

# Notes about claiming – **Attendance Allowance**

**Important – Please read these notes first. They tell you what you need to know about the rest of this pack**

## **What is Attendance Allowance?**

Attendance Allowance is a tax-free social security benefit for people aged 65 or over with an illness or a disability who need help with personal care.

Attendance Allowance is not affected by savings, and it is not usually affected by any other money you have coming in. It is usually ignored as income for working out Pension Credit. If you start to get Attendance Allowance, it might increase other benefits you are getting. For example Pension Credit, Housing Benefit or Council Tax Benefit.

Normally, you can only get Attendance Allowance if you have needed help for 6 months. **You can still claim Attendance Allowance even if you do not actually get the help you need.** You can claim even if you live alone.

You must normally be living in Great Britain and have lived there for 26 weeks in the 52 weeks before you claim. *Great Britain* is England, Scotland and Wales.

## **Carer's Allowance**

If you are claiming Attendance Allowance and there is someone looking after you for 35 hours or more a week, they may be able to get **Carer's Allowance**. See form **DS700** for more information which you can get from your Jobcentre Plus or social security office. If someone thinks they may qualify for Carer's Allowance they should not delay putting in their claim, even if your claim for Attendance Allowance has not been decided.

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## The questions in the claim form

- Answer all the questions that apply to you and complete in black ink wherever possible. Use the spaces to tell us in your own words as much as you can about the help you need. The more you can tell us, the easier it is for us to get a clear picture of the type of help you need.

Do not worry if you are not sure how to spell anything or have to cross something out. But please do not use any correction fluid.

Benefit you can get because of this claim can be paid more quickly if you answer all the questions that apply to you.

If you find it difficult to fill in this form, do not worry. One of our staff can help you. **Help and advice** on **page 3** of these notes tells you what help you can get filling in the form. Or someone else can fill it in for you. Ask a relative, a friend, a carer or someone like this. **But you must sign the form yourself if you can**, even if someone else has filled it in for you.

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

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

If you are not sure if we need to know about something, tell us anyway.

- If there is not enough space on the form for everything you want to tell us, use a separate piece of paper and send it with the form. Make sure you put your name and National Insurance number on any extra pieces of paper you send us. If you do not know your National Insurance number, use your date of birth.

## If you want help filling in the claim pack or any part of it

- Ring the Benefit Enquiry Line (BEL) for people with disabilities.  
The number is **0800 88 22 00**. The textphone number is **0800 24 33 55**.

The person you speak to may need to arrange for someone to phone you back. The person who calls you back is specially trained to help you fill in these forms. They will have a copy of the claim form and they will go through it with you over the phone. Or they can fill in a claim form for you.

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If they fill in the claim form for you, they will send it to you. You can then check, sign and send it back. They can send you a completed claim form in braille or large print. They will send you an envelope. It will not need a stamp.

We can provide an interpreter, if required, or you may wish to arrange for a friend or family member to interpret for you.

- If you cannot use the phone, we may be able to send someone to visit you. Write to us at the address on the envelope that came with this claim pack. If you have a visit, it may take us longer to deal with your claim.

## Help and advice

If you want general information about Attendance Allowance or any other benefits you may be able to claim

- Ring the Benefit Enquiry Line (BEL) for people with disabilities.  
The number is **0800 88 22 00**.

People with speech or hearing problems using a textphone can dial **0800 24 33 55**. If you do not have your own textphone system, they are available in some libraries and some Citizens Advice Bureaux.

The person you speak to will be able to give you general advice about Attendance Allowance. They will also tell you about other organisations that may be able to help you.

- Get in touch with your Jobcentre Plus or social security office. You can find the phone number and address in the business numbers section of the phone book. Look under **Jobcentre Plus** or **Social Security**.
- Get in touch with an advice centre like the Citizens Advice Bureau.

If you want more information about Child Tax Credit or Working Tax Credit

- ring their **Helpline**. The number is **0845 300 3900**.
- people with speech or hearing problems using a **textphone** can dial **0845 300 3909**.
- people who need a form or help in **Welsh** can dial **0845 302 1489**.
- or you can visit the website at **[www.inlandrevenue.gov.uk/taxcredits](http://www.inlandrevenue.gov.uk/taxcredits)**

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For more information about Pension Credit

- get leaflet **PC1L** *Pick it up. It's yours*
- ring the **Pension Credit application line**. The number is **0800 99 1234**
- people with speech or hearing problems using a **textphone** can dial **0800 169 0133**
- or you can visit the website at **www.thepensionservice.gov.uk**

## Help with personal care

The rate you can get depends on the amount of attention or supervision you need. For example, you may need someone to keep an eye on you, or look after you while you are on dialysis. Or you may need help with things like washing, dressing, using the toilet, communicating with other people, or something like this.

There are 2 rates.

### Lower rate

- if you have care needs for some time during the day, or if you are liable to get into danger
- or you have care needs for some time during the night.

### Higher rate

- if you have care needs for some time during the day and night.

There are fixed amounts of money for Attendance Allowance. You can find the current rates in leaflet **GL23** *Social security benefit rates*. You can get this leaflet from any Jobcentre Plus or social security office. The information is also available on the website at: **www.dwp.gov.uk**

## Special Rules

Some people can get Attendance Allowance under the **Special Rules**. These rules are explained on the sheet called **Notes about claiming under the Special Rules** with this claim pack.

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## If you cannot sign the forms yourself

If you cannot sign the form yourself, then the person who fills it in can sign it for you. But they **must** tell us why they are signing for you. There is a space on **page 2** of the form for this.

## When to claim

Claim straight away. You are normally only entitled to Attendance Allowance when you have needed help for 6 months. But if you claim now, we can make sure that you get Attendance Allowance as soon as you are entitled to it.

**Please note** – If you are awarded Attendance Allowance, we may look at your case again from time to time to make sure that you are getting the right amount of money. This means that if the amount of help you need has changed, your award may increase, decrease or stop altogether. If there has been no change in the amount of help you need then your award will stay the same.

## About your National Insurance (NI) number

To link you with the right NI account and keep that account secure, we need proof of your identity and the right information from you. A NI number card on its own does not prove your identity. It is your responsibility to give us the right information to link you with the right account.

If you do not provide us with your NI number, there may be some delay in processing your application. If you do not have a NI number, or you have a temporary one beginning with the letters ZZ or TN, get in touch with your Jobcentre Plus or social security office, they will help you to apply for or trace a NI number. See **Help and advice** on **page 3** of these notes.

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## What is Medical Services

If a medical examination is required we will ask Medical Services to arrange this on behalf of the Disability and Carers Service.

When Medical Services receive a case for examination, they send a letter which outlines their service. This includes details of the examination, complaints procedures and that interpreters and same-sex doctors will be arranged wherever possible. A doctor will then contact you to arrange an appointment for the examination.

Medical Services arrange your appointment, ask a doctor to conduct a medical examination and provide a report of their opinion to the Disability and Carers Service. The decision maker will make a decision on your claim using the doctor's report and any other evidence or information available.

You can ask for a copy of the report from the office dealing with your claim.

If you are unhappy about any part of the service provided by Medical Services, or simply feel they could do things better, please tell the doctor who conducts the examination. If they cannot help you immediately, they will give you a customer care leaflet, which tells you how to make a complaint or a suggestion, and what Medical Services will do to investigate the complaint or suggestion.

If you complain about a doctor and Medical Services agree with your complaint, they will arrange for action to be taken. If the medical report is found to be factually incorrect, or the doctor has given an opinion that they cannot justify, Medical Services will tell the office dealing with your claim. When Medical Services have all the information they need, they will decide what they can do. If something is wrong, they will put it right and tell you what they have done.

If you prefer, you can contact the Medical Services Customer Relations Manager named in the Medical Services customer care leaflet. Remember that Medical Services cannot change a decision on your benefit. If you think the decision on your benefit is wrong you can ask the Disability and Carers Service office dealing with your claim to look at it again. The address will be on the letter telling you the decision.

AA1A *Special Rules* December 2005

# Notes about claiming under the *Special Rules*

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## About the *Special Rules*

Sadly, some people suffer from a terminal illness and are not likely to live for long. We have arrangements called *Special Rules* to make sure they get their benefit as soon as possible. The *Special Rules* cover people who suffer from a progressive disease that is so severe that they are not expected to live longer than 6 months.

So that we can deal with your claim as quickly as possible it is important that you send a doctor's **DS1500 Report** with your claim. These notes tell you how to get a **DS1500 Report**.

Please read the notes on the other side of this page. They tell you what to do if you want to claim under the *Special Rules*.

Getting Attendance Allowance under the *Special Rules* means

- getting the higher rate each week
  - getting paid straight away. There is no need to wait until you have needed help for 6 months
  - claims are dealt with more quickly.
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## 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** in this 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*.

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## How to claim under the *Special Rules*

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### Claim form

- Please fill in this claim form or someone else can claim for you. Tick the box on page 3 to show that you are claiming under the *Special Rules*. If you do not tick this box, we cannot pay you under the *Special Rules*.

### About your doctor's report

- Ask your doctor or specialist for a **DS1500 Report**.

This is a report about your medical condition.

You will not have to pay for it.

You can ask the doctor's receptionist or a nurse or a social worker to arrange this for you. You do not have to see the doctor.

You should be given a **DS1500 Report** straight away. Ask for the report in a sealed envelope if you do not want anyone to see it.

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### What we want you to do

- Please send us
  - the completed claim form
  - **DS1500 Report**.

**Make sure we get your claim by the date shown on the front of the form.**

If you wait longer, you may lose money.

Remember, it will take a few days to reach us by post.

**If you cannot get your DS1500 Report in time, send us your claim straight away. Send the DS1500 Report as soon as you can.**

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# Attendance Allowance

## for people aged 65 or over

Do not delay in returning this claim form as benefit can only be considered from the date we received it.

You may find it easier to fill in this claim form if you read the Notes first. If you need help filling in this form, or any part of it, phone **0800 88 22 00**.

### Part 1 – About you

Please complete this section.

If you are filling in this form for someone else, please tell us about **them**, not yourself.

Surname or family name	<input type="text" value="Mr/Mrs/Miss/Ms"/>
All other names in full	<input type="text"/>
All other surnames or family names you have been known by or are using now.	<input type="text"/>
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address where you live	<input type="text" value="Postcode"/>
Previous address	<input type="text" value="Postcode"/>
Daytime phone number where we can contact you or leave a message.	<input type="text" value="Code"/> <input type="text" value="Number"/>
Please tick the appropriate box	Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Fax <input type="checkbox"/> Textphone <input type="checkbox"/>
Date of birth	<input type="text" value="/"/> <input type="text" value="/"/>
National Insurance (NI) number This is also your Retirement Pension number	Letters <input type="text"/> Numbers <input type="text"/> Letter <input type="text"/>
What is your nationality?	<input type="text"/>

We may get in touch with you for more information.

## Part 2 – For people signing this form for someone else

Even though you can fill in this form for another adult, they must still sign it themselves unless one or more of these boxes apply. Tick **all** the boxes that apply.

I have Power of Attorney for them

Please send us your Power of Attorney document or certified copy with this claim form and remember to sign the **Declaration** on **page 18** on their behalf.

I am a receiver for them under a Court of Protection Order.  
Or in Scotland, a tutor, a curator, or guardian appointed in terms of the law

Please send us your Power of Attorney document or certified copy with this claim form and remember to sign the **Declaration** on **page 18** on their behalf.

The Department for Work and Pensions has already appointed me to get their benefits and to deal with letters about their benefits

We will send all letters about this claim directly to you.

They cannot manage their own affairs because of a mental illness or a mental disability

We will get in touch with you about this. The Department for Work and Pensions may appoint you to get their benefits and to deal with letters about their benefits.

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

We will get in touch with you about this.

I am claiming for them under the **Special Rules**

You must read the **Notes about claiming under the Special Rules** before you tick this box.

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

### Part 2 – For people signing this form for someone else - continued

Your surname or family name

Your other names in full

Your date of birth

Your address   
Postcode

Your National Insurance (NI) number

Your daytime phone number where we can contact you or leave a message.

Please tick the appropriate box Home  Work  Mobile  Fax  Textphone

### Part 3 – About this claim

If you are claiming under the *Special Rules*, tick this box.  You must read the **Notes about claiming under the *Special Rules*** before you tick this box.  
Please also read the notes under **Making payments to you** on page 18.  
If you are sending the DS1500 report with this form, only complete **Part 6** on page 7, **Part 13** on page 18 and **Part 10** on pages 12 to 16 of this form.  
If you are **not** sending the DS1500 report yet, complete **all Parts** of this form and send it to us as soon as you can. If you wait, you could lose money. You can then send the DS1500 report after the form.

If you are currently on renal dialysis, please tick this box.  We may contact you about this.

## Part 4 – About your illnesses or disabilities

**Please tell us your illnesses or disabilities**

By this we mean physical or sensory impairments or mental health problems.

**Please tell us, if you can, how long you have had each of these illnesses or disabilities**

**If you have arthritis or rheumatism or something like this, please tell us which parts of your body are affected.**

1		
2		
3		
4		
5		
6		
7		
8		

**If you have a spare up to date printed prescription list from your doctor, please send it in with this form.** If you are sending a prescription list, you do not need to complete the table below.

**Please list any current tablets, medicines or other treatments you have been prescribed for your illness or disability.**

If you can, tell us which illness or disability they have been prescribed for.

**Please tell us, if you can, the dosage and how often you take each of the tablets, medicines or other treatments you have told us about.**

**Please tell us, if you can, how long you have been taking each of the tablets, medicines or other treatments you have told us about?**

**Please put a tick against any tablets or medicines that are on repeat prescription.**

1			
2			
3			
4			
5			
6			
7			
8			
9			

## Part 5 – More about treatment or help you receive

Please give us details of your family doctor or Health Centre.

Their name

Their address   
Postcode

Their phone number   
Code  Number

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 anyone in connection with your illnesses or disabilities in the past 12 months, please give their details. For example hospital doctor, specialist nurse, community psychiatric nurse, district nurse, physiotherapist, occupational therapist or social worker.

Their name

What is their job or speciality?

The address of the place where you see them   
Postcode

Their phone number if applicable   
Code  Number

Hospital record number if applicable

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

How often do you see them?

When did you last see them?

If you see more than one professional about your illnesses or disabilities, please tell us their contact details at **Part 8 on page 11.**

## Part 5 – More about treatment or help you receive – continued

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

This could be someone like a carer or support worker, a friend, neighbour or family member.

**Their name**

**Their address**

Postcode

**Their phone number**

Code	Number
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**Their job or relationship to you**

**How often do you see them?**

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

If more than one person helps you because of your illnesses or disabilities, please tell us their contact details at **Part 8 page 11**.

If you have any documents that you feel would help us to decide your claim, please send them with this claim form. For example, you may have a care plan, or a medical report in connection with another matter or your local council may have assessed you for a home help, meals on wheels or disability aids.

## Part 6 – Consent

We may wish to contact your GP or persons or organisations involved with you for information in relation to your claim. This may include medical information in respect of your claim. You do not have to agree to us contacting those persons or organisations. If you do not, however, agree to us obtaining such information, it may mean that we are unable to obtain enough information to satisfy ourselves that you meet the conditions of entitlement in respect of your claim.

The Department for Work and Pensions or any doctor providing medical services on behalf of an organisation approved by the Secretary of State, may ask any person(s) or organisation(s) for any information, including medical information, which is needed to deal with:

- this claim for benefit, or
- any appeal or other reconsideration of a decision in relation to this claim and that the information may be given to that doctor or to the Department.

Now please tick one of the consent options below.

I agree to you contacting persons or organisations as in the statement above.

I do not agree to you contacting persons or organisations as in the statement above.

Now sign and date below.

Signature

Date

Please make sure you sign and date the Declaration on page 18 of this claim form.

## Part 7 – More about why you are making this claim

Your answers in this section will help us to get a clear picture of how your illnesses or disabilities affect you. This will help us to decide if you can get Attendance Allowance.

We need to know what help you need and why you need it.

You may be able to get Attendance Allowance for help with personal care because:

- you need help with washing, dressing, using the toilet, communicating, for example, reading or writing, or something else like this, or
- you need someone to keep an eye on you.

**Some of the things you need to think about and tell us are:**

- **When** do you need help
  - only during the day. This could include the evening before you go to bed
  - only during the night when you are in bed and the household has closed down for the day, or
  - during the day **and** night.
- **Where** do you need help
  - indoors
  - outdoors, or
  - both indoors **and** outdoors.
- What happens or would happen if you do not get the help you need.
- Any tasks that would take you longer than usual because of your illnesses or disabilities.
- Any variations in your condition. For example, if you have good days and bad days because of your illnesses or disabilities and this affects the amount of help or supervision you need from day to day.
- Whether or not you use any equipment because of your illnesses or disabilities. For example a wheelchair, commode, walking stick or frame, grab rails, stair lift, bath lift, specially adapted cutlery or crockery or something else like this.
  - tell us how this helps you
  - tell us if you cannot use special equipment **because** of your illnesses or disabilities.

### **WE NEED TO KNOW ABOUT HELP YOU NEED, EVEN IF YOU DO NOT ACTUALLY GET ANY HELP AT THE MOMENT.**

Think about any difficulties you have carrying out everyday personal tasks **because of your illnesses or disabilities**. If you **manage** to do things but find it difficult, a struggle, sometimes cannot be bothered or it takes a long time, tell us about this. This is what we mean by the help that you need from another person.

## Part 7 – More about why you are making this claim – continued

Please tick **either** or **both** of the boxes below that best describe the help you need on a **regular** basis.

### Help needed during the day:

I need help from another person several times *throughout* the day to do certain personal tasks.

Tell us more about this below.

For example, this may include things like:

- getting in and out of bed
- dressing and undressing
- washing or taking a bath or shower
- getting to and using the toilet
- help at mealtimes
- getting in or out of a chair
- moving about indoors
- using stairs
- taking tablets, medicines or other medical treatments
- seeing or hearing
- communication
- need encouragement to look after yourself
- help to pursue social or religious activities, interests and hobbies.

I need someone to keep an eye on me during the day to prevent danger to myself or others.

Tell us more about this below.

For example, this may be because you:

- may fall or stumble
- may bump into things
- may get confused
- may wander
- may get anxious, panicky or aggressive
- may hurt yourself or others
- hear voices or experience thoughts that disrupt your thinking
- have fits, dizzy spells or blackouts.

Please describe in your own words the kind of help you need during the day *thinking carefully about the examples given*.

It is important that we get a clear picture of the amount of help you need. It would therefore be helpful, if you could tell us approximately how many times per day, or how long in total per day, you think you would need the help you describe.

## Part 7 – More about why you are making this claim – continued

Please tick **either** or **both** of the boxes below that best describe the help you need on a **regular** basis.

### Help needed during the night:

**I need help from another person during the night with certain personal tasks.**

Tell us more about this below.

For example, this may include things like:

- getting in and out of bed
- getting to and using the toilet
- using a commode, bedpan or bottle
- changing sheets or bedclothes
- turning over
- settling or staying in bed
- taking tablets, medicine or other medical treatment.

**I need someone to be awake at night to watch over me to prevent danger to myself or others.**

Tell us more about this below.

For example, this may be because you:

- need someone to check on changes in your condition while you are asleep
- may wander
- have fits, dizzy spells or blackouts
- may get anxious, panicky or aggressive
- may hurt yourself or others.

**Please describe in your own words the kind of help you need during the night *thinking carefully about the examples given.***

**Remember to tell us how often you need help during the night on a *regular basis*, how many nights do you need the help and roughly how long that help takes.**

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## Part 8 – Anything else you wish to tell us about

Please tell us about anything else you think we should know in connection with this claim. You may wish to tell us more about how your illness or disability affects your day-to-day living.

Continue on a separate piece of paper, if necessary.

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## Part 9 – When your difficulties began

Please note – it may delay your claim if you do not complete this section

When did you first have the difficulties you have told us about because of your illnesses or disabilities?

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

# Part 10 – More about you

## About time spent in hospital

please answer **all** the questions, as failure to do so could delay your claim.

Are you in hospital now? No

Yes  When did you go into hospital?  /  /   
When will you leave hospital, if you know this?  /  /

Have you been in hospital in the past 6 weeks? No

Yes  Please tell us all periods spent in hospital in the last 6 weeks.  
in  /  /  out  /  /   
in  /  /  out  /  /

Please tell us the full name and address of the hospital.   
Postcode

Phone number If you know it Code  Number

Hospital record number If you know it

Why did you have to go into hospital?

Have the NHS paid for your stay and treatment in hospital? No   
Yes   
Not sure

## Part 10 – More about you – continued

**About time spent in residential care** - Residential care includes – nights in a nursing home, rest home, hostel, hospice, residential care home or anywhere like this.

Are you in residential care now?

No

Yes

Have you been in residential care in the past 6 weeks?

No

Yes

Please tell us all periods spent in residential care in the last 6 weeks.

in

out

in

out

in

out

Please tell us the full name and address of the home. If different from the address where you normally live.

Phone number  
If you know it

Code	Number
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Have the local authority, a health authority, a NHS trust, Primary Care Trust or a government department paid any of the costs for you to live there?

No

Yes

Which authority, NHS trust, Primary Care Trust or government department paid?

Not sure

Do you receive or are you waiting to hear about Housing Benefit?

No

Yes

**For people living in Scotland**  
Are you getting or waiting to hear about Free Personal Care?

No

Yes

## Part 10 – More about you – continued

Do you normally live in Great Britain?

*Great Britain* is England, Scotland and Wales.

No

Yes

If you live in Wales and would like to receive future communications in Welsh, please tick this box.

Have you been abroad for 4 weeks or more in the last 12 months?

No

Yes

Tell us the dates you went abroad, where you went and why you went. Please give any additional details on an extra piece of paper and send it with this form.

Tell us when you went abroad

from  /  /  to  /  /

Tell us where you went

Tell us why you went

Please tell us if you are getting or waiting to hear about any of the following by ticking the relevant boxes.

- **Constant Attendance Allowance**  
This is different from Attendance Allowance. It is sometimes paid with Industrial Injuries Disablement Benefit.

- **War Pension**

## Part 10 – More about you – continued

### Income Support

Is your partner waiting to hear about Income Support?

No

Yes

We use *partner* to mean

- a person you are married to or a person you live with as if you are married to them, or
- a civil partner or a person you live with as if you are civil partners.

Please tell us their name

Their National Insurance (NI) number

Letters

Numbers

Letter

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### About Pension Credit

Are you getting or waiting to hear about Pension Credit?

No

Yes

Is anyone within your household getting or waiting to hear about Pension Credit?

No

Yes

Please tell us their name

Their National Insurance (NI) number

Letters

Numbers

Letter

Their relationship to you

# Part 10 – More about you – continued

## About Tax Credits

Is anyone in your household getting or waiting to hear about Child Tax Credit?

No

Yes

Please tell us their name

Their National Insurance (NI) number

Letters

Numbers

Letter

Their relationship to you

Is anyone in your household getting or waiting to hear about Working Tax Credit?

No

Yes

Please tell us their name

Their National Insurance (NI) number

Letters

Numbers

Letter

Their relationship to you

# Part 11 – Statement from the person who knows best about you and how your illnesses or disabilities affect you

Please note. Completion of this page is optional.

The best person to complete this section is the one who is most involved with your treatment or care. This may be someone you have told us about in Part 5.

If you are signing this form on behalf of the disabled person (see Part 2), please get someone else to complete 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 daytime phone number

Code	Number
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Your address

Postcode
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Your signature

Date

/	/
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## Part 12 – Making payments to you

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

If you agree, please tick this box.

If you do not agree, or do not receive State Pension or Pension Credit, please tick this box. We will contact you about this.

### Sometimes we may pay too much money into the account and you may be overpaid.

If this is because of the way the system works for payments directly into an account, we have the right to recover any money you are not entitled to. For example, you may give us information which means you are entitled to less money but we may not be able to change the amount already sent out. We will contact you first if we propose to recover any money.

## Part 13 – Declaration

- **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 benefit of anything that may affect my entitlement to or the amount of that benefit.
- **I understand**  
that the Department 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.

Signature

Date

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## Part 14 – What to do now

Do not forget to write your name and national insurance number on any additional documents you send us.

If you are sending any documents with this form, please list them below.

Check that you have signed the **Consent** statement on **page 7** and the **Declaration** on **page 18**.

Then send the completed form back to us.

If you are not sure where to send this form, phone the Benefit Enquiry Line on **0800 88 22 00**.

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## Part 15 – How we collect and use information

The Department for Work and Pensions collects information for the purposes of dealing with social security, child support, vaccine-damage issues, employment and training. The information we collect about you depends on the reason for your business with us, but we may use the information for any of these purposes.

We may check information about you with other information we have. We may get information about you from other people and certain other organisations. We may give information to certain other organisations, as the law allows, to:

- check the accuracy of information
- prevent or detect crime
- protect public funds in other ways, and
- use in research or statistics.

These other organisations include other government departments, local authorities, and private-sector bodies such as banks and organisations that may lend you money. We will not give information about you to anyone outside our department unless the law allows us to.

The Department for Work and Pensions is the Data Controller for the purposes of the Data Protection Act.

If you want to know more about what information we have about you, or the way we use your information, please contact us. You can contact any of our offices and ask for leaflet **GL33 Data Protection Act 1998 – It affects you**. Or you can find a copy of the leaflet on our website. The address is **www.dwp.gov.uk**

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## Where to send the completed form

Please send the completed claim form to the office nearest to where you live.

### 1. Bootle Disability Benefits Centre

St Martins House  
Stanley Precinct  
Bootle  
Merseyside L69 9BN

### 2. Bristol Disability Benefits Centre

Government Buildings  
Flowers Hill  
Brislington  
Bristol BS4 5LA

### 3. Edinburgh Disability Benefits Centre

Argyle House  
3 Lady Lawson Street  
Edinburgh EH3 9DR

### 4. Glasgow Disability Benefits Centre

Glasgow  
Corunna House  
29 Cadogan Street  
Glasgow G2 7BN

### 5. Leeds Disability Benefits Centre

Government Buildings  
Otley Road  
Lawnswood  
Leeds LS16 5PU

### 6. Manchester Disability Benefits Centre

Albert Bridge House  
Bridge Street  
Manchester M60 9DA

### 7. Midland Disability Benefits Centre

Five Ways Complex  
Islington Row Middleway  
Edgbaston  
Birmingham B15 1SL

### 8. Newcastle Disability Benefits Centre

Arden House  
Regent Centre  
Regent Farm Road  
Gosforth  
Newcastle Upon Tyne  
NE3 3JN

### 9. New Claims Unit

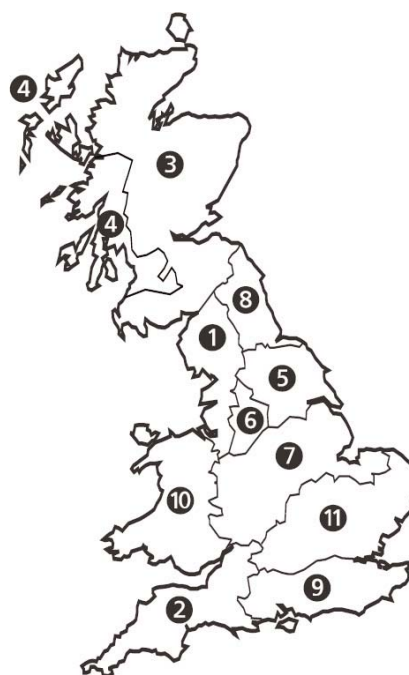
Disability Contact and  
Processing Unit  
Government Buildings  
Warbreck House  
Warbreck Hill  
Blackpool FY2 0YJ

### 10. Wales (Cardiff) Disability Benefits Centre

Government Buildings  
St Agnes Road  
Gabalfa  
Cardiff CF14 4YJ

### 11. Wembley Disability Benefits Centre

Olympic House  
Olympic Way  
Wembley  
Middlesex HA9 0DL



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

Phone the Benefit Enquiry Line (BEL). The number is **0800 88 22 00**.  
Textphone **0800 24 33 55** (for hearing or speech difficulties).

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## For existing disability claims

You can contact:

Blackpool Disability Benefit Unit  
Disability Benefit Unit  
Government Buildings  
Warbreck House  
Warbreck Hill  
Blackpool  
Lancashire FY2 0YJ

Phone: **08457 123456**

Fax: **01253 331 266**

Email: **DBU-Customer-Service@dwp.gsi.gov.uk**

