completed form and any supporting documents to:

**Attendance Allowance Unit  
Mail Handling Site A  
Wolverhampton  
WV98 2AD**

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

Check you have signed and dated the consent at question 18 and declaration at question 51.

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

Calls to 0345 numbers cost no more than a standard geographic call, and count towards any free or inclusive minutes in your landline or mobile phone contract.

**Textphone: 0345 604 5312** for people who do not speak or hear clearly.

**We cannot accept claim forms returned by email.**

---

## 2. Print the form

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



Department  
for Work &  
Pensions

# Attendance Allowance

for people aged 65 or over

This pack is available in  
**large print** or **braille**.  
Please phone **0345 605 6055**.

## Notes

If you want help filling in the claim form,  
phone the Attendance Allowance Service Centre on **0345 605 6055**.

We can also arrange interpreters if you phone or visit us.

Phone **0345 605 6055**.

If you have speech or hearing difficulties, you can contact the  
Attendance Allowance Service Centre by textphone on **0345 604 5312**.

Our **textphone** service does not receive messages from mobile phones.

Or you can contact an organisation like Citizens Advice.

| <b>Contents</b>                                                            | <b>Page</b> |
|----------------------------------------------------------------------------|-------------|
| Things to get together before you fill in the claim form                   | 3           |
| How to fill in the claim form                                              | 3           |
| What is Attendance Allowance and can I get it?                             | 4           |
| What do 'help with personal care' and 'supervise' mean?                    | 5           |
| When can I claim Attendance Allowance?                                     | 5           |
| How is Attendance Allowance worked out?                                    |             |
| Lower rate of Attendance Allowance                                         | 6           |
| Higher rate of Attendance Allowance                                        | 6           |
| About how your disabilities affect you                                     | 6           |
| About medical examinations                                                 | 6           |
| Do you normally live in Great Britain?                                     | 7           |
| Special rules                                                              |             |
| Getting Attendance Allowance under the special rules means:                | 8           |
| Claiming under the special rules for someone else                          | 8           |
| How to claim under the special rules                                       | 8           |
| How to get a DS1500 report                                                 | 8           |
| About your illnesses or disabilities and the treatment or help you receive |             |
| Consent                                                                    | 9           |
| About the aids and adaptations you use                                     | 9           |
| About being in hospital, a care home or a similar place                    | 10          |
| How we pay you                                                             |             |
| If we pay you too much money                                               | 10          |
| How the Department for Work and Pensions collects and uses information     | 10          |
| Help and advice about other benefits                                       | 11          |
| What happens next                                                          | 12          |

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

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

- Your National Insurance number. You can find this on your National Insurance number card, letters from the Department for Work and Pensions, or payslips.
- The name of your GP and the address of your GP's surgery.
- Details of your medication or an up-to-date printed prescription list if you have one.
- Details of anyone you have seen about your illnesses or disabilities in the last 12 months, apart from your GP.
- Your hospital record number (if you know it). You can find this on your appointment card or letter.
- If you have been in a hospital, a care home or similar place - the dates you went in and came out, and the name and address of the place you stayed.

You may also find it helpful to keep a record – write down a list of things you have needed help with or found difficult over one or two days. If you have good days and bad days, or your disability varies over time, you may want to keep a record of your needs over a good day and over a bad day. Start from the time you get up in the morning, through 24 hours, to the time you get up the following morning. You can send in the record with your form if you want to.

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

## How to fill in the claim form

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

Please tick the box to show your answer. For example:

Yes

☒

No

☐

## What is Attendance Allowance and can I get it?

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

You may get Attendance Allowance if:

- you are 65 or over when you make your claim
- you are not entitled to Disability Living Allowance
- you are not entitled to Personal Independence Payment
- your disability means that you need help with your personal care (see page 5) or you need someone to supervise you for your own or someone else's safety (see page 5), and
- you have needed that help for at least six months.

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

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

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

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

If you are under 65, you may be able to get Personal Independence Payment instead. Contact the Personal Independence Payment Helpline if you want to ask us about a Personal Independence Payment (see **Help and advice about other benefits** on page 11).

You can find out more about Attendance Allowance by visiting **www.gov.uk** or by phoning the AA Helpline - see page 1.

## What do ‘help with personal care’ and ‘supervise’ mean?

**‘Help with personal care’** means day-to-day help with things like:

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

**‘Supervise’** means that you need someone to watch over you to help you avoid substantial danger to yourself or other people.

This could mean:

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

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

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

## When can I claim Attendance Allowance?

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

# How is Attendance Allowance worked out?

There are two rates of Attendance Allowance:

- lower rate, and
- higher rate.

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

## Lower rate of Attendance Allowance

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

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

## Higher rate of Attendance Allowance

You may get the higher rate if you need:

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

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

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

The rates are also on our website at [www.gov.uk](http://www.gov.uk)

# About how your disabilities affect you

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

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

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

## About medical examinations

If we cannot get a clear picture of how your illnesses or disabilities affect you, we may ask a health care professional to examine you. Medical Services, who arrange medical examinations for us will contact you if an examination is required.

**These notes give you more help and advice with some of the questions in the claim form**

7

If you're not British, Swiss or a national of the following countries, send us your passport, travel documents and any letters you have from the Home Office with the form.

|                                                                                                     |                                                                                                                 |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>Austria</b>                                                                                      | <b>Italy</b> (including Sicily, Sardinia and Elba but not Vatican City and San Marino)                          |
| <b>Belgium</b>                                                                                      | <b>Latvia</b>                                                                                                   |
| <b>Bulgaria</b>                                                                                     | <b>Liechtenstein</b>                                                                                            |
| <b>Croatia</b>                                                                                      | <b>Lithuania</b>                                                                                                |
| <b>Cyprus</b>                                                                                       | <b>Luxemburg</b>                                                                                                |
| <b>Czech Republic</b>                                                                               | <b>Malta</b>                                                                                                    |
| <b>Denmark</b> (but not the Faroe Islands and not Greenland)                                        | <b>Netherlands</b>                                                                                              |
| <b>Estonia</b>                                                                                      | <b>Norway</b>                                                                                                   |
| <b>Finland</b> (but not the Aland Islands)                                                          | <b>Poland</b>                                                                                                   |
| <b>France</b> (including Corsica, Guadeloupe, Martinique, Reunion and French Guiana but not Monaco) | <b>Portugal</b>                                                                                                 |
| <b>Germany</b>                                                                                      | <b>Romania</b>                                                                                                  |
| <b>Greece</b> (Including Crete and the Greek Islands)                                               | <b>Slovakia</b>                                                                                                 |
| <b>Hungary</b>                                                                                      | <b>Slovenia</b>                                                                                                 |
| <b>Iceland</b>                                                                                      | <b>Spain</b> (including the Balearic Islands, the Canary Islands and the Spanish enclaves of Ceuta and Melilla) |
| <b>Republic of Ireland</b>                                                                          | <b>Sweden</b>                                                                                                   |

8

## Do you normally live in Great Britain?

To be entitled to AA you normally have to have lived in the UK for two years out of the last three and not be subject to Immigration Control. You may be able to meet this condition if you are, or have been, living in another EEA state or Switzerland.

These rules do not apply if you are terminally ill and qualify under special rules.

Also, if you have come to Great Britain from a country that is part of the European Economic Area (EEA), or Switzerland, then depending on your circumstances you may not have to wait for this period of time before you can get AA.

If you or a member of your family live in another country that is part of the EEA, or in Switzerland, then you may be able to get AA if the UK is responsible for paying you sickness benefits.

You can find more information about claiming AA when you live in another country that is part of the EEA, or in Switzerland on our website [www.gov.uk](http://www.gov.uk)



## 12 Special rules

We have special rules for people who are terminally ill (this means people who have a progressive disease and are not expected to live longer than another six months).

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

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

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

- getting the higher rate of Attendance Allowance
- getting paid straight away (this means you do not have to wait until you have needed help for six months – but changes like those on page 10, question 44 of these notes may still affect how much money you get), and
- we deal with your claim more quickly.

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

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

If you are filling in this form as part of your job, you do not need to tell us your National Insurance number or date of birth at question 13.

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

Please fill in the claim form. Tick the box at question 19 of the claim form to show you are claiming under the special rules.

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

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

Ask your doctor or specialist for a DS1500 report.

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

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

### **Consent**

We may need to contact your GP, or the people or organisations involved with you, for information about your condition(s) or treatment. This may include medical information.

This is so that a clear understanding is gained by the department of your current needs. You do not have to agree to us contacting these people or organisations but if you do not agree, we may be unable to make sure you are entitled to the benefit you are claiming.

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

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

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

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

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

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

We need to know if:

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

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

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

## 48 How we pay you

### If we pay you too much money

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

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

## How the Department for Work and Pensions collects and uses information

When we collect information about you we may use it for any of our purposes. These include dealing with:

- social security benefits and allowances
- child support
- employment and training
- financial planning for retirement
- occupational and personal pension schemes.

We may get information about you from others for any of our purposes if the law allows us to do so. We may also share information with certain other organisations if the law allows us to.

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

## Help and advice about other benefits

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

- Visit **www.gov.uk**
- Contact Jobcentre Plus. The number is in the phone book.  
Look under **Jobcentre Plus**.
- Contact an advice service like Citizens Advice.

### To find out about Child Tax Credit or Working Tax Credit

- Contact the Tax Credit Helpline:  
Phone: **0345 300 3900**  
Textphone: **0345 300 3909**
- If you need a form or help in Welsh  
phone: **0300 200 1900**
- Visit the website at **www.hmrc.gov.uk**

### To find out about Pension Credit

- you can get a leaflet about Pension Credit
- contact The Pension Service:  
Phone: **0800 99 1234**  
Textphone: **0800 169 0133**, or
- visit our website at **www.gov.uk**

### Carer's Allowance and Carer's Credit

If you are claiming Attendance Allowance and someone cares for you, read the information sheet about Carer's Allowance and Carer's Credit we have sent with this claim pack.

## What happens next

**Write in the boxes below the dates we have stamped on page 1 of the form.**

We received the request for this claim form on:

|   |   |
|---|---|
| / | / |
|---|---|

Please send the form back by:

|   |   |
|---|---|
| / | / |
|---|---|

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

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

|   |   |
|---|---|
| / | / |
|---|---|

We will write to tell you that we have received your form.

If you do not get this letter within two weeks of sending your form to us, please phone us on **0345 605 6055**.

If you have speech or hearing difficulties, you can contact us using a textphone on **0345 604 5312**.

This booklet gives you general information only and is not a complete statement of the law.



## Attendance Allowance, Carer's Allowance and Carer's Credit

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

This leaflet is in two parts:

- Part one – for you and
- Part two – for your carer, if you have one. It gives information about Carer's Allowance and Carer's Credit.

### **Part one – for you**

**Your benefit could be affected if someone claims Carer's Allowance for looking after you.**

If your claim for Attendance Allowance is successful, you may get an extra amount for severe disability with an income-related benefit or Pension Credit.

If someone is paid Carer's Allowance for looking after you, you may not be able to get this extra amount. Contact the office dealing with your benefits for more information. **Your Attendance Allowance will not be affected.**

### **Part two – for your carer**

#### **Carer's Allowance**

If you are caring for someone, for 35 hours or more each week, who is going to claim Attendance Allowance, you may want to claim Carer's Allowance. Do not claim Carer's Allowance until the person you care for is awarded Attendance Allowance, but you must claim Carer's Allowance within three months of the Attendance Allowance decision being made or you could lose benefit.

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

Some benefits, allowances or pensions can affect how much Carer's Allowance we can pay. This means that if you get another benefit, we may not pay Carer's Allowance at all, or pay it at a reduced rate. But you may still be entitled to Carer's Allowance even if we cannot pay it, and being entitled means that you may get an extra amount paid with income-based Jobseeker's Allowance, income-related Employment and Support Allowance, Income Support, Pension Credit or Housing Benefit.

## **How to claim Carer's Allowance or find out more information**

- Visit our website at **[www.gov.uk](http://www.gov.uk)**
- Write to Mail opening site A, Wolverhampton, WV98 1AA
- email **[cau.customer-services@dpw.gsi.gov.uk](mailto:cau.customer-services@dpw.gsi.gov.uk)**

## **Carer's Credit**

If you cannot get Carer's Allowance and look after one or more disabled people for a total of 20 hours or more a week, you may want to apply for Carer's Credit. This is a National Insurance Credit for carers of working age that can protect your future entitlement to the basic element of the State Pension and bereavement benefits. The credit may also help you build up some additional pension, sometimes called State Second Pension.

Any additional pension you are entitled to will be paid with your basic State Pension when you claim it.

You do not need to apply for Carer's Credit if you receive Child Benefit for a child under age 12 or get Carer's Allowance as you will already get National Insurance credits.

You can find out more about Carer's Credit and how to apply by visiting **[www.gov.uk](http://www.gov.uk)** or by phoning **0345 605 6055** or by Textphone **0345 604 5312**.

We can send you this leaflet in other formats, such as large print.

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



Department  
for Work &  
Pensions

# 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, read page 3 of the notes booklet that came with this 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

**2 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"/> |

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

 /  / 

**4 Sex**

|                               |                                 |
|-------------------------------|---------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female |
|-------------------------------|---------------------------------|

**5 The full address where you live**

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

**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 please read page 7 of the **notes**.

**Yes** ☐ Please continue below.

**No** ☐ Go to question 9.

**If you live in Wales and would like us to contact you in Welsh 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 50 **Extra information**.

### 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.

## About you (continued)

12

### Special rules



You **must** read page 8 of the **notes** about special rules before you complete this question.

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 claiming under the special rules, tick this box.

☐

If you are claiming under the special rules you do not need to answer questions 20 to 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** question 18 and the **declaration** question 50.

## 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"/> |

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

**Your full address**

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

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

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

**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? |
|-------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| <b>Example</b><br>Alzheimer's       | Two years                                         | Aricept                                                                                         | 10 milligrams (mg)<br>One tablet a day                                                   |
| <b>Example</b><br>Kidney failure    | One year                                          | Dialysis                                                                                        | Two times a week                                                                         |
| <b>Example</b><br>Partially sighted | About 10 years                                    | None                                                                                            | None                                                                                     |
|                                     |                                                   |                                                                                                 |                                                                                          |
|                                     |                                                   |                                                                                                 |                                                                                          |
|                                     |                                                   |                                                                                                 |                                                                                          |
|                                     |                                                   |                                                                                                 |                                                                                          |
|                                     |                                                   |                                                                                                 |                                                                                          |
|                                     |                                                   |                                                                                                 |                                                                                          |
|                                     |                                                   |                                                                                                 |                                                                                          |

If you need more space to tell us about your illnesses or disabilities, please continue at question 50 **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)

**Their profession or specialist area**

**The full address where you see them**

For example, the address of the health centre or hospital

|          |  |  |  |  |  |  |  |  |  |
|----------|--|--|--|--|--|--|--|--|--|
|          |  |  |  |  |  |  |  |  |  |
|          |  |  |  |  |  |  |  |  |  |
|          |  |  |  |  |  |  |  |  |  |
| Postcode |  |  |  |  |  |  |  |  |  |

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

**Your hospital record number**

You can find this on your appointment card or letter.

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

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

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

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

|   |   |
|---|---|
| / | / |
|---|---|

If you have seen more than one professional, please tell us their contact details, what they treat you for and when you last saw them at question 50 **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

|          |  |  |  |  |  |  |  |  |  |
|----------|--|--|--|--|--|--|--|--|--|
|          |  |  |  |  |  |  |  |  |  |
|          |  |  |  |  |  |  |  |  |  |
| Postcode |  |  |  |  |  |  |  |  |  |

Their phone number,  
including the dialling code

What help do you get  
from them?

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

Their relationship to you

How often do you see them?

If more than one person helps you, please tell us their name and how they help you at question 50 **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

|          |  |  |  |  |  |  |  |  |  |
|----------|--|--|--|--|--|--|--|--|--|
|          |  |  |  |  |  |  |  |  |  |
|          |  |  |  |  |  |  |  |  |  |
| Postcode |  |  |  |  |  |  |  |  |  |

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 please read page 9 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 make sure you also sign and date the declaration at question 50.**

If you are claiming under the special rules, please go to question 45.  
You do not have to answer any more questions until then.

19

## 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 20.

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

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

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

Yes ☐ Tell us about this in the table below.

No ☐ Go to question 21.

| 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? |
|-------------------------------------------|-------------------------------------|----------------------------------------------------|
| <b>Example</b><br>13 December 2014        | Operation to replace my right hip   | 1 December 2015                                    |
|                                           |                                     |                                                    |
|                                           |                                     |                                                    |

## 21 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 22.

| Date and type of test                          | Results                |
|------------------------------------------------|------------------------|
| <b>Example</b><br>December 2014 treadmill test | Four minutes (stage 2) |
|                                                |                        |
|                                                |                        |

## 22 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.

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



# 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

Tell us where.

**24** Where do you sleep in your home?

Upstairs ☐ Downstairs ☐ Other

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 please read page 9 of the **notes**.

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

If you need more space to tell us about your aids or adaptations, please continue at question 50 **Extra information**.

## Care needs

26

### 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 about care and supervision see page 5 of the **notes**.

## Help with your care needs during the day

27

**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 28.

### 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 28.

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

### 28 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 29.

**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 29.

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

**29** 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 30.

**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

**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 30.

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

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

**Yes** ☐ Please continue below.

**No** ☐ Go to question 31.

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

**I have difficulty:**

**How often each day?**

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

**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

## 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

- reminding to change my clothes

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

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

**Yes** ☐ Tell us in the box below.

**No** ☐ Go to question 31.

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

**31** **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 32.

**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 32.

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

**32** **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 33.

**Stumble** ☐ Please continue below.

**What happens when you fall or stumble?**

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

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

**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 ☐

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

### 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.

|  |                  |
|--|------------------|
|  | times last month |
|--|------------------|

|  |                 |
|--|-----------------|
|  | times last year |
|--|-----------------|

### 33 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 34.

#### I have difficulty:

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

#### How often each day?

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

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

#### I need help:

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

#### How often each day?

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

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

#### 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 34.

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

### 34 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 35.

**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?

#### I need help:

- taking my medication
- with my treatment or therapy

#### How often each day?

#### 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?

## 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 35.

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

### 35 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 36.

#### 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 36.

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

36

**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?**

days

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

**37** 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 38.

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? |
|--------------------------------------|------------------------------------------------------------------------------------|----------------------------------------|
| <b>Example</b><br>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              |
|                                      |                                                                                    |                                        |
|                                      |                                                                                    |                                        |
|                                      |                                                                                    |                                        |

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?         |
|----------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>Example</b><br>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 50 **Extra Information**.

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

### 38 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 40.

**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 39.

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

### 39 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.

## 40 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 42.

**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 type="checkbox"/> | <input type="text" value="minutes"/> |
| • sleeping comfortably                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text" value="minutes"/> |
| • with my toilet needs                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text" value="minutes"/> |
| • with my incontinence needs               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text" value="minutes"/> |
| • taking my medication                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text" value="minutes"/> |
| • with treatment or therapy                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text" value="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"/> | <input type="text" value="minutes"/> |
| • encouraging or reminding about medication or medical treatment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text" value="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 41.

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

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

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

\_\_\_\_\_ nights

**42** 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 44.

**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 43.

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

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

\_\_\_\_\_ nights

## Help with your care needs

44

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

[illegible]

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 50 **Extra information**.



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

45

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

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



For more information please read page 10 of the **notes**.

**Yes** ☐ Tell us when you went in.

**No** ☐ Go to question 46.

|   |   |
|---|---|
| / | / |
|---|---|

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

|          |  |  |  |  |  |  |  |  |
|----------|--|--|--|--|--|--|--|--|
|          |  |  |  |  |  |  |  |  |
|          |  |  |  |  |  |  |  |  |
|          |  |  |  |  |  |  |  |  |
| Postcode |  |  |  |  |  |  |  |  |

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

|  |
|--|
|  |
|  |

**Does 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 46.

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

46

**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 47.

|   |   |
|---|---|
| / | / |
|---|---|

Tell us when you came out.

|   |   |
|---|---|
| / | / |
|---|---|

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

|          |  |  |  |  |  |  |  |  |
|----------|--|--|--|--|--|--|--|--|
|          |  |  |  |  |  |  |  |  |
|          |  |  |  |  |  |  |  |  |
|          |  |  |  |  |  |  |  |  |
| Postcode |  |  |  |  |  |  |  |  |

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

|  |
|--|
|  |
|  |

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

## 47 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 ☐

## 48 How we pay you



Please read page 10 of the **notes** before you fill in this page.

**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

## 49 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**

|          |  |  |  |  |  |  |  |  |
|----------|--|--|--|--|--|--|--|--|
|          |  |  |  |  |  |  |  |  |
|          |  |  |  |  |  |  |  |  |
|          |  |  |  |  |  |  |  |  |
| Postcode |  |  |  |  |  |  |  |  |

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

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

**Your signature**

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

**Date**

|   |   |
|---|---|
| / | / |
|---|---|

## Extra information

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

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

51

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**

**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, see 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 51.**
- ☐ 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 26.**

52

**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.

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

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, see page 12 of the **notes**.