

**Welfare**

**R I G H T S**

***Completing  
Disability Living Allowance  
Claim Forms***

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# 1. INTRODUCTION

## i. Objectives of this briefing note

The claim forms for Disability Living Allowance (DLA) 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 DLA 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 / mobility needs;*
- \* *Inaccurate estimation of walking distances;*
- \* *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 *Disability Living Allowance, what is it? How to claim.*

## ii. Claim forms covered by this briefing note

**DLA1A Adult** Disability Living Allowance for claimants aged 16 - 64

## iii. Mobility and care needs - general points

### ***Higher rate mobility component (age 3- 65)***

Usually there has to be a physical cause of your mobility problems, unless you have severe learning disabilities and you exhibit challenging behaviour.

### ***Lower rate mobility component (aged 5 - 65)***

This is for people who can walk, but need guidance or supervision to do so. Guidance may involve physically leading a person, giving them directions or persuading them to walk. This may include guiding the person to a destination or helping them to avoid obstacles or danger from traffic.

### ***Help with your care needs sections of the form.***

These sections consider the help that you need with your personal care. The DLA forms are long but don't be put off. Many of the questions are straightforward and some parts only require you to tick a box. 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.

Most sections ask you how often, and/or how many days per week you need help. If some days are better than others, or your condition fluctuates, then describe your care/mobility problems and then give average figures over the day and week. For example, if you tend to be well for one month then unwell for a month and this pattern continues, then state that you need help 3 to 4 days per week.

#### **iv. Help 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 sections on night-time care are similar to the parts 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?

For a more comprehensive guide to completing the DLA claim form see the **Disability Living Allowance - Completing the Claim Form for People with Mental Health Problems** Briefing Notes

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*On the following pages there is an overview of the new DLA1A (introduced in October 2008) and included are some questions and prompts to help you to complete the forms. 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 a 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.*

*It is important to complete **all** of the sections that apply to you.*

## THE NEW FORM

The new DLA form differs from the old one. In an attempt to simplify the claim process there are a lot more tick-boxes so that specific questions about particular problems can just be ticked. This does not mean that you should just tick the box or boxes that apply to you and move on to the next question. There is space provided to enable you to explain how your disability affects your care and/or mobility needs. It will help your claim if you can give more information or examples about the help you need. **REMEMBER** it is the help you **NEED** not the help you get.

## ABOUT YOU (page 1)

### Questions 1 – 10

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 Disability Living Allowance.

**Question 10** asks about the type of accommodation you live in.

**Question 11** asks where the toilet is in your home and where you sleep. 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 12** concerns anyone who is signing the form for someone else. This can be because they are unable to understand their claim due to their illness or disability or they have a terminal illness and are unaware of the prognosis. If you are just helping someone complete the form do not complete this section, it is only for those who are signing on behalf of the claimant. If this is the case, tick the relevant box and give your personal details in the appropriate section.

## ABOUT YOUR ILLNESSES AND DISABILITIES AND ANY TREATMENT OR HELP YOU RECEIVE (page 4)

**Question 13** asks you to list details of your illnesses or disabilities and any diagnosis you have. It is in box form and asks for the details including how long you have had a particular illness and any medication you are prescribed for it. If you have an illness but are not prescribed any medication this does not matter you should still list it in one of the boxes. This part also asks what dosage of any medication you are advised to take, this information can be found on the box or bottle that your medication comes in or alternatively you can send a prescription renewal slip with the claim form if you are on repeat prescriptions. Medication is not just pills, include creams, inhalers, eye and ear drops etc.

**Question 14** asks about anyone you see in relation to any of your illnesses or disabilities, this can be consultants, occupational therapists, physiotherapists, CPNs, Social Workers or any other professional involved in your treatment. Give the details of the professional and if you see more than one provide their contact information in Question 61. Ensure that anyone you name on the form is aware that you are making a claim for DLA and that they are aware of how your illness or disability affects you.

**Question 15** Asks about anyone who helps you because of your illness or disability. This can be anyone who provides help whether a carer or a family member. Again make sure the person is aware that you are naming them on your form and are fully aware of your problems.

**Question 16** Asks for details of your GP. Again it is important your GP is aware of the problems caused by your illness or disabilities. You may not see your GP very often if you just get repeat prescriptions so it may be worthwhile to make an appointment to see them to inform them of your problems.

**Question 17** asks you to give consent for these people to be contacted; it is advisable to give consent as this will help the DWP to make their decision. Tick the appropriate box sign and date.

**Question 18** is if you are claiming DLA under the Special Rules – see the companion guide *“DLA & AA for People who are Terminally Ill”* in this series. If you are claiming under the Special Rules you do not need to complete the sections concerning your care needs (questions 23 – 54). However if you have mobility problems you will still need to complete these questions.

Complete the form from question 55 onwards and send in the DS1500 if you have it.

**Question 19** asks if you have any reports about your illness or disabilities, this such as care plans or general reports. If the reports you have do not reflect your present problems leave this part blank, but you must be aware that the DWP may be able to obtain any reports or care plans anyway.

**Question 20** asks if you are on the waiting list for any surgery. Tick the appropriate box, and if you are waiting for surgery give details where appropriate.

You may be entitled to DLA but after surgery you might be expected to improve so this may give the DWP an idea of any length of award they may wish to make.

**Question 21** is concerned with any tests that you have undergone because of your illness or disabilities. Tick the appropriate box and give details of any test results. If you cannot remember or do not know do not worry and ignore this part, it is more important to get the claim form back. The DWP can contact the people you named in questions 14 – 16 if they want more information.

**Question 11** asks about any aids and adaptations you use because of your illnesses or disabilities and any problems you have with these. The example given is a hoist with no problems, however if you need a hoist you may need someone else to work it so this would be a difficulty. List your aids and adaptations and any problems you have with them.

## GETTING AROUND OUTDOORS (page 11)

There is **no fixed** walking distance beyond which you cannot get the Mobility Component. The time taken, speed and manner of walking are all factors which have to be taken into account.

**Question 23** asks *“Do you have physical problems that restrict your walking?”* if you answer yes you are directed to **question 24** to give details of how your disability affects your ability to walk. If your disability does not restrict your ability to walk proceed to **question 31**

**Questions 24 – 27** look at your ability to walk and how your disability affects the distance, the time, the pace and manner of your ability to walk. When answering these questions consider if your condition varies, eg due to time of day or weather conditions. If your ability to get about does vary, give an average – not your good days.

Any pain or discomfort that arises from walking is very important. The pain must be so severe that it means you have to stop and rest or recuperate. You may be in constant pain but the pain must get worse to the point where you have to stop.

Don't guess at distances - a hundred yards may be a lot further than you think! Use a recognisable landmark e.g. the distance to the shops or bus stop. If necessary pace out the distance or get someone to do this for you. The time taken to walk this distance is very important, again don't guess try to get as accurate a time as possible.

The next question looks at how long you can walk before you feel severe discomfort. Again it is important to give an accurate figure. People are very poor at estimating time and the number of minutes you can walk may be a lot less than you would estimate.

The next question looks at your walking speed. There are three choices, pick the one that most accurately describes you pace. If it is considerably slower than 40 metres per minute note this in the space provided. Even if you can walk at a normal pace it does not mean you will not qualify for the High Rate of Mobility because all of the factors should be looked at as a whole.

The next question asks about your gait or manner of walking, tick the box most appropriate or if the description of how you walk is not listed describe the way you walk as fully as possible in the box provided.

**Question 28** asks about any physical support you may need to walk. Tick the appropriate box and add any further information on the physical help that you require when walking.

**Question 29** asks how many days a week you have problems walking, if it is every day put 7. If the number of days varies put an average.

In **question 30** you are asked if you fall or stumble outdoors. 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.

You could fall because:

- \* *Your legs give way*
- \* *You stumble and trip over the pavement*
- \* *The pain become so bad that you collapse*
- \* *Your balance is extremely poor and you topple over*

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.

## HAVING SOMEONE WITH YOU WHEN YOU ARE OUTDOORS (Question 31 page 14)

If you need someone with you when outdoors in unfamiliar places, for example you suffer from agoraphobia or have panic attacks or have a learning disability or sensory impairment. Tick the box(es) that apply to you. In the space provided you can add any further information relevant to your situation.

Supervision can include:

- \* *someone keeping an eye on you, as you are likely to need help to continue walking or return home*
- \* *checking the route ahead for obstacles, dangers or places and situations which you will find difficult*
- \* *coaxing, encouraging, persuading or calming you down may count as supervision, even if actual assistance may only occasionally be required.*

As merely providing reassurance will not count as supervision, avoid using this term if this is not what you mean.

Guidance can include

- \* *Leading or directing*
- \* *Spoken suggestion*
- \* *Avoiding places that disturb or upset*
- \* *Persuasion*
- \* *Leading or persuading when disorientated or having a panic attack*

### ***Mental Health Issues***

People with a wide range of mental health conditions may be entitled to the lower rate mobility component; this includes conditions such as agoraphobia, anxiety states, manic depression, personality disorders etc.

Explain how your mental health problem affects your ability to get about outdoors, e.g.

*"I can walk to the local shops and doctor's surgery on my own, but not any further as I panic in places I do not know well and am likely to get lost or put myself in danger",*

or:

*"I won't go out by myself as I become paranoid when I meet other people."*

**Question 32** asks how many days a week you need this help for. If you cannot go outdoors unaccompanied then write 7 days, otherwise indicate how many and if it varies put an average

**Question 33** is space provided for any other information about your mobility problems you think may be relevant to your claim. You can explain how your disability affects your mobility, eg:

- \* *Where do you have pain? How bad is it?*
- \* *Do you get tired, short of breath, dizzy?*
- \* *Are there days when you cannot walk outside at all?*
- \* *How often does this happen?*
- \* *If your condition varies, you may be able to walk fine on one day but then you are unable to walk for the rest of the week due to pain/discomfort*

**Question 34** asks when the difficulties with your mobility began, if you cannot remember exactly, the month and year or even the year should suffice.

## HELP WITH YOUR CARE NEEDS DURING THE DAY (Page 17)

### SPECIAL RULES

If you are claiming because of the Special Rules you do not need to complete these questions proceed to question 55

#### During the Day

**Question 35** Help needed getting in and out of bed.

If you have difficulty getting in and out of bed tick the appropriate box. Then look at the different situations as to the type of help you need and indicate the frequency and the time taken each time you need help. Remember to record the whole process of getting in or out of bed. If you need to go to bed in the day for example 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 up?*
- \* *Do you have difficulty standing and keeping your balance?*
- \* *Do you need someone to help with any part of the process?*

#### ***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 sleep for long periods without this help?

### **Question 36** – Help with your toilet needs

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

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?*
- \* *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 37** – Help with washing, bathing looking after your appearance.

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

- \* *Washing face and hands*
- \* *Stand-up washing*
- \* *Bathing*
- \* *Showering*
- \* *Drying*
- \* *Brushing teeth*
- \* *Washing hair*
- \* *Shaving*
- \* *Combing/brushing hair*
- \* *Putting on make up*
- \* *Dealing with periods*

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 indicate how often and for how long you need this help. Remember to document the whole process from beginning to end.

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?*

### ***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.

**Question 38** – Help you need 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 the frequency and how long you need help for each time.

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. Do you have to change your clothes several times a day due to incontinence problems or due to excessive sweating.

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?*

***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?

**Question 39** – Help you need when moving about 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 indicate how often need this help.

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

### ***Mental Health Issues***

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

**Question 40** – Do you fall or stumble

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

In the space for explaining why, where and how often you fall you may wish to tell them that you fall because your legs go, you lose balance or some other reason. You need also to explain any injuries you have had or are at risk of incurring.

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. There maybe particular issues here due to the house layout eg risk of falls at the top of stairs or on stairs, or due to children in the house not clearing away toys or risk of tripping due to poor sight.

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.

**Question 41** – Do you need help at mealtimes?

This is a different test to the Disability Living Allowance Cooking Test. Eating as a *bodily function* is generally restricted to physical problems in actually getting food/drink to the mouth, rather than preparing a meal.

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

Find the best description(s) that reflects the help you need with eating and tick the box(es) and indicate how often and for how long you need this help for.

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?*

**Mental Health Issues**

In addition to the above, add any problems relating to lack of motivation. 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?

Clearly, those with an eating disorder such as anorexia/bulimia require special support; being told to eat; when to eat; and to make sure they eat appropriate amounts.

## Question 42 – help with medication or medical treatment

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

Find the best description(s) that reflects the help you need with medication or medical treatment and indicate in the box(es) how often and for how long you need this help.

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?*
- \* *Do you need help with physiotherapy?*
- \* *Do you need help with exercises?*
- \* *Do you need help with blood tests? (for diabetes for example)*
- \*

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.

### ***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 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. People with Bipolar Affective Disorder 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.

**Question 43** – help with communicating with other people

Tick the appropriate box if you need help with these tasks. Tick the box(es) that are appropriate about the difficulties you have.

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 44** – help to take part in hobbies, interests, religious and social activities

Tick the appropriate box if you need help with these tasks indoors and/or outdoors and indicate how long you need the help for.

This aspect of daily life is accepted as giving rise to care needs for DLA 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 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 DLA, these needs may arise from a variety of causes, i.e., physical disability, learning difficulties, or mental health problems.

**Question 45** – How many days a week do you need this help.

This question wants to know how many days a week you need help with care for, if you need some help some days and other help on other days and this adds up to 7 days you can put 7 days down. If you need help every day put 7 down. If your needs vary put an average

**Question 46** – Someone keeping an eye on you

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

This question asks how long you can be safely left alone for. This is a very difficult question to answer, supervision is not just about what will happen it is also about the risks that are likely to happen, so if there is a real possibility that you are at risk all of the time you can put you cannot be left alone. Otherwise put an estimate of how long you can **safely** be left 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?*

**Question 47** – How many days do you need supervision. If you need someone to watch over you all of the time or there is a serious risk of deterioration in your condition without warning you should put down 7 days, otherwise indicate how many days you need supervision and if it varies put an average.

**Question 48** – preparing and cooking a main meal

Tick the appropriate box if you need help with cooking and preparing a main meal for yourself.

Find the best description(s) that reflects the help you need with preparing and cooking a main meal and tick the box(es). Indicate how many days a week you need this help.

The test is whether you can cook a main meal for yourself. This involves planning a meal, identifying the correct ingredients, preparing vegetables, following a recipe and using a conventional cooker and ensuring all parts of the meal are ready at the same time. The ability to use a microwave is relevant only if you use the microwave to cook in a conventional way rather than heating up a ready meal.

If somebody cooks for you or you rely on snacks and ready meals, the test is still whether you **could** cook a proper meal for yourself. If you have never cooked for yourself it still applies and you need to state what you think you would have problems with.

The test looks at the physical and mental aspects of cooking i.e., the ability to physically prepare food, understanding hygiene, safety and how to get things in the right order.

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

- \* *Can you reach to take something off a shelf, or out of the oven?*
- \* *Can you hold and lift a hot saucepan?*
- \* *Can you open tins and containers?*
- \* *Can you stand long enough to complete the task?*
- \* *Can you move around the kitchen?*
- \* *Do you understand the order of preparing food e.g, drain the water before serving potatoes?*
- \* *Would you understand a use-by date?*
- \* *Could you read and understand instructions?*
- \* *Can you turn on a cooker?*
- \* *Would you understand the danger of hot water?*
- \* *Would you understand the danger of a lit/unlit gas ring?*
- \* *Can you concentrate long enough to complete a full meal?*

## ***Mental Health Issues***

The above list includes both physical and mental reasons why preparing a cooked main meal may be very difficult.

In addition people with some mental health conditions may lack the basic motivation to cook in the first place. You may be able to physically perform the various tasks required, but are not sufficiently motivated to do so. Explain in detail the assistance you need and how often you require it.

Other factors may affect your concentration e.g., being affected by voices or distracting thoughts, lack of confidence, being forgetful or leaving the cooker on/burning saucepans. Give examples of the problems you have.

If your main meals are not actually made at home, make that clear. The fact that preparing a main meal is not attempted does not weaken your case As long as there is a disability related reason for this. If you rely on re heating pre-cooked meals, have sandwiches, use meals on wheels, are fed by family or friends or go to the local drop-in centre, this should be noted.

Nutrition and hygiene should be mentioned here. Will you eat inappropriate food? This ranges from the wrong food for a diabetic to eating mouldy food.

## HELP WITH YOUR CARE NEEDS DURING THE NIGHT (Page 29)

Night in this instance means the normal time that your household has closed down at the end of the day.

**Question 49** – Do you have difficulty or need during the night.

Tick the appropriate box if you need help at night..

Find the best description(s) that reflects the help you need at night from someone else and tick the box(es). Indicate how often and for how long you need help for.

Toilet needs include getting to the toilet, using the toilet, commode, bedpan or bottle. The time taken should cover the whole process from the time you have to get up to go to the toilet to the time you get back into bed, or the time it takes to change your bedclothes and clothing and get comfortable in bed again.

Help with medication includes physical help in actually preparing and taking any medication, any help you need with a specific treatment or therapy eg oxygen therapy, any physiotherapy you need to keep airways clear etc. or any encouragement, prompting or reminding you need to make sure you take your medication

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

- \* *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?*
- \* *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 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?*

Provide as much detail as possible, describe the help you need fully and how long it takes.

## **Mental Health Issues**

If you suffer anxiety or have paranoid thoughts and find it difficult to get to sleep or you suffer from night terrors and have difficulty getting back to sleep and you need comfort and reassurance to keep you calm and make you feel safe and secure you should detail these needs at this point.

**Question 51** – Someone to watch over or supervise you through the night.

Supervision/watching over at night can be because you have a condition that needs monitoring regularly eg sleep apnoea, or you have mental health or learning disabilities or sensory disabilities.

Find the best description(s) that reflects the help you need at night from someone else and tick the box(es). Indicate how often and for how long for each time you need someone to watch over you and how many nights a week you need this help.

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

- \* *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?*
- \* *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 53** – Anything else you feel is relevant to your claim

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 54** – asks when your care needs started, if you cannot remember, the month and year or even the year should suffice.

## **TIME SPENT IN HOSPITAL OR CARE HOME (page 32)**

**Questions 55 – 57** are concerned with any hospital admissions or residential care, this is because the payment of DLA can be affected by any prolonged stay in hospital or a care home.

## **BENEFITS (page34)**

**Question 58** asks if you receive or have claimed certain other benefits. If you have claimed or receive any of the benefits listed tick the appropriate box.

## **MAKING PAYMENTS (Page 35)**

**Question 59** – Asks for your bank details where you want any payments of DLA to be made.

## **STATEMENT FROM SOMEONE WHO KNOWS**

**Question 60** – 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.

## **EXTRA INFORMATION (page 37)**

**Question 61** – There is space provided here for any other information to support your claim or to continue from where you needed more space in any other section. If you need more room there is further space for extra information on page 39 at the end of the form.

## **DECLARATION (page 38)**

**Question 62** is your declaration that the form is your claim for DLA 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.

There is space to list what documents you have sent with the form, if you are sending any documentation with the claim form list it here.

