

Completing Attendance Allowance Claim Forms

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1. INTRODUCTION

i. Objectives of this briefing note

The claim forms for Attendance Allowance (AA) can be difficult to complete without assistance. They are lengthy, often repetitive, and require claimants to record a comprehensive summary of their own disabilities. The observations of friends, relatives, or carers can provide a very helpful perspective, and for this reason it is a good idea to get someone to help you to complete the form. This briefing note is designed as an aid to form completion both for claimants and such people assisting with this task.

Many claims for AA fail because of poorly completed forms. Typical faults include:

- * *Failure to complete appropriate sections;*
- * *Gaps left where the questions are wrongly believed to be irrelevant;*
- * *Misunderstanding the meaning of questions;*
- * *Understated care needs;*
- * *Insufficient detail in answers.*

Using this briefing note should help to prevent these and other difficulties from arising, and therefore increase the chances of an award of benefit at the correct rate. This in turn will avoid the necessity for lengthy and time - consuming delays while appeal processes are pursued. This should be read in conjunction with our other briefing notes *Attendance Allowance, what is it? How to claim,*

ii. Claim forms covered by this briefing note

AA1A Attendance Allowance for claimants aged 65 or over

- * *The Attendance Allowance claim form was recently revised. It is much shorter and easier to complete, but leaves very little space for comprehensive answers. As a result, there is a danger of understating your case. **If necessary, extra sheets of paper can be included.***
- * *Attendance Allowance is for care and supervision needs only. There is no allowance for mobility problems outdoors.*

The Attendance Allowance form is in different sections that concern personal information about you and the care or supervision needs you have.

PART 1

This section concerns your personal details including name, address and National Insurance number. You must fill all of this section as comprehensively as possible. This section ascertains your eligibility for Attendance Allowance.

PART 2

If you are just helping someone complete the form but they are able to sign for themselves ignore this part and move on to part 3. If you are appointee or have power of attorney or the claimant is so disabled or expected to die within six months the appropriate person can sign on their behalf and should indicate here why they are signing the form.

PART 3

Special Rules Renal Dialysis – If you are claiming under the Special Rules or because you are on Renal Dialysis tick the appropriate box. If you are claiming under the Special Rules complete the payment method section and date the declaration on page 18 sign and post the form with the DS1500 medical report.

PART 4

About your illnesses or disabilities - this section asks you to detail all of the illnesses or disabilities that you have, the length of time you have suffered from the disability and if appropriate the part of the body affected by illnesses such as arthritis or rheumatism.

The second part asks you to list any medication you are prescribed, including the dosage, how long you have been taking the medication and if any are on repeat prescription. If you have a repeat prescription list from your GP you can send it with the form rather than complete this section.

PART 5

More about treatment you receive – This section asks for information about anyone you see in connection with your illnesses or disabilities. You should write the name and address of your GP in the first part and if you see a consultant, physiotherapist, CPN or any other professional you may write their name and address in the following to spaces. The DWP may write to any of these people to request medical evidence to substantiate your claim.

PART 6

Consent – This section asks for consent to contact any of the people you have named in Part 5. It is advisable to give consent as this will enable the DWP to substantiate your claim for Attendance Allowance. If you do not give consent it may delay your claim or mean that you are not awarded Attendance Allowance.

If you consent for the named persons to be contacted tick the appropriate box and sign and date the boxes.

PART 7

More about why you are making this claim – This section deals with the way your illness or disability affects your day to day life and the help you need. It is important to be precise and comprehensive. Sometimes it may seem that you are repeating yourself, do not worry the DWP need the full picture of your illnesses or disabilities to ensure you receive the correct award of Attendance Allowance.

It is advisable to:

- i) state the cause of the problem
- ii) say what the problem is giving details of pain, fatigue, stiffness, anxiety etc
- iii) give an example if possible
- iv) say how someone can help

CARE NEEDS - general points

These sections consider the help that you need with your personal care. However, take your time, as it is important to try to give as much information as you can about how your condition affects you. Remember that it is the help that you actually need that you should write down, not just the help that you receive. Give details of anything you find difficult, painful, or that takes you a long time to do. If you have equipment to help you do things give details but stress the remaining difficulties you have.

SUPERVISION – general points

This is someone watching over you to ensure your safety or the safety of others. If you need supervision any aspect of your life you must indicate what supervision you require and outline the reason why you need someone to watch over you, how long you need the supervision for. The supervision can be anticipatory but there has to be a real risk to your safety or the safety of others.

On the following pages are some questions and prompts to help you to complete the form. It may appear at times that you are repeating yourself but it is important to fully describe your health problems and difficulties at each point.

*As recognition of the difficulties facing claimants with mental health problems, we have added the sub-heading '**Mental Health Issues**' at the end of some sections.*

The help you need has to be several times throughout the day or supervision you need during the day to prevent danger to yourself or others

HELP NEEDED DURING THE DAY

On this page there are two lists concerning help you require from someone (attention) and the need for someone to keep an eye on you (supervision). You can tick either or both of the boxes that apply to the help or supervision you require.

ATTENTION – This is help with bodily functions. If you have problems with any items on the list you must indicate which ones and outline the reason why you have problems, how the problem manifests itself and the help that you need and the time it takes to perform the task with the help that you need.

Getting in and out of bed

- * *Do you find it hard to sit up in bed?*
- * *Do you have to rest on the edge of the bed to recover before standing?*
- * *Do you have a special way of getting out that helps you?*
- * *Have you ever fallen getting in or out of bed?*
- * *Do you have dizzy spells when you sit up?*
- * *Do you have difficulty standing and keeping your balance?*
- * *How long does it take you to get in and out of bed?*

Mental Health Issues

If you lack motivation to get in or out of bed, explain why and how long this lasts. It may be because you are depressed, anxious or overactive. If you have been up all night due to your condition, you may need to sleep for much of the day.

How are you persuaded to get up? Will you stay up, or sleep for long periods without this help?

Getting dressed and undressed

General

- * *Does someone need to pass your clothes to you?*
- * *Do you need someone to lay your clothes out before you dress?*
- * *Do you need help to change clothing after incontinence?*
- * *Do you have to wear extra or special clothing due to your condition?*
- * *Can you manage zips and buttons?*
- * *Have you given up wearing certain types of clothes because it is difficult to get them on?*
- * *Can you put your arms through sleeves or pull clothes over your head?*
- * *Can you bend to pull on tights/socks and shoes?*
- * *Is it painful to get dressed?*
- * *Where and how does it hurt?*
- * *Do you need to rest during getting dressed?*
- * *How long does it take you to get dressed?*

Mental Health Issues

Again personal appearance and appropriate dress is important to good mental health. Stress the importance of maintaining your hygiene and appearance in order to be accepted in the community. Do you tend to wear inappropriate clothes for the weather or not care about your appearance? Do you know when to change your clothes or do you wear the same things for days at a time?

Washing and bathing

Washing and bathing should include the following:

- * *Washing face and hands*
- * *Stand-up washing*
- * *Bathing*
- * *Showering*
- * *Drying*
- * *Brushing teeth*
- * *Washing hair*
- * *Shaving*
- * *Combing/brushing hair*

General

- * *Can you wash yourself thoroughly without help?*
- * *Have you let your standards slip because of your difficulties?*
- * *Are you unsteady standing at the basin?*
- * *Are you able to use a bath, can you get in and out without help?*
- * *How many times a week would you like to have a bath?*
- * *Do you need frequent baths or showers due to medical conditions such as incontinence, rheumatism, or a skin condition?*
- * *Have you had any falls when washing or drying yourself?*
- * *Are you able to use both hands to wash and dry yourself?*
- * *Can you bend to wash and dry your feet?*
- * *Can you wash and dry your back? Are there any other parts you cannot reach properly?*
- * *Can you cut your toenails (it does not ask this, but write it in)?*
- * *Can you comb your hair?*
- * *How do you wash your hair?*
- * *Can you see if your nails are clean or your hair is tidy?*
- * *Can you shave?*

Mental Health Issues

Hygiene can be a significant problem for someone in mental distress. Prompting, reminding and encouraging the maintenance of basic hygiene are key elements in the treatment of mental illness. Write down why you have this problem e.g. lack of motivation, depression, fear of being exposed.

As with washing, it is vital to emphasise the importance of maintaining other aspects of your personal appearance in order to promote self-confidence and establish a routine.

Do you have an Obsessive Compulsive Disorder and as a result need help to break this behaviour?

If you can never have a bath or shower without help but would like to have these daily you should put down that you need help with bathing 7 days a week.

Getting to and using the toilet

General

A. Incontinence

People are often reluctant to discuss this, but it is often a significant element of their care needs.

- * *What type of incontinence do you have and how often does this affect you?*
- * *Do you have problems despite wearing incontinence pads? Do you need help changing these?*
- * *Do you have a condition which means you are afraid to go far from a toilet?*
- * *Do you have difficulty getting to the toilet in time, because of poor mobility?*
- * *Do you have difficulty changing your clothes after incontinence?*

B. Other Toileting Needs

- * *Where is the toilet?*
- * *Is it easily accessible?*
- * *Can you get to it easily and in time?*
- * *Can you get down and up again?*
- * *Do you have a raised seat or frame?*
- * *Can you wipe yourself and adjust your clothing?*
- * *If you use a commode, can you empty and clean it?*
- * *Are you able to use a commode in privacy?*
- * *How often do you usually need to go to the toilet?*

Mental Health Issues

If the reason for not toileting properly is due to self neglect or poor self awareness, explain the causes and give examples of what would happen when there is nobody to help you.

Clearly, if you have a physical condition as well e.g. incontinence, mental illness could make this an even greater problem so emphasise this.

Help at mealtimes

Eating as a *bodily function* is generally restricted to physical problems in actually getting food/drink to the mouth, rather than preparing a meal.

General

- * *Can you get food or drink to your mouth without spilling it?*
- * *Can you get yourself a drink between meals if you want to and carry it back to your chair?*
- * *Are you likely to have a fit or spasm e.g. when holding a knife or hot drink?*
- * *Do you remember to have regular meals? Do you need to be prompted?*
- * *Can you hold cutlery comfortably*
- * *Can you cut up food unaided? Are you restricted in what you can eat because of this?*
-
- * *Do you need your face/clothing cleaned afterwards?*

Getting in or out of a chair

General

- * *Do you need support or help from someone to sit down/get up?*
- * *Does sitting and standing cause you pain and/or distress?*
- * *Do you avoid moving if you can help it?*
- * *Do you need to sit in a chair with arms?*
- * *Does your seat have to be raised as you cannot lower yourself very far?*

Moving about indoors

General

- * Do you need help to get in or out of a chair?
- * Is it painful to move around?
- * Do you hold on to the furniture and doorways when getting about?
- * Do you find it difficult to stand for any period of time because of pain/discomfort?
- * Do you lack motivation to do anything?
- * Do you have to move slowly?
- * Do you sit around all day because it is too painful to attempt anything?
- * Do you have to ask people to fetch things like drinks or sweaters?
- * Do you stay in bed for most of the day to avoid getting up?
- * Do you get tired very quickly and have to take frequent rests?

Mental Health Issues

Does mental illness cause poor concentration, do hallucinations/voices dominate your thoughts or does medication affect balance and perception? Do you lack motivation or inclination to do simple tasks? If so, outline the problems you have moving around indoors.

Using stairs

- * *Do you find it difficult to use the stairs because of pain or discomfort?*
- * *Do you have to have support to help you climb the stairs?*
- * *Have you stopped using the upstairs of your house because it is too much to use the stairs?*
- * *Do you have to go up or down stairs on your bottom?*
- * *Have you special stair rails fitted?*
- * *Does it take you a long time to go up or down stairs?*
- * *Do you have to stop on the stairs to take a rest or relieve pain/discomfort?*

Taking tablets, medicines or other medical treatment

General

This section includes help needed to put on corsets, support tights, change dressings, rub in ointments, etc., *plus* any physiotherapy needed.

- * *Do you forget to take medicine?*
- * *Do you then take too much/not enough medication?*
- * *Is this affecting your health?*
- * *Can you see which tablets are which?*
- * *Can you read labels on medication?*
- * *Can you open medicine containers?*
- * *Are you sure of the dosage you are supposed to take?*
- * *Do you need help and prompting to get to see your GP, optician, dentist, chiropodist etc?*
- * *Can you put your own eye drops or eardrops in?*
- * *If you are diabetic do you need help to test your blood sugar levels?*
- * *Do you need help to take insulin injections, use inhalers, a nebuliser, oxygen treatment or similar?*
- * *Can you change your own dressings?*
- * *Do you have problems swallowing tablets?*
- * *Do you need help with speech therapy/physiotherapy?*
- * *Do you need help with seeing a psychiatrist/counsellor?*
- * *Does taking medication have negative side-effects?*

Mental Health Issues

Taking the correct medication at the correct time can often be vital in keeping someone out of hospital or institutional care. If this is the case, it must be emphasised. You will need to make clear the need for constant support and encouragement to follow your treatment and what would happen if you failed to do so.

For example:

“If I stop taking my medication I become very ill. This has resulted in me breaking up furniture, cutting myself and smashing windows.”

“I have to be reminded and cajoled into taking my medication as I’m not aware when I start to get ill.”

If you need regular tests, eg - blood tests, make a separate note of this. Manic depressives may fail to take medication to bring on a “high”. Other people may not take medication because of the unpleasant side effects such as drowsiness, weight gain or agitation. Stopping medication, however, can often lead to a rapid deterioration in someone’s condition leading to hospitalisation. If this applies to you, say so. Describe any side effects you experience.

If someone has to loosen the top of a container, put the tablets out for you, or make sure you take the right medication at the right time, then you need help taking medication.

Seeing or Hearing

- * Are you unable to see/hear?
- * Do you need someone to tell you someone is at the door?
- * Do you need people to repeat things several times?
- * Do you need help moving around because you have difficulty seeing?

Communication

- * Do you need someone to attract your attention before they speak to you?
- * Do you need people to write things down to make sure you fully understand things?
- * Do you need someone to make or take phone calls for you?
- * Do you need help with forms or correspondence?

You may have difficulties with communication for a variety of reasons. It may be particularly useful for you to have somebody who knows you well to help complete this part of the form. Remember to include difficulties that you have with all aspects of communication, i.e. speaking, hearing, reading, concentration, and understanding. Think of real situations you have been in, and record the difficulties that you encountered. You may require aids to help you communicate e.g. hearing or speech aids. These should be listed. If you avoid contact with other people unless you have someone you know with you, try to explain why this is. If you have a sensory impairment such as poor hearing or eyesight, these will make other day-to-day situations hazardous. You will need to include these in other relevant sections (e.g. moving about indoors, preparing a cooked main meal).

Need encouragement to look after yourself

- * Do you neglect your personal hygiene?
- * Do you sit around all day in your nightclothes?
- * Have you lost all interest in looking after yourself?
- * Do you need reminding to wash/shave/take care of your appearance?
- * Do you need prompting to change your clothes and put on clean clothes?

Help to pursue religious activities, interests and hobbies

This aspect of daily life is accepted as giving rise to care needs for AA purposes. Having difficulties with this aspect of your life alone is unlikely to be enough to qualify you for benefit, but if added to problems falling under any of the above headings, may make a difference to the level of award that you are given.

You may have a disability or health problem that prevents you from pursuing religious or social activities, or reduces your opportunities for doing these. Social interests can be quite broad. This heading is a little misleading, as it can include activities that you might pursue at home, i.e. hobbies and interests.

Be sure to think about all of the difficulties that you may need help with, and how somebody may be able to help. This could include:

- * *Providing instruction, direction, or encouragement.*
- * *Looking out for you, to avoid or alert danger.*
- * *Providing you with the reassurance or confidence required to participate.*
- * *Providing physical or practical assistance, e.g. carrying equipment.*

As with other aspects of AA, these needs may arise from a variety of causes, i.e., physical disability, learning difficulties, or mental health problems.

SUPERVISION– This is someone watching over you to ensure your safety or the safety of others. If you need supervision with any items on the list you must indicate which ones and outline the reason why you need someone to watch over you, how long you need the supervision for. The supervision can be anticipatory but there has to be a real risk to your safety or the safety of others.

May fall or stumble

What is important here is not only how often you have fallen, but also the extent to which you are at **risk** of falling. Explain fully why you are likely to fall and give examples of when this has happened or has narrowly been avoided.

If you have no effective warning that you are about to fall, and this could happen at any time, you will probably need continual supervision to avoid this danger.

Provide as much detail as possible to show how often you fall and the dangers that will arise, e.g. injury, hypothermia etc.

If the only way to avoid falling is to stay in one place all day, make this clear on the form.

Roughly how often does this happen? If you are not sure put down the last time you fell, tripped or stumbled.

- * Do you avoid moving out of your chair if you possibly can?
- * Is there a risk that you might fall?
- * Can you manage steps and stairs safely if unaided?
- * Are you likely to trip or stumble due to you disability? (If you have had falls - give details, including the dates if possible)
- * Have you sustained any injuries?
- * Are there any particular reasons why you might injure yourself if you did fall?
- * Have you fallen and been unable to get up without help?
- * How do you manage to get up - is this very difficult?
- * Does the risk of falling prevent you from doing things?
- * Is there anything about your home that presents particular dangers if you fall?

May bump into things

- * Are you blind
- * Are you unsteady on your feet?
- * Do you become confused and disorientated?

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,

- * *Do you have panic attacks?*
- * *Do you suffer from confusion?*
- * *Do you have hallucinations - auditory and/or visual?*
- * *Do you become aggressive or violent towards yourself/other people?*
- * *Have you left gas, cookers or fires unlit?*
- * *Do you leave doors unlocked?*
- * *Do you leave windows open?*
- * *Do you leave curtains open at night?*
- * *Do you eat food that is out of date?*
- * *Do you over-estimate your ability to manage without supervision?*
- * *Do you lack insight? Does this create risks?*
- * *Do you imagine things?*
- * *Are you vulnerable to exploitation?*
- * *Are you always losing things?*
- * *Have you locked yourself out of the house?*
- * *Do you become very distressed?*
- * *Do you have a tendency to fall or stumble?*
- * *Are you safe with electrical appliances?*
- * *What would happen if someone came to the door?*
- * *What would happen if there were a fire or other emergency?*
- * *Do you hear voices telling you to harm yourself or others?*
- * *Do you believe nothing can harm you, e.g. walking into the road?*
- * *Do you wander off?*
- * *Do you harm yourself, have suicidal ideas*

Have fits, dizzy spells or blackouts.

These include the symptoms of epilepsy, diabetes, certain mental health problems or anything else causing a loss of consciousness or altered awareness. It is important to make clear how frequently these occur and whether they are predictable. Even if they are not very frequent, if they come without sufficient warning you will need continual supervision.

- * *How long does the "fit" last?*
- * *How many fits have you had in the last 6/12 months?*
- * *Have you hurt yourself? Have you been taken to hospital as a result?*
- * *Do you suffer from incontinence or other problems at these times?*
- * *Is there a risk of you harming someone else, e.g. children?*
- * *Give full details of your condition including the type of fit or seizure you have.*

HELP NEEDED DURING THE NIGHT

There is no fixed definition of when night begins and ends. It depends on individual households. Night-time will normally start from the time the household goes to bed.

Help at night must either be *prolonged* (for at least 20 minutes) or *repeated* (twice or more). It is important therefore to time how long you need help or are given help and how often this happens each night.

The section on night-time care is similar to the part about daytime care and should be tackled in the same way. Use the same guidelines and again, don't be afraid to repeat yourself.

Don't assume that it will automatically be accepted that the help you need during the day will also be needed at night. There can be a general assumption that once someone is in bed, they need no help. If this is **not** the case, make this very clear.

If there are particular problems at night, highlight them - for example if you become disorientated or have stiff joints on waking up.

Remember, sleep is a bodily function. If you need to be helped back to sleep, note the total time spent by your carer. For example if you are incontinent, time how long it takes for your carer to get up, clean you, change your bedding and clothing, help you back to sleep and get back to bed themselves.

Mental Health Issues

Some people find the night more difficult to cope with than the day. Without support, many people find themselves having distressing thoughts. As a result, disturbed sleep patterns are typical.

What do you do if you can't sleep? Are you in danger, do you go outside, or pace around the house or have difficulty overcoming frightening thoughts or voices? Is there a danger that you will fall asleep with a lighted cigarette; if so, is there anyone else in the house who will also be in danger?

In cases of dementia or similar conditions, is the person aware of the difference between day and night? Will they wander in or out of the house? It is accepted that it is unreasonable to lock someone in their room at night, so what would happen if they were on their own?

Again help needed during the night is split into two categories, help with personal care and supervision to prevent danger to you or others.

Help with personal care

- * *Do you have difficulty getting in and out of bed?*
- * *Do you have to have help to get comfortable in bed or into a position that is beneficial to your illness or disability?*
- * *Do you have episodes of incontinence when in bed and need someone to help you wash yourself and change the bedclothes?*
- * *Do you fall out of bed and need help getting back in?*
- * *Do you have dizzy spells when you sit up?*
- * *Do you need help rearranging the bedclothes when you are in bed?*
- * *How long does it take you to get in and out of bed?*
- * *Do you have to get up several times through the night?*
- * *Do you need someone to bring you medication or drinks in the night?*
- * *Do you need help to use the toilet or commode during the night?*
- * *Do you become distressed and need comfort and reassurance to get back to sleep?*
- * *Do you need help emptying a bottle or commode during the night?*
- * *Do you wake during the night and have difficulty getting back to sleep because of anxiety/panic attacks?*
- * *Do you need a hot water bottle making to ease discomfort during the night?*
- * *Do you need painful areas massaging during the night to relieve pain?*

Supervision

“I need someone to be awake at night to watch over me” – The watching over must be prolonged and to prevent a risk of substantial danger, as with daytime supervision the supervision can be anticipatory but the danger must be realistic. Isolated, infrequent incidents do not count.

- * *Does your condition change during the night and you may become seriously unwell without someone watching over you?*
- * *Do you get up and wander about because of confusion or dementia?*
- * *Have you hurt yourself when wandering? Have you been taken to hospital as a result?*
- * *Have you a history of self harm/suicide attempts?*
- * *Is there a risk of you harming someone else?*
- * *Do you suffer fits, seizures or blackouts?*
- * *Do you become angry or aggressive easily?*
- * *Do you suffer anxiety/panic attacks?*

PART 8

This section can be used to detail any other information that you consider useful to your claim that you have been unable to add elsewhere. You can detail hospital admissions or operations you have had that demonstrate the seriousness of your condition.

PART 9

This part asks for the date that your difficulties began, for Attendance Allowance you must have had difficulties for at least six months before the date of your claim.

PART 10

This section asks for details of any hospital admissions or periods spent in residential care including respite care.

It also asks for confirmation of residency in Great Britain and any periods spent abroad during the past year.

This part also asks for details of any benefits that you or your partner receive or have made a claim for including Pension Credit, Income Support or Tax Credits. Because an award of Attendance Allowance can in some cases mean an increase in one of these benefits.

PART 11

Statement from someone who knows best how your illnesses or disabilities affect you

This section is optional but if there is someone who provides care for you on a regular basis or a health care professional who can comment on your care or supervision needs get them to complete this section.

Do not worry if you cannot get anyone to complete this part in time, it is more important to get the claim form back within the time limit and the DWP will contact the people you named in Part 5 for evidence concerning your claim.

PART 12

Making payments. The DWP will normally pay Attendance Allowance in the same way as they pay State Pension or Pension Credit, if you do not agree to this they will contact you about alternatives. Tick the appropriate box.

PART 13

This is your declaration that this is your claim for Attendance Allowance. You should read the declaration and sign and date the form.

PART 14

If you are sending any extra documents or sheets with your claim you should detail them here.