



# Attendance Allowance for people of State Pension age or over

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.**

### 01 Surname or family name

All other names in full

Title

For example, Mr, Mrs Miss, Ms

### 02 National Insurance (NI) number

### 03 Date of birth

DD/MM/YYYY

### 04 Sex

Female

Male

### 05 The full address where you live

Postcode

### 06 Daytime phone number

Please include 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

### 07 What is your nationality?

If you are a Swiss or a European Economic Area (EEA) national, were you living in the United Kingdom (UK) before 1 January 2021? For a list of EEA countries, please see **page 7** of the notes.

No

Yes

Do not know

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

Great Britain is England, Scotland and Wales. For more information please read **page 7** of the notes.

No **Go to question 9**

Yes

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

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

Abroad means out of Great Britain.

No **Go to question 10**

Yes

DD/MM/YYYY

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 61 Extra information.**

**10** Getting other benefits from a European Economic Area (EEA) state or Switzerland

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

No **Go to question 11**

Yes

We will contact you about this.

Do not know

We will contact you about this.

**11** Working or paying insurance in an EEA state or Switzerland

Are you, your wife, husband or civil partner working in or paying insurance to an 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

Do not know

We will contact you about this.

**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 6 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 19 to 44.**

Please send this form to us with a **DS1500 report**. You can get the form from your doctor or specialist. Your doctor or specialist can send it to us for you.

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, your payment could be delayed. Please send the DS1500 report when you can or ask your doctor or specialist to send it to us for you.

Please make sure you sign the consent at **question 18**, complete **questions 45 and 46** and then sign the declaration at **question 62.**

## Signing the form for someone else

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

- you have already been legally appointed to receive and deal with their benefits. That is, you are a benefit appointee, a deputy or hold a Power of Attorney for Property and Finance (this does not include Power of Attorney for Health and Welfare)
- the person you are claiming for is either too ill or disabled to claim for themselves or lacks the mental capacity to manage their own affairs. You wish to be appointed to deal with their benefits, or
- you are completing this form in their absence and/or without their knowledge.

### 13 Are you signing the form for someone else?

No **Go to question 14**

Yes

Ensure you sign consent **question 18** and the declaration **question 62**.

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

I'm claiming for them under special rules for people nearing the end of life. 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 end of life or the special rules in our notifications

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

### I hold Power of Attorney for Property and Finance

Do you have an online account?

No

Please send us your full registered Property and Finance documents (original or certified copy). This could cause delays if these documents are not sent. We will send these back to you.

Yes

We will contact you about this to request the access code

I am a Deputy

I am a Tutor (under Scottish law)

I am a curator bonis or judicial factor (under Scottish law)

I am 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 have already seen this authority we will 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 are claiming for is either too ill or disabled to claim for themselves or lacks the mental capacity to manage their own affairs. You wish to be appointed to deal with their benefits, or
- you are in the process of becoming a legally appointed representative.

We will contact you about this.

Your full name

Your National Insurance number

Your date of birth

DD/MM/YYYY

Your full address

Postcode

Your daytime phone number

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

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, 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.

### 14 What illnesses or disabilities do you have?

<b>Name of illness or disability</b> For example, Alzheimers, kidney failure, partially sighted	<b>How long have you had this illness or disability?</b> For example, two years, one year, about 10 years	<b>What medicines or treatments (or both) have you been prescribed for this illness or disability?</b> For example, Aricept, dialysis or none	<b>What is the dosage and how often do you take each of the medicines or receive treatment?</b> For example, 10 milligrams (mg), one tablet a day, two times a week or none

If you need more space to tell us about your illnesses or disabilities, please continue at **question 61 Extra information**.

**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?

No **Go to question 16**

Yes

**Their title and 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?**

DD/MM/YYYY

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 61 Extra information.**

**16** **Does anyone else help you because of your illnesses or disabilities?**

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

No **Go to question 17**

Yes

**Their name**

**Their full address**

Postcode

**Their phone number**

Including the dialling code

**What help 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 61 Extra information**.

**17 About your GP**

The GP only gives details of medical fact, they do not 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?**

DD/MM/YYYY

## Consent

**18 Do you agree to DWP contacting the people or organisations described?**

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 do not agree, we may be unable to make sure you qualify for 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.

No

Yes

Signature

Date

DD/MM/YYYY

Please make sure you also sign and date the declaration at **question 62**.

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?

No **Go to question 20**

Yes

Please send us a copy if you have one. Do not worry if you do not have any reports. Just send in your claim form.

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

No **Go to question 21**

Yes

Tell us about this.

<b>The date you were put on the waiting list</b> For example, 13/04/2020	<b>What surgery are you going to have?</b> For example, operation to replace my right hip	<b>When is the surgery planned for, if you know this?</b> For example, 01/12/2021

**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.

No **Go to question 22**

Yes

Tell us about this.

<b>Date and type of test</b> For example, 01/12/2014 treadmill test	<b>Results</b> For example, four minutes (stage2)



**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.

**23** Where is the 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 What aids or adaptations do 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, please tell us.

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

<b>Aids and adaptations</b> For example, magnifier, stairlift	<input checked="" type="checkbox"/>	<b>How does this help you?</b> For example, helps me see the print in newspaper, I can get up and down stairs	<b>What difficulty do you have using this aid or adaptation?</b> For example, none, 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 61 Extra information.**

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## Care needs

### When your care needs started

Normally, you can only get Attendance Allowance if you have had difficulty or needed help for 6 months.

**26** Please tell us the date you started to need the help you have told us about in this claim form.

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

DD/MM/YYYY

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## 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.**

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## 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?

No **Go to question 28**

Yes

Please tick the boxes that apply to you.

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

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.

No **Go to question 28**

Yes

Tell us about this.

**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.

No **Go to question 29**

Yes

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
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I have difficulty with my toilet needs:  
How often each day?

I have difficulty with my incontinence needs:  
How often each day?

I need help with my toilet needs:  
How often each day?

I need help with my incontinence needs:  
How often each day?

I have difficulty concentrating or motivating myself and need encouraging with my toilet needs:  
How often each day?

I have difficulty concentrating or motivating myself and need encouraging with my incontinence needs:  
How often each day?

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

No **Go to question 29**

Yes

Tell us about this.

**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.

No **Go to question 30**

Yes

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

I have difficulty looking after my appearance:  
How often each day?

I have difficulty getting in and out of the bath:  
How often each day?

I have difficulty washing and drying myself or looking after my personal hygiene:  
How often each day?

I have difficulty using a shower:  
How often each day?

I need help looking after my appearance:  
How often each day?

I need help getting in and out of the bath:  
How often each day?

I need help washing and drying myself or looking after my personal hygiene:  
How often each day?

I need help using the shower:  
How often each day?

I have difficulty concentrating or motivating myself and need encouraging to look after my appearance:  
How often each day?

I have difficulty concentrating or motivating myself and need encouraging or reminding about washing, bathing, showering, drying or looking after my personal hygiene:  
How often each day?

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?

No **Go to question 30**

Yes

Tell us about this.

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

No **Go to question 31**

Yes

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

I have difficulty with putting on or fastening clothes or footwear:  
How often each day?

I have difficulty with taking off clothes or footwear:  
How often each day?

I have difficulty with choosing the appropriate clothes:  
How often each day?

I need help with putting on or fastening clothes or footwear:  
How often each day?

I need help with taking off clothes or footwear:  
How often each day?

I need help with choosing the appropriate clothes:  
How often each day?

I have difficulty concentrating or motivating myself and need encouraging to get dressed or undressed:  
How often each day?

I have difficulty concentrating or motivating myself and need reminding to change my clothes:  
How often each day?

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.

No **Go to question 31**

Yes

Tell us about this.

**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.

No **Go to question 32**

Yes

Please tick the boxes that apply to you.

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

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.

No **Go to question 32**

Yes

Tell us about this.

**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.

No **Go to question 33**

Fall

Stumble

**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?**

No

Yes

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.

No

Yes

Tell us about this.

**When did you last fall?**

If you do not know the exact date, tell us roughly when this was.

DD/MM/YYYY

**When did you last stumble?**

If you do not know the exact date, tell us roughly when this was.

DD/MM/YYYY

**How often do you fall?**

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

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

How often do you stumble?

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

Tell us roughly how many times you have stumbled in the 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.

No **Go to question 34**

Yes

I have difficulty eating or drinking:  
How often each day?

I have difficulty with cutting up  
food on my plate:  
How often each day?

I need help eating or drinking:  
How often each day?

I need help 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?

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?

No **Go to question 34**

Yes

Tell us about this.

**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.

No **Go to question 35**

Yes

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

I have difficulty taking  
my medication:  
How often each day?

I have difficulty with my treatment  
or therapy:  
How often each day?



I need help taking my medication:  
How often each day?

I need help 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:  
How often each day?

I have difficulty concentrating  
or motivating myself and need  
encouraging or reminding about  
my treatment or therapy:  
How often each day?

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?

No **Go to question 35**

Yes

Tell us about this.

**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.

No **Go to question 36**

Yes

Please tick the boxes that apply  
to you.

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

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 British Sign Language (BSL).

No **Go to question 36**

Yes

Tell us about this.

**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 35?

**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.

No **Go to question 38**

Yes

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

<b>What you do or would like to do?</b> For example, listening to music	<b>What help do you need or would you need from another person to do this?</b>	<b>How often do you or would you do this?</b> For example, four or five times a week

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

<b>What you do or would like to do?</b> For example, swimming	<b>What help do you need or would you need from another person to do this?</b> For example, 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	<b>How often do you or would you do this?</b> For example, 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 61 Extra information.**

**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.

No **Go to question 40**

Yes

Please tick the boxes that apply to you.

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?

No **Go to question 39**

Yes

Tell us about this.

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

## 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.

No **Go to question 42**

Yes

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 turning over or changing position in bed:

How often each night?

1

2

3+

How many minutes each time?

I have difficulty or need help sleeping comfortably:

How often each night?

1

2

3+

How many minutes each time?

I have difficulty or need help with my toilet needs:

How often each night?

1

2

3+

How many minutes each time?

I have difficulty or need help with my incontinence needs:

How often each night?

1

2

3+

How many minutes each time?

I have difficulty or need help taking my medication:

How often each night?

1

2

3+

How many minutes each time?

I have difficulty or need help with treatment or therapy:

How often each night?

1

2

3+

How many minutes each time?

I have difficulty concentrating or motivating myself and need encouraging or reminding about my toilet or incontinence needs:

How often each night?

1

2

3+

How many minutes each time?

I have difficulty concentrating or motivating myself and need encouraging or reminding about medication or medical treatment:

How often each night?

1

2

3+

How many minutes each time?

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

No **Go to question 41**

Yes

Tell us about this.

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

**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.

No **Go to question 44**

Yes

Please tick the boxes that apply to you.

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?

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

No **Go to question 43**

Yes

Tell us about this.

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

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## 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.

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 61 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.

No **Go to question 46**

Yes

Tell us when you went in  
DD/MM/YYYY

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?

No **Go to question 46**

Yes

Which authority or government department pays?

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

No **Go to question 47**

Yes

Tell us when you went in  
DD/MM/YYYY

Tell us when you came out  
DD/MM/YYYY

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?

## Constant Attendance Allowance

### 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



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## 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 is 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.

**48 Name of the account holder**

Exactly as it is shown on the chequebook or statement.

**49 Name of the bank or building society**

**50 Sort code**

Tell us all 6 numbers, for example 12-34-56.

— — —

**51 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.

**52 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.

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## Statement from someone who knows you

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

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

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

<p><b>53</b> How often do you see the person this form is about?</p> <p><b>54</b> What are their illnesses and disabilities and how they are affected by them?</p> <p><b>55</b> What is your job, profession or relationship to the person this form is about?</p> <p><b>56</b> What is your name?</p>	<p><b>57</b> What is your address?</p> <p>Postcode</p> <p><b>58</b> What is your daytime phone number? This is where we can contact you or leave a message.</p> <p><b>59</b> Your signature</p> <p><b>60</b> Date DD/MM/YYYY</p>
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## Extra information

**61** 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.

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## Declaration

We cannot pay any benefit until you have signed the declaration, and returned the form to us. Please return the signed form straight away.

By submitting this claim you agree that the information you have given is complete and correct; while you are receiving Attendance Allowance, you will report changes to your circumstances straight away by calling **0800 731 0122**. If you give wrong or incomplete information, or you do not report changes straight away, you may:

- be prosecuted
- need to pay a financial penalty
- have your Attendance Allowance reduced or stopped
- be paid too much Attendance Allowance and have to pay the money back

If we pay you less than we should, we may pay you the money that we owe you.

### 62 Signature

#### Date

DD/MM/YYYY

#### 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**.

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## 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.gov.uk/dwp/personal-information-charter](http://www.gov.uk/dwp/personal-information-charter) or contact any of our offices.

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## 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. If you do not answer all the questions you need to, it may take us longer 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 62**.

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**.

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

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.

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## What happens next

For information about what happens next, see page 12 of the notes.

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## **We have many ways we can communicate with you**

If you would like braille, British Sign Language, email, a hearing loop, translations, large print, audio or something else please call us on **0800 169 0310** or textphone **0800 169 0314** and tell us which you need.

Calls to 0800 numbers are free from landlines and mobiles.

## **Treating people fairly**

We are committed to the Equality Act 2010 and treating people fairly. To find out more about this law, search 'Equality' on [www.gov.uk](http://www.gov.uk)