

# Claiming Attendance Allowance for people aged 65 or over

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## 1. Where to send the completed form

Please send your completed form to the office that deals with the area where you live. You can find the address by typing the first letters of your postcode into the box below.

**Please tell us the first letters of your  
postcode and then press enter**

Send the completed form to:

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

Phone the Benefit Enquiry Line (BEL).

Phone: **0800 88 22 00**.

Textphone: **0800 24 33 55** (for hearing or  
speech difficulties).

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### **For existing Attendance Allowance claims**

You can contact :

Disability Contact and Processing Unit

Warbreck House

Warbreck Hill

Blackpool FY2 0YJ

Phone: **08457 123456**

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

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## 2. Print the form

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

This pack is available in  
**large print or braille.**  
Please phone **0800 88 22 00.**

## Notes

If you want help filling in the claim form,  
phone the Benefit Enquiry Line (BEL).

The person you speak to will arrange for someone to phone you back  
and go through the form with you. If you cannot use the phone, we  
may be able to send someone to visit you.

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

Phone **0800 88 22 00**

If you have speech or hearing difficulties, you can contact BEL by  
textphone on **0800 24 33 55**. You can also use Text Relay.

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	7
About medical examinations	7
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 the aids and adaptations you use	9
About being in hospital, a care home or a similar place	9
How we pay you	
If we pay you too much money	10
How we collect and use 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
- 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 can claim Attendance Allowance even if you have not paid any National Insurance contributions.
- You do not have to pay tax on the Attendance Allowance you receive.
- If you get Attendance Allowance, you may get extra money with other benefits (see page 11).

**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 Disability Living Allowance instead. Contact the Benefit Enquiry Line if you want to ask us about Disability Living Allowance (see **Help and advice about other benefits** on page 11).

You can find out more about Attendance Allowance and Disability Living Allowance by visiting the Directgov website [www.direct.gov.uk/disability](http://www.direct.gov.uk/disability) or by phoning BEL - 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 the website at [www.direct.gov.uk/disability](http://www.direct.gov.uk/disability)

## 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**

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

Generally, you must be ordinarily resident and present in Great Britain, not be subject to immigration control and have lived here or in Northern Ireland, the Isle of Man, or the Channel Islands for 26 weeks in the last 52 weeks.

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

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 26 weeks before you can get Attendance Allowance.

If you live in a 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 Attendance Allowance when you live in a country that is part of the EEA, or in Switzerland on our website [www.direct.gov.uk/claimingbenefits](http://www.direct.gov.uk/claimingbenefits)



## 17 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 9, question 43 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 11.

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

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

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

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

Ask your doctor or specialist for a DS1500 report.

This is a report about your medical condition. You 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.

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

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

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

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

## 43 **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.

## How we pay you

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

### If we pay you too much money

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

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

## How we collect and use information

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

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

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

To find out more about how we use information, visit our website [www.dwp.gov.uk/privacy-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.

- Phone the Benefit Enquiry Line for people with disabilities and carers:  
Phone: **0800 88 22 00**  
Textphone: **0800 24 33 55**
- Visit the Directgov website at  
**[www.direct.gov.uk/disability](http://www.direct.gov.uk/disability)**  
**[www.direct.gov.uk/carers](http://www.direct.gov.uk/carers)**
- 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: **0845 300 3900**  
Textphone: **0845 300 3909**
- If you need a form or help in Welsh  
phone: **0845 302 1489**
- Visit the website at **[www.hmrc.gov.uk](http://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 the website at **[www.direct.gov.uk/pensioncredit](http://www.direct.gov.uk/pensioncredit)**

### 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.

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

## What happens next

Fill in the form and post it back to us.

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

/	/
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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 **08457 12 34 56**.

If you have speech or hearing difficulties, you can contact us using a textphone on **08457 22 44 33**.

# Disability and Carers Service

Department for  
Work and Pensions

## 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, Housing Benefit or Council Tax Benefit.

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

- Visit our website at **[www.direct.gov.uk/carers](http://www.direct.gov.uk/carers)**
- Call the Benefit Enquiry Line from 8.30am to 6.30pm Monday to Friday, or 9am to 1pm on Saturday  
Telephone **0800 88 22 00**  
Textphone **0800 24 33 55**.
- Write to Carer's Allowance Unit, Palatine House, Lancaster Road, Preston, PR1 1HB.
- email **[cau.customer-services@dwp.gsi.gov.uk](mailto:cau.customer-services@dwp.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.direct.gov.uk/carers](http://www.direct.gov.uk/carers)** or by phoning **0845 608 4321** or by Textphone **0845 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.

# Disability and Carers Service

Department for  
Work and 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 date 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

Letters      Numbers      Letter

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**2** National Insurance number

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

 /  / 

**4** Sex

Male

Female

**5** Address where you live

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"/>	<input type="text"/>
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**6** Daytime phone number where we can contact you or leave a message.

Phone number,  
including the dialling code

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

Phone

Textphone

Our textphone service does not receive messages from mobile phones.

Mobile number

**7** What is your nationality?

For example, British, Spanish, Turkish



## About you (continued)

### 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 a total of 13 weeks in the last 52 weeks?

Abroad means out of Great Britain.

Yes  Please continue below.

No  Go to question 10.

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 52 weeks, please tell us the dates you went, where you went and why you went at question 49 **Extra information**.

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

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

# Signing the form for someone else

## 11 Signing the form for someone else

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

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

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

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

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

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

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

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

**We will contact you about this.**

- I am claiming for them under the special rules.

**i** You **must** read the **notes about special rules** on page 8 of the **notes**. Then decide if you should tick this box.

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

Your name

National Insurance number

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

Date of birth (day/month/year)

 /  / 

Your address

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

Daytime phone number, including the dialling code

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

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

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

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

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

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

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

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

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

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

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

Yes  Please continue below.

No  Go to question 14.

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

**Their profession or specialist area**

**The address where you see them**

For example, the address of the health centre or hospital

Postcode							

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

**Your hospital record number**

You can find this on your appointment card or letter.

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


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

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

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

If you have seen more than one professional, please tell us their contact details, what they treat you for and when you last saw them at question 49 **Extra information**.

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

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

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

Yes  Please continue below.

No  Go to question 15.

**Their name**

**Their address**

Postcode								

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

**What help do you get  
from them?**


**Their relationship to you**

**How often do you see them?**

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

## 15 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 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)

## 16 Consent

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.

I do not agree to you contacting the people or organisations described in the statement above.

**Signature**

**Date**

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

## 17 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 not claiming under the special rules, please go to question 18.**

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

If you are claiming under the special rules please go straight to question 43.

Then please send this form to us with a DS1500 report. You can get the report from your doctor or specialist.

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

Please make sure you sign the **consent** above and the **declaration** question 50.

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

If you are claiming under the special rules, please go to question 43. You do not have to answer any more questions until then.

**18**

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

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

Yes  Please send us a copy if you have one.      No  Go to question 19.

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

**19**

## Are you on a waiting list for surgery?

Yes  Tell us about this in the table below.      No  Go to question 20.

The date you were put on the waiting list	What surgery are you going to have?	When is the surgery planned for, if you know this?
<b>Example</b> 1st March 2011	Operation to replace my right hip	1 July 2011

**20**

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

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

Yes  Tell us about these in the table below.      No  Go to question 21.

Date and type of test	Results
<b>Example</b> February 2011 treadmill test	Four minutes (stage 2)

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

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

Upstairs  Downstairs  Other

Tell us where.

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

Upstairs  Downstairs  Other

Tell us where.

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

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

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



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

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

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



# 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.

24

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

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

**No**  Go to question 25.

**I have difficulty or need help:**

- getting into bed
- getting out of bed

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

- encouraging to get out of bed in the morning
- encouraging to go to bed at night

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

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

**Yes**  Tell us in the box below.

**No**  Go to question 25.


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

25

**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 26.

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

<b>For example</b> If you need help to get to and use the toilet four times a day, you would fill in the boxes as shown below.	
<b>I have difficulty or need help:</b>	<b>How often each day?</b>
• with my toilet needs	<input type="text" value="4"/>

<b>I have difficulty or need help:</b>	<b>How often each day?</b>
• with my toilet needs	<input type="text"/>
• with my incontinence needs	<input type="text"/>

<b>I have difficulty concentrating or motivating myself and need:</b>	<b>How often each day?</b>
• encouraging with my toilet needs	<input type="text"/>
• encouraging with my incontinence needs	<input type="text"/>

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

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


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

26

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

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

**Yes**  Please continue below.

**No**  Go to question 27.

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

**I have difficulty or need help:**

**How often 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 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 27.


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

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

**Yes**  Please continue below.      **No**  Go to question 28.

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

<b>I have difficulty or need help:</b>	<b>How often each day?</b>
• with putting on or fastening clothes or footwear	<input type="text"/>
• with taking off clothes or footwear	<input type="text"/>
• with choosing the appropriate clothes	<input type="text"/>

<b>I have difficulty concentrating or motivating myself and need:</b>	<b>How often each day?</b>
• encouraging to get dressed or undressed	<input type="text"/>
• reminding to change my clothes	<input type="text"/>

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

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

**Yes**  Tell us in the box below.      **No**  Go to question 28.


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

**28** Do you usually have difficulty or do you need help with moving around indoors?  
By indoors we mean anywhere inside, not just the place where you live.

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

**No**  Go to question 29.

**I have difficulty or need help:**

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

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

- encouraging or reminding to move around indoors

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

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

**Yes**  Tell us in the box below.

**No**  Go to question 29.


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

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

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

Yes  Please continue below.      No  Go to question 30.

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

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


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

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

Yes  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.

/    /
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**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
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times last year
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# Help with your care needs during the day (continued)

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

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

Yes  Please continue below.

No  Go to question 31.

**I have difficulty or need help:**

**How often each day?**

• eating or drinking

• with cutting up food on my plate

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

**How often each day?**

• encouraging or reminding to eat or drink

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

Yes  Tell us in the box below.

No  Go to question 31.


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

**31** 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 32.

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

**I have difficulty or need help:**

**How often each day?**

• taking my medication

• with my treatment or therapy

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

**How often each day?**

• encouraging or reminding to take my medication

• encouraging or reminding about my treatment or therapy

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

**Yes**  Tell us in the box below.      **No**  Go to question 32.




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

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

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

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

**No**  Go to question 33.

**I have difficulty or need help:**

- understanding people I do not know well
- being understood by people who do not know me well
- 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 33.


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

**33** How many days a week do you have difficulty or need help with the care needs you have told us about on questions 24 to 32?

days

**34** 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 35.

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> 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> Swimming	When I get to the swimming pool I need help to get changed, to dry myself and to get in and out of the pool.	Three times a week for half an hour each time.

If you need some more space to tell us about your hobbies, interests, social or religious activities please continue at question 49 **Extra Information**.

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

## 35 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 37.

### 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 36.


## 36 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.

37

## 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 39.

**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?
• turning over or changing position in bed	<input type="text"/>	<input type="text"/> minutes
• sleeping comfortably	<input type="text"/>	<input type="text"/> minutes
• with my toilet needs	<input type="text"/>	<input type="text"/> minutes
• with my incontinence needs	<input type="text"/>	<input type="text"/> minutes
• taking my medication	<input type="text"/>	<input type="text"/> minutes
• with treatment or therapy	<input type="text"/>	<input type="text"/> minutes
<b>I have difficulty concentrating or motivating myself and need:</b>		
• encouraging or reminding about my toilet or incontinence needs	<input type="text"/>	<input type="text"/> minutes
• encouraging or reminding about medication or medical treatment	<input type="text"/>	<input type="text"/> minutes

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

Yes  Tell us in the box below.      No  Go to question 38.

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38

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

nights

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

## 39 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 41.

**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?**

Yes  Tell us in the box below.

No  Go to question 40.


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



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

43

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

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

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

Yes  Tell us when you went in.

/ /

No  Go to question 44.

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

Postcode									

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


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

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

No  Go to question 44.

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44

**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 45.

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

45 Have you been in hospital in the past two years?

Yes  Please continue below.

No  Go to question 46.

Why did you have to go into hospital?


46 Constant Attendance Allowance

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

• War Pension Constant Attendance Allowance

• Industrial Injuries Disablement Benefit Constant Attendance Allowance

47 How we pay you



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

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

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

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



# Statement from someone who knows you

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

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

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

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

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


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

**Your full name**

**Your address**

Postcode							

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

**Your signature**

**Date**

	/		/	
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# Declaration

50

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

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

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

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

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

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

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

**Signature**

**Date**

**Print your name here**

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



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

## What to do now

Check that you have filled in all the questions that apply to you or the person you are claiming for. Make sure you have signed the **consent** question 16 and the **declaration** question 50.

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

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


## What happens next



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