

Welfare

R I G H T S

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.

Questions 1 – 10 About You

This section concerns your personal details including name, address and National Insurance number. You must fill all of this section as comprehensively as possible. However you may decide not to put your phone number if you would have difficulty dealing with a phone call from the DWP. You could either not give a phone number or ask for any calls to go to a carer or relative. This section ascertains your eligibility for Attendance Allowance.

Question 11 – Signing for someone else

If you are just helping someone complete the form but they are able to sign for themselves ignore this part and move on to Question 12. 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 tick the appropriate box to indicate why they are signing the form and give their personal details.

If the person claiming does not know someone is signing for them, for instance they are unaware that they have a terminal diagnosis, or they are too confused to understand indicate the reason in the appropriate space. The DWP will not pass on any damaging medical information

Question 12 – Illnesses and Disabilities

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 third and fourth column asks you to list any medication you are prescribed, including the dosage and how long you have been taking the medication for. If you have a repeat prescription list from your GP you can send it with the form rather than complete this section. If you have an illness or disability that you are not prescribed any medication for still list it here. It is important to itemise all of the medication and treatment you receive even if you are not sure what it is for.

Question 13 – Someone You See About Your Illness or Disability

This section asks for information about anyone you see in connection with your illnesses or disabilities other than your GP. If you see a consultant, physiotherapist, CPN or any other professional you may write their name and address in the following spaces. You should indicate the illness or disability that you see them for and the frequency that you see them. The DWP may write to any of these people to request medical evidence to substantiate your claim. If you see more than one professional you can add their details at Question 45.

It is advisable to inform the person you see that you are naming them on your form and it is vitally important that they are fully aware of how your illness or disability affects you and the help you need from someone else as the DWP may contact them about this.

Do **not** worry if you do not see anyone apart from your GP about your illness or disability, if this is the case leave this section blank.

Question 14 – Help from Another Person

If someone helps you on a regular basis because of your illness or disability you should add their contact details, relationship to you and the frequency of contact here. The person could be a partner, family member, friend or neighbour or a carer or support worker allocated to you.

Again it is important to inform the person who helps you that you are naming them on your form and that they are fully aware of how your illness or disability affects you and the help you need from someone else as the DWP may contact them about this.

If more than one person helps you can add further details at Question 45.

Question 15 – About Your GP

This question asks for the details of your GP, put the name of the GP you see most or all of the time (although this will not always be the one who answers any enquiry form from the DWP, especially in large practices).

Again it is important to inform your doctor that you are claiming AA and that they are fully aware of how your illness or disability affects you and the help you need from someone else as the DWP should contact them about this.

Question 16 - Consent

This section asks for consent to contact any of the people you have named in Questions 13 - 15. 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.

Question 17 – Special Rules

If you are claiming under the Special Rules tick the appropriate box and then go to Questions 39 & 41 about hospital and residential/nursing care homes complete Question 42 if you receive Constant Attendance Allowance complete the payment method section and then go to Question 46 on page 28 sign and date the declaration and post the form with the DS1500 medical report (see the companion Guide *Disability Living Allowance & Attendance Allowance claims for the Terminally Ill* for more information)

Question 18 – Medical Reports and Care Plans

If you receive support from Social Care Services or CMHT you should receive a copy of your care plan. You can send a copy of the care plan with your claim form; this may help the DWP understand what sort and how much help you need. If the care plan does not accurately describe your needs or if you feel it is unhelpful you are not required to provide it. But you should be aware that the DWP may obtain this information independently.

Question 19 – Waiting Lists for Surgery

This question asks what surgery you are on a waiting list for, when you went on it and when you expect the operation to take place. In some cases you may be entitled to AA at present, but after surgery and recovery your entitlement may stop if the surgery is successful although this is not always the case.

Question 20 – Tests Because of Your Illness or Disability

This question asks about any tests you have had because of your illness or disability, if this is the case indicate the test and any results at this point.

Questions 21 to 23 – About Your Home and any Adaptations and Aids You Use

Questions 21 and 22 ask about where your toilet is and where you sleep in your house, whether upstairs, downstairs or elsewhere. This gives the DWP an idea about particular problems you may face from the information you give later on in the form about your disability.

Question 23 asks you to list any aids or adaptations you use and any difficulties you have using them. For example if you use a hoist you will need someone else to control it, or you may use a walking stick and you may have problems because it hurts your wrist after a while. List all of the aids or adaptations you use and any problems you have using them.

Question 24 to 34 – Help with Your Care Needs During the Day

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. 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.

Question 24 – Getting in and Out of Bed

If you have difficulty getting in and out of bed tick the appropriate box(es) that reflect your situation. If you need to go to bed in the day to relieve pain you should document how many times you need help.

If there is any other information you feel is relevant to your claim about getting in and out of bed add this in the box provided, this could be things such as:

- * *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 or stand up?*
- * *Do you have difficulty standing and keeping your balance?*
- * *Do you need someone to help with any part of the process?*
- * *Do you use furniture or a stick to help you get up*

If you use any aids or adaptations to help you get up make sure they are detailed in Question 23

Mental Health Issues

If you need encouraging 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 would you sleep for long periods without this help?

Question 25 – Help with Toilet Needs

If you require help with toilet or continence needs tick the appropriate box. Indicate how often in the relevant section.

Mental Health Issues

You may need encouraging and reminding to use the toilet. You may sit around in soiled clothing without someone to prompt and remind you to change.

If there is any other information you wish to add about your toilet needs write them in the box provided, for example:

- * *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? – make sure it is listed in question 23*
- * *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?*

Question 26 – Help with Your Personal Hygiene and Appearance

It is important to note that looking after your appearance includes:

- * *Washing face and hands*
- * *Stand-up washing*
- * *Bathing*
 - *Running the bath*
 - *Getting in and out of the bath*
 - *Washing yourself*
- * *Showering*
 - *Getting in and out of the shower*
 - *Washing yourself*
- * *Drying*
- * *Brushing teeth*
- * *Washing hair*
- * *Shaving*
- * *Combing/brushing hair*
- * *Putting on make up*

Tick the appropriate box if you need help with these tasks.

Find the best description(s) that reflects the help you need with maintaining your personal hygiene and tick the box(es). Indicate how often you need this help, make sure you indicate how many times accurately, for example if you suffer incontinence you may need help to wash/shower several times a day.

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, confusion and disorientation.

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.

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.

In the space for explaining anything else you may wish to tell them

- * *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?*

Question 27 – Help with Dressing and Undressing

Tick the appropriate box if you need help with these tasks.

Find the best description(s) that reflects the help you need with dressing and undressing and indicate how often you need this help.

In counting the number of times a day you need help for, include all occasions, so just changing your shoes or putting on a sweater will count as you needing help and you may need help to change your clothes several times a day, for example if you have continence problems.

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?

In the space for explaining anything else you may wish to tell them

- * *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?*

Question 28 – Help with Moving Around Indoors

Tick the appropriate box if you need help with these tasks.

Find the best description(s) that reflects the help you need with moving around outdoors and tick the box(es).

Mental Health Issues

Does mental illness cause poor concentration, are you confused and disorientated and unlikely to move around without prompting, or are you too active and need to be calmed down? If so, outline the problems you have moving around indoors.

In the space for explaining anything else you may wish to tell them

- * *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 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 your disability? (If you have had falls - give details, including the dates if possible)*

Question 29 – Falls or Stumbles

Tick the appropriate box if you are at risk of falling or stumbling.

In the space for explaining why and where you fall you may wish to tell them what happens if you fall or stumble and how many times a day or week this happens.

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.

- * *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?*

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

In the next section detail the help you need to get up after a fall. This could be that you cause considerable damage to yourself or are in great pain. Also you may be confused and disorientated and unable to work out where you are and what is happening. If you have broken limbs or had to go to hospital after a fall tell them here.

Indicate the last time you fell and how many times you have fallen in the last month or year.

Question 30 – Cutting up Food, Eating and Drinking

Tick the appropriate box if you need help with these tasks.

Indicate how often you need help with eating and drinking and/or cutting up food.

Mental Health Issues

In addition to the above, add any problems relating to lack of motivation and problems with memory and concentration. Will you go for long periods without eating properly? Is mental confusion preventing you from feeding yourself and as a result of any of these factors, are you losing/under weight? Indicate how often you need encouraging to eat.

In the space for explaining anything else you may wish to tell them

- * *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 cut up food unaided? Are you restricted in what you can eat because of this?*
-
- * *Do you need your face/clothing cleaned afterwards?*
- * *Do you need help locating food on your plate due to visual impairment?*

Question 31 – Help with Taking Medication or with Medical Treatment

If someone has to remind you to take your medication, 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.

Tick the appropriate box if you need help with these tasks.

If you need help with taking your medication or medical treatment tick the box(es). And indicate how often you need this help.

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 my condition deteriorating and me becoming very ill.”

“I have to be reminded and cajoled into having my injections 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. 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.

In the space for explaining anything else you may wish to tell them

- * *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 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?*
- * *Do you need help to take insulin injections, use inhalers, a nebuliser, oxygen treatment or similar?*
- * *Can you change your own dressings?*

Question 32 – Help with Communication

Tick the appropriate box if you need help with communicating with other people. Tick any of the boxes that you feel apply to your problems with communication.

Explain in the box the type of help and why you need assistance with communication.

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).

Question 33 – Help to Take Part in Hobbies, Interests, Social and Religious Activities

Tick the appropriate box if you need help with any of these activities indoors and/or outdoors.

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.

List the activity you participate in or would like to do if you had the help to enable you and then document the help you require to enable you to do it and how often.

You may have a disability or health problem that prevents you from pursuing social activities, or reduces your opportunities for doing these. Social interests can be quite broad, and includes for example, religious activities.

The form asks about activities that you might pursue at home, i.e. hobbies and interests and outside the home, i.e. attending social clubs, church or support groups. Think about things you used to do and can no longer do because of your disability or things that you do take part in but only with the help of another person or persons.

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.

Question 34 – Someone Keeping an Eye on You

Tick the appropriate box if you need someone to keep an eye on you.

Indicate how long you can be safely left alone for. This is a very difficult question to answer, if there is a significant risk that your condition could deteriorate rapidly without warning or there is a chance that you may come to harm without someone there all of the time you can put that you cannot be left alone, otherwise put the shortest amount of time that you can be safely left alone for.

Find the best description(s) that reflects the supervision/watching over you need from someone else and tick the box(es).

In the space for explaining anything else you may wish to tell them

- * *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?*
- * *Do you self harm?*
- * *Do you attempt suicide?*
- * *Have you left gas, cookers or fires unlit?*
- * *Do you leave doors unlocked?*
- * *Do you leave windows open?*
- * *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?*

Questions 35 & 36 – Help You Need at Night

Question 35 – Difficulty or Need During the Night

Tick the appropriate box if you require help at night.

Look at the list of types of help or assistance needed and write in the appropriate places how many times a night you need help for and how long you need the help. It is important to realise that help for a relatively short period of time or two or three instances of need during the night can mean entitlement to AA.

Mental Health Problems

Are your memory and concentration severely impaired and you need prompting and reminding about your toilet needs, continence and medication or treatment.

In the space for any further information you may wish to consider

Turning over or changing position in bed and sleeping comfortably:

- * *Do you have difficulty sleeping because of pain or some other reason?*
- * *Do you wake through the night and have difficulty getting back to sleep?*
- * *Have you ever fallen getting in or out of bed?*
- * *Do you need help changing the bedclothes during the night?*
- * *Do you need help to get into a comfortable position to enable you to sleep?*
- * *How long does it take you to get to sleep?*
- * *Do you need help/massage due to cramps or pain during the night?*

With toilet needs and incontinence:

- * *Do you have to get up regularly through the night to use the toilet?*
- * *Have you ever fallen getting in or out of bed?*
- * *Do you need help changing the bedclothes during the night?*
- * *Do you need help to get into a comfortable position after you have been to the toilet to enable you to sleep?*
- * *Do you need help to use or empty a commode or bottle*
- * *Do you need to change your bedclothes because you are incontinent*
- * *Do you need help to change pads during the night*
- * *Does your bag burst or come unattached during the night and you need help sorting it out*
- * *Do you need help to get to the toilet safely*

With medication and treatment and therapy:

- * *Do you need someone to bring you medication or drinks during the night?*
- * *Do you need someone to help you put on and take off any equipment, eg oxygen mask?*
- * *Do you need someone make sure you are awake to take your medication?*
- * *Do you need someone to measure any dosage or ensure you take the right medication?*

Question 36 – Someone to Watch Over You During the Night

Tick the box if this applies to you.

Then look at the statements and tick any that apply to your supervision needs.

Indicate how many times a night and for how long someone needs to be awake to ensure you are safe.

In the space for adding any other information about your supervision needs you may wish to consider the following:

- * *Do you leave curtains open at night?*
- * *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?*
- * *Do you self harm?*
- * *Do you attempt suicide?*
- * *Do you over-estimate your ability to manage without supervision?*
- * *Do you lack insight? Does this create risks?*
- * *Do you imagine things?*
- * *Do you become very distressed?*
- * *Do you have a tendency to fall or stumble?*
- * *What would happen if there were a fire or other emergency?*
- * *Do you hear voices telling you to harm yourself or others?*
- * *Do you wander off at night, either in the house or outdoors?*
- * *Do you need someone to check your breathing when you are asleep?*
- * *Do you need someone to regularly check that your condition has not deteriorated during the night?*
- * *Do you need someone to check that you are still in bed, asleep?*
- * *Do you have fits or seizures during the night?*

Question 37 – Anything Else

If there is anything else you feel that will help your claim and explain how your disability means you need help or supervision from another person you should document it here. It could be that your condition fluctuates and you need more help on some days than others.

Question 38 – When Your Care Needs Started

Write the date that your care needs started, if you cannot remember, the month and year or even the year should suffice. To qualify for AA you must have needed help for at least 6 months.

Question 39 – Are You in Hospital/Care Home Now?

This can be NHS Hospitals, residential and nursing homes, hospices or something similar.

Tick the appropriate box and indicate the date that you went into hospital/care and write the name and address of the establishment.

Indicate whether your stay is being funded by the NHS or your local authority as this has a bearing on whether you can be paid AA.

Question 40 – Have Come Out of Hospital/Care in the Last Six Weeks?

Tick the appropriate box and if you have just come out of hospital or care and write the dates of admission and discharge and the name and address of the establishment.

Again this can affect when and if you can be paid AA.

Question 41 – Hospital Stays in the Last Two Years

Indicate if you have been in hospital in the last two years and for what reason

Question 42 – Constant Attendance Allowance

Indicate if you receive War Pension or Industrial Injuries Disablement Benefit Constant Attendance Allowance

Question 43 – Payment

Indicate whether you wish to be paid in the same way as Pension Credit or State Retirement Pension.

Question 44 – Statement From Someone Who Knows 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 earlier in the form for evidence concerning your claim.

Question 45 – Any Other Information

This part and the section over the page on page 29 is for you to add any further information to help your claim and to put any information down that you could not fit in any of the earlier sections, eg. details of any professional you see about you condition if you see more than one and there was not enough room to write them in.

Question 46 – Declaration

This is your declaration that this form is your claim for AA and you understand and will comply with the rules. You should sign and date the form and return it to the DWP in the envelope provided.

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