

Welfare

R I G H T S

***Completing Disability
Living Allowance
Claim Forms
For People with
Mental Health Problems***

Introduction

This guide is designed to assist with completing the Disability Living Allowance claim form for people with mental health problems. It concentrates mainly on the actual claim form and information to support your claim.

There is a companion guide that looks at the rules and regulations that govern Disability Living Allowance claims called "What is it? And How to claim"

Completing Questions 1 – 9.

Questions 1 -9 of the Disability Living Allowance claim pack are relatively straightforward and ask mainly factually questions about your name, address, nationality etc.

Questions 10 – 11

Questions 10 and 11 look at the type of accommodation and where the toilet is and where you sleep in your home. These questions are more to do with physical disability but you should complete this section

If you do not go to bed and sleep downstairs for a lot of the time because of your mental health problems indicate it here.

Question 12 – Signing the Form for Someone Else

Only complete this section if you are actually signing the form on behalf of the claimant. For example if you are the appointee or your have power of attorney for them or they are so mentally distressed that they are unable to manage their own affairs. Do not complete this section if you are only assisting them in completing the form.

Questions 13 – 22 About your illnesses and disabilities and the treatment and help you receive

Question 13 - About your illnesses or disabilities?

Any award of Disability Living Allowance will be based on your health problems. If you have been given a diagnosis by your doctor or consultant write this in here. If there is no specific diagnosis you can simply write mental health problems in this box. If there are physical health problems do not forget to give details of these.

List all your medication and tablets and where possible how much and how often they are taken, you can attach a repeat prescription form if you have a spare one. Also list any other treatment or support you receive, e.g. seeing someone from the Community Mental Health Services on a regular basis or counselling and therapy.

Question 14 – About who you see because of your illnesses or disabilities

This question asks for the contact details of anyone you see or have seen in the past year in relation to your illnesses or disabilities. This could be a consultant, CPN, Therapist or any other professional you see because of your condition. If you see more than one person you can add their details on Question 61 – Extra Information.

The DWP may contact the people you name so make sure they are aware of how your condition affects you on a daily basis and what you can and cannot do because of your condition.

Question 15 – Does anyone help you?

This question asks if anyone helps you because of your condition. This could be a partner or other family member or even a friend or neighbour. If you have a carer or support worker they should also be listed here.

Again if more than one person helps you you can add further names at Question 61.

Also make sure the people you name are aware that you are naming them on your claim form and that they are fully aware of the way your condition affects you.

Question 16 – Your GP

Question 16 asks for the contact details of your GP

Make sure your GP is aware of how your condition affects you and the help you need to enable you to function

Question 17 – Consent

This question asks you to give consent for the DWP to contact the people you name on the form. It is advisable for you to sign and date the authorisation as contacting the people involved in your treatment and care should help the DWP to make the correct decision regarding your claim for DLA.

Question 18 – Special Rules

Only tick this box if you are claiming DLA under the Special Rules (that you are terminally ill) see the companion guide *DLA and AA Claims for the Terminally Ill* available on the *Leicestershire County Council website*.

Question 19 – Reports and Care Plans

This question asks if you have any reports about your illness or disabilities, this can include 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.

Questions 20 – 22 are really aimed at people with physical disabilities – if you only have mental health problems just tick the no box and continue.

Question 20 – Waiting List for Surgery

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 – Tests

This question 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 22

This question 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.

Completing Questions 23 – 54

This section asks for details on how your illness or health problems affect your everyday care, supervision and mobility needs. It is important to describe the help that you actually need, rather than the help you receive.

You may find that you are repeating yourself in different sections. This is fine, it is better to put in too much information than miss out any details on how the condition affects you.

For each section we have tried to put statements or questions which act as a prompt to help you complete the form as successfully as possible.

Questions 23 – 34 Getting Around Outdoors

Questions 23 – 29 Physical Problems with Walking

These questions only apply if you have physical problems with walking.

Question 30 – Falls or Stumbles

This is not usually relevant to mental health problems. However, some people may have problems with the side effects of medication making them dizzy or perhaps panic attacks leading to falls.

If this applies tick the appropriate box

Why do you fall?

Explain where you may fall or stumble, if it is everywhere or anywhere or on uneven road surfaces, kerbs or in crowded shops and streets.

Give any examples of times that you have fallen or stumbled and the consequences.

This might be because:

- My medication causes dizziness/blurred vision/trembling
- I experience panic attacks that make me feel dizzy/weak
- I am distracted by voices/thoughts that make me lose concentration and I bump into things/trip

How often do you fall?

Include all falls or stumbles indoors and outdoors. Indicate how many times a day or week.

Do you need help after a fall?

Tick the appropriate box and describe the help you need and if the symptoms occur inside and/or outside. Explain if you injure yourself or become disorientated after a fall and need help to recover.

Question 31 – Having Someone with You

This is an important page. If you only complete this page in the whole pack this may lead to an entitlement to the Mobility Component at the low rate.

In this page you need to describe the problems that you have with walking in places that are unfamiliar. The person may be able to go to lots of places near their home, like the post office or shops, but how would they cope if they had to go to somewhere like Birmingham and get about without someone's help or assistance.

Leaving the House

- I have to be encouraged to go
- I feel too tired and lethargic to leave the house
- I worry for days if I know I have to go somewhere
- I get panicky/anxious before I go
- I do not sleep the night before
- I feel/I am sick beforehand
- I have to prepare myself/things in a certain order
- If I do it wrong I have to start again
- I have to check and recheck things

Coping with being Outdoors

- I get panic/anxiety attacks
- I get breathless/tearful/angry/ill
- I am not safe
- I hear voices/have disruptive thoughts that effect my concentration
- I think people are looking/talking about/laughing at me
- I have shouted at people
- I have to get to a place of safety
- I have to have company
- I get confused/disorientated in unfamiliar places
- I am afraid of open spaces/crowds

Describe in your own words the help you need whether it is someone to make sure you or members of the public are kept safe or that you need encouragement to go outdoors. Explain if you need someone to keep you calm if you feel anxious, panicky or aggressive. You may need help if you become lost, confused or distracted.

You may also wish to add examples of particular dangerous or distressing situations you have found yourself in as a result of you mental health problems.

Question 32 – How many days a week do you need someone with you when you are outdoors?

Even if you never go out because of your condition it does not matter. The test is if you have the help you need to go out every day on how many days would you need help. If it is every day then write 7 days if it is less write that amount. Anything less than 5 days a week is less likely to count.

Question 33 – Anything else

If there is anything else that you wish to add or there was not enough space in previous questions write the information here.

Question 34 – When your walking difficulties started

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

Questions 35 – 48 Help with your Care Needs During the Day

Question 35 – Getting in and Out of Bed

Tick the relevant box.

Do you have difficulty getting up in the morning or going to bed at night? People with mental health problems tend not to have physical difficulties with being able to go to bed or get up; the problems are generally due to motivation and interest.

Getting up in the Morning

- I need prompting encouragement to get up
- I feel safer/hide away in bed
- I stay in bed all day
- I go back to bed during the day
- My medication makes me sleepy
- I sleep so poorly that I am exhausted in the morning
- I see no point in getting up

Going to Bed at Night

- I need encouragement to go to bed
- I put off going to bed as my anxiety/agitation get worse at night
- I sleep downstairs
- I am scared of dying in my sleep
- I am not tired/too high to go to bed
- My medication causes insomnia
- I lose track of time

How often? This is difficult to define. Do you only need someone to prompt you once or do you need constant encouragement. Would you go back to bed without someone there to make sure you stayed up? This could range from once to throughout the day.

How long each time? Again this is difficult to say. Does it take just 5 minutes or do you need constant badgering to get up or go to bed. Put down how long, if it varies put an average.

Explain in the box the help you need to go to bed or get up in the morning. Give any examples of things that have happened because you find it difficult to get up or go to bed. Do you lack motivation or inclination to get up/go to bed? Do you need encouragement and prompting to get up/go to bed? Would you stay in bed if someone did not persuade you to get up? Would you stay up all night if you were not prompted to go to bed?

Question 36 – Help with Toilet Needs

This section is often not relevant for people with mental health problems and is more likely if people have problems such as incontinence. However, think if you are sometimes so anxious that you may have had an accident, or if your medication makes you so sleepy that you haven't woken up and experienced problems. Other issues could be where people don't use the toilet properly due to self-neglect or incomplete self-awareness.

Question 37 – Washing, Bathing and Looking after Your Appearance

Do you have problems with washing and bathing and generally taking care of your personal hygiene? These issues can be due to motivation and inclination to deal with personal care or to stop any repetitive compulsive behaviour.

Tick the appropriate box

- I need motivation/encouragement to get washed/bathe/shower/shave/clean my teeth
- I forget to wash/bathe
- I hate (certain parts of) my body
- I do not wear /cannot get rid of tampons/towels
- I lack self esteem
- I am too low to care about my personal hygiene
- I feel the need to wash/bathe/shower very often
- I have to do things a certain way and a certain number of times
- I scrub my skin red raw/until it is sore
- My medication makes me sweat so I have to wash more often

How often? How many times a day do you need reminding or encouraging?

How long each time? Include the time taken to motivate or encourage you to wash or bathe. It may also include the time taken to get undressed, bathe, dry yourself and get dressed again.

Explain the help you need with dealing with your personal care. Do you need motivation and encouragement to wash? Do you need reminding to take a bath? Does someone have to stop you from doing something too many times so that you do not injure yourself?

Question 38 – Help with Dressing & Undressing

Do you have problems getting dressed or undressed? Do you need motivation or encouragement to get dressed/undressed? Do you need help choosing appropriate clothing?

- I forget to put on clean clothes
- I go to bed in my clothes
- I sit around all day in my nightclothes
- I lack motivation/am too low to get dressed
- I see no point in getting dressed
- I have difficulty choosing what to wear
- I wear inappropriate clothes
- I have to dress/undress in a certain way
- I find it too much of an effort to get dressed
- I lack self esteem
- I do not care what I look like
- I wear baggy clothes to hide my body

Tick the appropriate box.

How often? Is it just twice a day? Do you change your clothes too often? Indicate how many times a day.

How long each time? How long does it take for someone to make sure you get dressed in appropriate clean clothing and get undressed at night? If you have to get dressed in a certain order, how long does this take? Include the time it may take for someone to motivate or encourage you to get dressed/undressed.

Explain the help you need to make sure you get dressed or undressed appropriately. Do you need someone to remind you to change your clothes? Do you need to be advised to wear proper clothing for the weather? Do you need prompting and encouragement to change your clothes/get dressed/get undressed. Do you need motivation to wear clean clothes and take an interest in your appearance?

Question 39 – Moving around indoors

Although people may be able to physically move about they may need encouragement or prompting to do this.

- I sit in a chair all day
- I go back to bed in the day
- I have no energy/motivation to do anything
- I pretend to be out
- I lose track of time
- I fall asleep during the day
- I am too depressed/low to move
- My medication makes me tired/lethargic
- I suffer panic anxiety attacks
- I must do things in order
- I try to do too much/cannot finish anything I start as I lack concentration
- I have to be clean all of the time
- I experience distracting thoughts/voices
- I think I am being watched
- I get aggressive/violent
- I sit for hours thinking repetitively/obsessively and do not move

Tick the appropriate box

How often? Count all the times you would benefit from help. If this is difficult to answer, write “throughout”, “frequently” or “at regular intervals throughout the day”.

Explain the help and care that you need. Do you need motivation and encouragement to do simple tasks or move around? Do you need someone to help you concentrate to finish what you are doing? Does it help to have company to break the chain of obsessive thoughts, lift your low mood or calm your anxiety? Do you miss meals, appointments or medication because you stay in the same place all day? Do you become more isolated, depressed or anxious?

Question 40 – Do you fall or stumble?

You may not necessarily fall or stumble because of your mental health problems but you may suffer dizzy spells, blackouts, fits, seizures or something like this because of it or because of your medication.

What happens when you fall or stumble?

- My medication makes me dizzy/feel faint
- I feel dizzy/faint during a panic attack
- I feel dizzy/faint when I am confused or disorientated
- I lose my balance and fall
- There is no warning to when I feel dizzy/faint – it can happen anywhere at any time
- I have to sit down/lie down after a dizzy spell or feeling faint

Do you need help to get up after a fall?

Are you confused and disorientated after a fall, do you injure yourself when you fall. Do you need comfort and reassurance after a fall.

Indicate when you last fell or stumbled

How often do you fall or stumble? If this varies give an average. If dizziness, blackouts or fits could occur at any time the answer is “throughout” or “frequently”.

Question 41 – Cutting up Food, Eating or Drinking

Do you have problems at mealtimes? Do you only eat junk food/snacks? Do you need to be encouraged, reminded or told to eat?

- I have little or no appetite
- I need encouragement to eat regularly
- I need encouragement to eat properly
- I do not eat for days
- I think people are trying to poison me
- I have certain rituals concerning meals
- I do not have mealtimes
- I feel too depressed/tired/lethargic to eat
- I forget that I have eaten
- I binge on food then make myself sick
- I take diuretics/laxatives after eating
- I constantly think about food and the effect it has on me
- I want to harm myself/I feel disgusted/depressed after eating
- I get upset by the mess – I want to clean up before I have eaten
- I get too anxious/excited to eat
- I avoid eating meals

Tick the appropriate box.

How often? If it is at every mealtime put this down. If there is a risk that you would binge eat write throughout the day. Remember to state if you have to eat frequently during the day or if you starve yourself and your thoughts are constantly about food and its effect on you. If your condition varies give an average.

How long each time? If someone helps you how long do they spend doing this? If you constantly obsess about food or would binge eat if unsupervised you may answer “throughout” or “frequently”, otherwise put how long it takes for the whole process of encouraging/reminding to eat to you have finished the meal.

Explain what help you need at mealtimes. Do you need to be encouraged to eat a balanced diet? Would supervision help you to stop making yourself sick after a meal? Does it help if someone prepares food for you? Do you only eat snacks/junk food or not at all?

Question 42 – Help with medication or Treatment

Taking the correct medication at the right time can often be crucial in ensuring people’s conditions do not deteriorate and making sure that they do not need to come into hospital.

- I forget if I have taken my medication
- I refuse to take my medication
- I am unaware when my condition deteriorates
- I have to have depot injections
- I over medicate myself
- If I do not take my medication my behaviour changes dramatically
- My medication makes me feel tired/lethargic/confused/disorientated
- My medication causes involuntary movements
- I have deliberately taken an overdose
- I feel better if I stop taking my medication

Tick the appropriate box

How often? If you need prompting or reminding every time you need medication answer the number of times you have to take your medication. If you need reminding that you have all ready taken your medication and you may overmedicate the answer is “frequently” or “throughout the day”. If your condition varies give an average.

How long each time? If this varies give an average or give a range of times.

Describe the help you need with your medication during the day and or night. Do you get confused as to whether you have taken your medication or not? Do you get too tired or low to take your medication? If you take too little or too much medication does it seriously compromise your safety or that of others? Does your behaviour change do you suffer withdrawal symptoms? Does it help if someone reminds you to take your medication? Does it help if there is someone there to make sure you do not take too much medication, accidentally or deliberately? Give any examples of instances where you have experienced problems because you have taken too little or too much medication.

Question 43 – Help with Communication

Do you have problems communicating with other people? Do you isolate yourself because of your mental health problems? Do you have difficulty dealing with your mail or filling out forms? Are your problems due to medication?

- I am too tired or low to talk to people
- I lack self esteem
- I lack concentration to allow me to follow the thread of a conversation
- I do not trust people
- I avoid people
- I forget things I have been told
- I feel self conscious around people
- I cannot talk to strangers
- I find it difficult to talk to my family and friends
- I become irritable frustrated
- I get anxious/panic attacks if I have to meet people
- I get tearful when I talk
- The voices stop me listening/tell me things about people
- I do not answer the door
- I do not answer the telephone
- I I get confused/frustrated filling out forms
- I have no social life
- I avoid new situations
- I do not open my post
- When I am high I spend all of my money

Tick the appropriate boxes that apply to you.

Explain how your problems communicating affect your life. Do you get friends or family to call at certain times so that you will answer the door/telephone? Have you stopped going out or to places/activities because of your problems communicating? Have you lost touch with friends or family? Give any examples when communicating with people has been particularly difficult or has caused specific problems.

Do you write letters or use the telephone to avoid meeting people face to face. Do you have a spy-hole in your door so that you can avoid answering the door? Do you use your answerphone/call screening to avoid talking to people you do not want to speak to.

Question 44 – Taking Part in Hobbies, Interests, Social or Religious Activities

Give examples of what you would do (you do not need to do the activities) if you had the help you need.

At home could mean having friends/family round for a meal, gardening decorating, or even watching the television if someone being there would help your concentration

Going out can include going to the cinema, theatre, into a city centre shopping or any activity that you are not able to perform.

What help do you need from another person? Detail what help or support you need and whether it is encouragement, prompting, supervision to ensure you safety and security, helping you to keep calm, help to concentrate

How often would you do this and how long would you need this help? How often would you like to do these things or how often do you do them with help. If this is something you would like to do more than once a day then say how many times. Do you need help all of the time with the particular activity or just setting up or putting away?

Questions 45 – How many days a week.

This question asks how often you have the problems you have documented, generally less than 4 or 5 days a week will not count. 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

Do you need someone to keep an eye on you to make sure you or the public are safe? This can be both indoors and outdoors.

- I become anxious or distressed if left alone
- I am at risk if left alone as I leave cookers/taps on leave cigarettes burning
- I have tried to kill myself/plan how to kill myself
- I cut/burn/hurt myself deliberately
- I do not eat healthily
- I make myself sick
- I get angry/frustrated/scared and smash things or hurt people
- I hear voices that tell me to do things
- I believe I can do anything
- I lack concentration/am confused and am not aware of potential dangers
- I think people want to harm me
- I neglect my physical health
- I become confused and wander off
- I do not believe I am ill/do not realise when my symptoms are getting worse
- I go on spending sprees
- I have to be taken to hospital when I am ill
- I am vulnerable/have damaging relationships/friends

Do you need someone with you to keep you from coming to harm? Do you need someone to stop you becoming aggressive? Give examples of times when you were put at risk of harm because of you mental health problems. Give reasons why having someone with you would make it less likely that you come to any harm or harm others.

How long can you be safely left for at a time? Think about how long you could be left without experiencing any problems. Some days this may be for a longer time than others but it is best to put the least time you can safely be left for if your condition is unpredictable. If you can be left for much more than an hour then your supervision needs are less likely to be taken into account.

How many days a week? If you have problems every day then the answer is 7 days. If your supervision needs vary then give an average taking into account any particularly bad periods.

Question 48 – Preparing a cooked main meal

This is an important page. If you only complete this page in the whole pack this may lead to an entitlement to the Care Component at the low rate.

Do you need help in preparing a cooked meal? This does not mean you have to prepare or cook the meal it is to find out, if given the ingredients and equipment you would be able to prepare a healthy meal.

- I feel so low I cannot start to cook
- I can only manage convenience things
- I cannot concentrate to get everything ready at the same time
- I cannot concentrate to follow a recipe
- I am easily confused or distracted and may leave pots and pans boil away
- I let things burn/burn myself
- I worry that food is poisoned
- I may forget what I am doing and start to do something else
- I forget to check the “sell by” date on food
- I suffer panic/anxiety attacks that stop me from cooking
- I worry that I will poison myself if food is not cooked properly
- My medication makes me sleepy/forgetful
- My medication makes me shaky/unsteady
- Thinking about food makes me feel ill/sick
- I do not eat for days

Explain the help you need to prepare and cook a meal. Do you need motivation and encouragement to begin the cooking process? Do you need supervision to ensure your safety and security? Are you more likely to cook if there is someone there to remind you? Give any examples of incidents or occasions where accidents have happened because of your mental health problems.

How many days a week...? If you always have problems the answer is 7 days. If the number of days varies give an average including any particularly bad spells. Fewer than 5 days is less likely to count.

Questions 49 – 51 Help with your care and supervision needs during the night

Question 49 - Do you have difficulty or need help 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.

Help with medication includes physical help in actually preparing and taking any medication, any help you need with a specific treatment or therapy or any encouragement, prompting or reminding you need to make sure you take your medication

- I suffer from insomnia
- I have night terrors
- I have repetitive and obsessive thoughts that stop me sleeping/make me anxious/cause panic attacks
- I hear voices
- I suffer flashbacks
- I sleepwalk
- I get up and pace around
- My tablets make me drowsy-I am not safe if I get up
- I have gone to sleep with a cigarette burning in my hand
- I think about harming myself when I am in bed

Explain the help you need when you are in bed. Do you need calming and reassuring to enable you to sleep? Do you need someone to keep you safe and secure? Give any examples of situations or incidents that have happened when you are in bed.

How often? If this varies give an average. If you have problems repeatedly through the night then write "throughout" or "frequently"

How long ...? How long would it take for someone to help you or reassure you until you are OK?

Question 50 How many nights a week ...? If you have problems every night then the answer is 7 nights. If not, then give an average to include any bad spells. Anything fewer than 5 nights is less likely to count.

Question 51 – do you need someone to watch over you at night?

If you require supervision from another person at night tick yes and then tick the appropriate box(es) that apply to your situation.

Do you need someone to keep an eye on you to make sure you or the public are safe? This can be both indoors and outdoors.

- I become anxious or distressed if left alone
- I am at risk if left alone as I leave cookers/taps on leave cigarettes burning
- I have tried to kill myself/plan how to kill myself during the night
- I cut/burn/hurt myself deliberately
- I get angry/frustrated/scared and smash things or hurt people
- I hear voices that tell me to do things
- I believe I can do anything
- I lack concentration/am confused and am not aware of potential dangers
- I think people want to harm me
- I become confused and wander off
- I do not believe I am ill/do not realise when my symptoms are getting worse
- I have to be taken to hospital when I am ill

Do you need someone with you to keep you from coming to harm? Do you need someone to stop you becoming aggressive? Give examples of times when you were put at risk of harm because of your mental health problems. Give reasons why having someone with you would make it less likely that you come to any harm or harm others.

Question 52 How many nights a week ...? If you have problems every night then the answer is 7 nights. If not, then give an average to include any bad spells. Anything fewer than 5 nights is less likely to count.

Question 53 – Anything else

Use this box to include any information that you have not been able to include anywhere else on the form and you think will be relevant. Detail any hospital admissions and times that you have been taken to hospital for your own safety. If you have had any other treatments that you have not been able to include may be added. If there are any particular incidents or situations that demonstrate the problems you have, then write about them here.

There may be groups or organisations that give you help and support not in connection with particular activities that might have a bearing on your claim. They may talk to you, listen to you and encourage you. If you did not have this support your condition may deteriorate and you may put your well being in danger or have to be admitted to hospital. Give as much information about the support you receive and what would happen without it.

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 admissions to hospital 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.

Where can I get more information?

If you are a mental health service user or carer or a member of staff working in mental health, advice and information is available from the:-

Benefit Advice Support Line
on 0116 2256222 Monday – Friday 9.30-12.30am.

For people living in the City, information and advice is available from the:-

Benefits Campaign
on 0116 2254888 Monday Tuesday & Thursday 1.00 - 4.00pm.

If you have any comments or suggestions on this factsheet then please send them to:-

Welfare Rights Training & Information Officer
Leicestershire County Council Social Care Service
Bassett Street
South Wigston
Leicester
LE18 4PE

WARNING

The information in this guide is as accurate as possible at the time of production. However, it is only a guide, and therefore cannot be completely accurate and cover every possible situation.

We recommend that you always seek advice from a competent person in cases of doubt.

The Social Services Department is constantly working to improve its services. If you would like to make a comment, suggestion or complaint, please contact:

- **Corporate Complaints Manager**

Social Care Service
FREEPOST LE17795
County Hall (Eastern Annex)
Glenfield
Leicester
LE3 8XR

Tel: 0116 305 5875

Email: social-services-tell-us@leics.gov.uk