

# Claiming Disability Living Allowance for a child under 16

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## 1. Where to send the completed form

Please send your completed form to the office that deals with the area where you live. You can find the address by typing the first letters of your postcode into the box below.

**Please tell us the first letters of your  
postcode and then press enter**

**Send the completed form to:**

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

Phone the Benefit Enquiry Line (BEL).

Phone: **0800 88 22 00**.

Textphone: **0800 24 33 55** (for hearing or  
speech difficulties).

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### **For existing Disability Living Allowance claims**

You can contact :

Disability Contact and Processing Unit

Warbreck House

Warbreck Hill

Blackpool FY2 0YJ

Phone: **08457 123456**

Email: **DCPU.Customer-services@dwp.gsi.gov.uk**

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## 2. Print the form

Please print the form and fill it in with a pen.

# Notes about claiming Disability Living Allowance for a child under 16

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

## What is Disability Living Allowance?

Disability Living Allowance is a tax-free social security benefit for people with an illness or a disability, who need help with getting around, or help with personal care, or help with both of these.

It is not affected by any money the child or the child's family might have as income, or by any savings they might have.

**People can still claim Disability Living Allowance even if they do not actually get the help they need.**

Generally, they must be ordinarily resident and present in Great Britain, not be subject to immigration control and have lived here or in Northern Ireland, the Isle of Man, or the Channel Islands for 26 weeks in the last 52 weeks.

The 26-week rule does not apply if they are terminally ill and qualify under special rules.

If they have come to Great Britain from a country that is part of the European Economic Area (EEA), or Switzerland, then depending on their circumstances they may not have to wait 26 weeks before they can get Disability Living Allowance.

If they or a member of their family live in another country that is part of the EEA, or in Switzerland, then they may be able to get the care part of Disability Living Allowance if the UK is responsible for paying them sickness benefits.

You can find more information about claiming Disability Living Allowance when you live in another country that is part of the EEA, or in Switzerland on our website [www.direct.gov.uk/claimingbenefits](http://www.direct.gov.uk/claimingbenefits)

This is a claim pack specially for children. If you use the form to claim for a person over 16, it may take longer to deal with the claim. You can get a claim pack for adults from the same place that you got this pack.

There are fixed amounts of money for Disability Living Allowance. The current rates are in the leaflet called **Benefit and Pension Rates**. You can get this leaflet from Jobcentre Plus.

The rates are also on the website at [www.direct.gov.uk/disability](http://www.direct.gov.uk/disability)

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## When to claim

Claim straight away. People are normally only entitled to Disability Living Allowance when they have needed help for 3 months and the help is likely to continue for at least a further 6 months. But if you claim now, we can make sure that the child gets Disability Living Allowance as soon as they are entitled to it.

## The questions in the claim form

- Answer all the questions that apply to the child you are claiming for and complete in black ink. Use the spaces to tell us in your own words as much as you can about the help they need. The more you can tell us the easier it is for us to get a clear picture of the child's needs. Do not worry if you are not sure how to spell anything or have to cross something out. But please do not use any correction fluid.

Benefit you can get because of this claim can be paid more quickly if you answer all the questions that apply to you or your child. If you find it difficult to fill in this form, do not worry. One of our staff can help you.

- We know that a disability or illness can affect people more on one day and less on another – they have good days and bad days. When you tell us how the child's illnesses or disabilities affect them, tell us about the help they need most of the time. If you are not sure if we need to know about something, tell us anyway.
- You may find it helpful to keep a record of the child's needs. Try to list all the times when they need help from someone else or when they have difficulty doing something because there is nobody around to help them. If their condition varies, you may want to keep a record of their needs over a good day and over a bad day. Start from the time they get up in the morning, through 24 hours, to the time they get up the following morning. You can send in this record with the form if you want to.
- We know that some of the questions we ask are very personal. And sometimes thinking about the things a child cannot do is upsetting. But we need to know these things to make sure that the child gets all the Disability Living Allowance they are entitled to.
- If there is not enough space on the form for everything you want to tell us, use a separate piece of paper and send it with the form. Make sure you put the child's name and reference number on any extra pieces of paper. If you do not know the reference number, use their date of birth.

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

Phone the Benefit Enquiry Line (BEL) for disabled people and carers.

The person you speak to will arrange for someone to phone you back and go through the form with you. If you cannot use the phone, we may be able to send someone to visit you.

We can also arrange interpreters if you phone or visit us.

Phone **0800 88 22 00**

If you have speech or hearing difficulties, you can contact BEL by textphone on **0800 24 33 55**. You can also use Text Relay.

Our **textphone** service does not receive messages from mobile phones.

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## Help and advice about other benefits

If you want general advice about Disability Living Allowance or any other benefits you may be able to claim

- Visit the website **www.direct.gov.uk**
- Phone the Benefit Enquiry Line (BEL) for disabled people and carers.  
The number is **0800 88 22 00**.

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

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

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

If the child is awarded Disability Living Allowance you may be entitled to:

- Carer's Allowance or Carer's Credit. Read the information on pages 4 and 5.
- Extra money if you or anyone in your household is on Income Support, Jobseeker's Allowance, Pension Credit, Child Tax Credit or Working Tax Credit. You should contact the office who pays the benefit to claim the extra money.

For information about Child Tax Credit or Working Tax Credit

- phone their **Helpline**. The number is **0845 300 3900**.
- people with speech or hearing problems using a **textphone** can dial **0845 300 3909**.
- people who need a form or help in **Welsh** can dial **0845 302 1489**.
- or you can visit the website at **www.hmrc.gov.uk**

For information about Pension Credit

- get the leaflet **Pension Credit**.
- phone **The Pension Service**. The number is **0800 99 1234**.
- people with speech or hearing problems using a **textphone** can dial **0800 169 0133**.
- or you can visit the website at **www.direct.gov.uk/pensioncredit**

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## Other organisations who can help

### Contact a Family

If you need confidential, independent advice about any aspect of caring for a disabled child you can:

- phone **Contact a Family** helpline on **0808 808 3555** Monday to Friday
- if you have speech or hearing difficulties the textphone number is **0808 808 3556**.  
Textphones don't accept texts from mobile phones.
- visit the website at: **[www.cafamily.org.uk](http://www.cafamily.org.uk)**

### Family Fund

You may also be able to get help from the Family Fund.

You can:

- visit the website at: **[www.familyfund.org.uk](http://www.familyfund.org.uk)**
- write to: Family Fund, 4 Alpha Court, Monks Cross Drive, York YO32 9WN

## Information about Carer's Allowance and Carer's Credit

### Carer's Allowance

A person could get Carer's Allowance if they:

- are aged 16 or over and
- spend at least 35 hours a week caring for a disabled child. The child must have been awarded Disability Living Allowance at either the middle or the highest rate of care before you claim.

Other entitlement conditions apply.

Carer's Allowance should be claimed within 3 months of the Disability Living Allowance decision being made or the carer could lose benefit.

### Carer's Allowance and other benefits

Some benefits, allowances or pensions can affect how much Carer's Allowance we pay.

However, extra money could be paid with:

- income-based Jobseeker's Allowance
- income-related Employment and Support Allowance
- Income Support
- Pension Credit
- Housing Benefit, or
- Council Tax Benefit.

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### Carer's Credit

This is a National Insurance credit for carers of working age who

- can't get Carer's Allowance, and
- look after one or more disabled children for 20 hours or more a week.

If the child or children being cared for don't receive Disability Living Allowance (at either the middle or highest rate of care), a care certificate must be obtained for each child you look after.

Other entitlement conditions apply.

If you get Child Benefit for a child under age 12 or Carer's Allowance you will already be getting National Insurance credits.

### For more information about Carer's Allowance or Carer's Credit

- phone us from 8.30am to 5pm Monday to Thursday, or 8.30am to 4.30pm on Friday on **0845 608 4321**
- if you have speech or hearing difficulties, you can contact us using a textphone on **0845 604 5312**
- visit the website at: **[www.direct.gov.uk/carers](http://www.direct.gov.uk/carers)**
- email: **[cau.customer-services@dwp.gsi.gov.uk](mailto:cau.customer-services@dwp.gsi.gov.uk)**
- write to: Carer's Allowance Unit, Palatine House, Lancaster Road, Preston, PR1 1HB.

### Problems with getting around

Children can only get Disability Living Allowance for help with getting around if they are **3 years old or over**. The rate of Disability Living Allowance that children get depends on the type of help or supervision they need and their age. If they need reminding or prompting or encouraging to walk, it depends on how much reminding, prompting or encouragement they need. There are 2 rates.

#### Lower rate

If the child is 5 years old or over and **any** of the following apply

- if the child can walk, but needs someone with them to make sure they are safe
- if the child can walk, but needs someone with them to help them find their way around in places they do not know well.

Remember that all children need some help and supervision when they are out of doors. The child you are claiming for must need **more** help or supervision than other children of the same age who do not have their particular needs.

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## Higher rate

If the child is 3 years old or over and **any** of the following apply

- if the child cannot walk at all
- if the child can only walk a short distance before they feel severe discomfort
- if the effort of walking could threaten their life
- if the child has had both legs amputated above the ankle or through the ankle, or was born without legs or feet
- if the child is deaf and blind and they need someone with them when they are outdoors, they must have a large amount of hearing loss and sight loss. But they do not have to be totally deaf and blind
- if the child is severely mentally impaired with severe behavioural problems and needs help with personal care both day and night
- from 11 April 2011 if the child is certified by their eye care specialist as severely sight impaired or blind and their best corrected (with glasses or lenses) visual acuity (ability to see fine detail) is:
  - less than 3/60 or
  - 3/60 or more but less than 6/60 together with a complete loss of peripheral visual field (vision to the side) and a central visual field of no more than 10 degrees in total.

## Help with personal care

Children can only get Disability Living Allowance for help with personal care if they are **3 months old or over**. And remember that all children need some help or supervision. The child you are claiming for must need **more** help or supervision than other children of the same age who do not have their particular needs. The rate of Disability Living Allowance that children get depends on the amount of attention they need, and on the sort of help or supervision they need. For example, they may need someone to keep an eye on them, or look after them while they are on dialysis. Or they may need help with things like washing, dressing, using the toilet, communicating with other people, or something like this. If they need reminding or prompting or encouraging to do things, it depends on how much reminding, prompting or encouragement they need.

There are 3 rates.

### Lowest rate

- if the child has care needs for some time during the day.

### Middle rate

- if the child has care needs for some time during the day, or they are liable to get into danger,  
**or**
- if the child has care needs for some time during the night.

### Highest rate

- if the child has care needs for some time during the day and night.

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## About medical examinations

If we cannot get a clear picture of how the child's illnesses or disabilities affect them, we may ask a doctor to examine them. Medical Services, who arrange medical examinations for us, will contact you if an examination is required.

### Special Rules

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

## About the form in this pack

- The form asks about the child and for some general information.
- Before you fill in the form, read page 2 of these notes.
- Please send the form back to us as soon as you can.
- If you do not want to complete care and mobility needs on pages 6 to 27 we can send a doctor to visit your child.

If a doctor visits your child, you may prefer that the examination be undertaken by a doctor of the same sex and wherever possible we will try to accommodate your request. Where you feel that your child's examination can only proceed with a doctor of the same sex, for example on cultural or religious grounds, you must make this clear and appropriate arrangements will be made. Please note the examination is likely to be different from what you would expect from your own doctor. The Medical Services' doctor's examination is not to diagnose or discuss treatment of your child's medical condition, it is to assess how the condition affects your child and the doctor may not need to carry out a physical examination.

**Please note** – If your child is awarded Disability Living Allowance, we may look at their case from time to time to make sure that they are getting the right amount of money. This means their award may increase, decrease or stop altogether, because, for example, the amount of help they need has changed.



## Notes about

# Claiming under the Special Rules for a child under 16

## About the Special Rules

We have arrangements called Special Rules which help children who are terminally ill get their benefit as soon as possible. The Special Rules are for children who have a progressive disease and are not reasonably expected to live for more than another 6 months.

Getting paid under the Special Rules means

- they get the highest rate each week for help with personal care
- they get paid straight away. There is no need to wait until the child has needed help for 3 months
- their claims are dealt with more quickly.

But children can only get money for help with getting around if they have difficulties with getting around.

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## Claiming for a child under the Special Rules

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

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

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### How to claim for a child under the Special Rules

- Please fill in this claim form.  
Tick the box on page 3 to show that you are claiming for the child under the Special Rules. If you do not tick this box, we cannot consider the claim under the Special Rules.
- Complete the questions on pages 1 to 5 and pages 28 to 37.  
If the child needs help with getting around, read the **Notes about Disability Living Allowance**, then complete pages 6 and 7.

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### About the doctor's report

- Ask the child's doctor or specialist for a **DS1500 report**.  
This is a report about the child's medical condition.  
You will not have to pay for it.  
You can ask the doctor's receptionist, a nurse or a social worker to arrange this for you. The doctor does not have to see the child.  
You should be given a **DS1500 report** straight away. Ask for the report in a sealed envelope if you do not want anyone to see it.

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### What we want you to do

- Please send
    - **The claim form**
    - **DS1500 report**
- Use the envelope that came with this claim pack.
- Send us the claim form as soon as you can. If you wait, you could lose money.
- If you cannot get the **DS1500 report** in time, send us the claim form straight away. Send the **DS1500 report** as soon as you can.

# Disability Living Allowance – claim for a child under 16

**Please fill in the claim form and send it back to us as soon as you can. We can only consider paying benefit from the day we receive it.**

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

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## Part 1 – About the child

Surname or family name

Other names in full

Any other surnames or  
family names the child has  
had

Sex

☐

Male

☐

Female

Address where the  
child lives

  

Postcode

Previous address  
if different in the last 3  
years.

  

Postcode

The child's date of birth

 /  / 

Letters

Numbers

Letter

Child reference number  
if you know it.

What is the child's  
nationality?

We may get in touch with you for more information.

## Part 2 – About the person claiming Disability Living Allowance for the child

Tell us about yourself here, not the child.

Tell us your full name

Mr/Mrs/Miss/Ms

Your date of birth

/ /

Your National Insurance (NI) number

Letters

Numbers

Letter

This helps us arrange payments quickly.

Your address

Postcode

Previous address if you have moved in the last 3 years.

Postcode

Daytime phone number

where we can contact you or leave a message.

Code

Number

Please tick the appropriate box

Home ☐ Work ☐ Mobile ☐ Textphone ☐

What is your relationship to the child?

For example, parent, step-parent (includes civil partner), foster parent, guardian, etc.

What is your nationality?

If you are claiming for a child who was born in the UK but their parents are subject to immigration control, please tell us if the child leaves the UK for any period, even if this is for a short holiday.

We may need to contact you for further information.

Do you receive Child Benefit for the child? No

Yes

If someone else receives the Child Benefit, tell us their name.

What is the Child Benefit number for the child?

This is on letters about Child Benefit.

## Claiming under the Special Rules

If you are claiming for a child under the Special Rules, tick this box

☐

You **must** read the **Notes about claiming under the Special Rules** before you decide whether or not to tick this box.

The Special Rules are for children who have a progressive disease and are not reasonably expected to live for more than another 6 months.

### Only for people claiming for a child under the Special Rules

Complete all questions that apply to you or to the child you are claiming for on pages 1 to 5 and pages 28 to 37.

If the child needs help with getting around, read the **Notes about claiming Disability Living Allowance**. They explain what we mean by help with getting around. Then complete all the questions that apply to the child you are claiming for on pages 6 and 7.

Please check that you have answered all the questions on this form that apply to you or to the child you are claiming for. Check that you have ticked the box above.

Make sure you sign the **Consent on page 32** and **Declaration on page 37**.

Send this form to us. Send it with the **DS1500 report** from the child's doctor. Use the envelope we have sent you. It does not need a stamp.

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

## Part 3 – About where the child lives

**Does the child normally live in Great Britain?**

No

☐

Great Britain is England, Scotland and Wales.

Yes

☐

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

☐

**Has the child been abroad for 4 weeks or more in the last 12 months?**

No

☐

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

Yes

☐

**Tell us when they went abroad.**

From

To

**Tell us where they went.**

**Tell us why they went.**

## Part 4 – About the child's illnesses or disabilities

**If you have a spare up to date printed prescription list from the child's doctor, please send it in with this form.**

**What are the child's illnesses or disabilities?**

Just tell us the names of the child's main illnesses or disabilities. We will ask you how these affect the child later in this claim form. Do not worry if you are not sure how to spell anything.

**If medicines, tablets or other medical treatments are prescribed for the child's illnesses or disabilities, tell us about them here.**

This information will be on the printed label on front of the child's medicine bottle.

**Do not send any type of medication or other personal items with your child's claim form.**

## Part 5 – More about the child

Please tick all the boxes that apply to the child. Tell us if the child

is blind or partially sighted

☐

Partially sighted means that they have problems with their eyesight even when wearing glasses or contact lenses.

If the child has been certified as severely sight impaired or blind **and you have** a Certificate of Vision Impairment (CVI), or a consultant's report, you need to send us a copy with this claim form.

has problems with hearing even with a hearing aid

☐

has problems with speech or language which affects communication with other people

☐

is both deaf and blind

☐

To get help because of deafness and blindness the child must have a large amount of loss of hearing and sight. But they do not have to be totally deaf and blind.

has physical disabilities

☐

was born without legs or feet or has had both legs amputated above or through the ankle

☐

has a learning difficulty

☐

has a mental health problem

☐

has both a severe learning disability and severe behavioural problems

☐

has a long term illness

☐

has been assessed for things such as disability aids, or do they have a care plan or an occupational therapy report?

No

☐

Yes

☐

Please send copies, if you can, of any documents with this claim form.

If you do not want to complete the care or mobility needs on pages 6 to 26 you can ask for a doctor to visit the child. The doctor will normally examine them. See Notes page 7.

If you would like a doctor to visit the child, tick this box.

☐

Make sure you answer all other questions that apply to them.

## Part 6 – Walking outdoors

By this we mean walking on reasonably level ground, not up or down hills or slopes. You can only get Disability Living Allowance for help with getting around at the higher rate if the child you are claiming for is **3 years old or over**.

You cannot get Disability Living Allowance for help with getting around at the lower rate until the child is **5 years old or over**.

### Does the child have difficulties walking?

This may be because

- they cannot walk at all
- of an amputation
- they were born with a deformity of the spine, legs or feet, or something like this
- of paralysis, weakness or stiffness
- walking makes them breathless or gives them pain or discomfort
- of a heart condition
- they refuse to walk.

No

☐

Go to Page 7.

Yes

☐

### Tell us about the difficulties they have with walking and about any equipment they use to help them.

Tell us here if there is anything about the way the child walks that causes difficulties. For example, if they have poor co-ordination, bad balance or a poor manner of walking. Tell us if the effort of walking might be dangerous for the child and why this might be. Equipment might be crutches, a walking stick or walking frame, an artificial leg, callipers, splints, a rolator, or something like this.

### How many days a week does the child have these difficulties?

days a week

### How far can the child walk before they have to stop because of severe discomfort?

For example, it may be too painful for them to go on, or they may need to stop and rest.

metres/yards

### How long does it take them to walk this far?

minutes



## Part 7 – If the child needs someone with them when they are outdoors

**Does the child need to have someone with them when they are outdoors in places they do not know well?**

For example, they may need someone to look after them because

- they are blind or partially sighted
- they are deaf or hearing impaired
- they might fall
- they have behavioural problems or a severe learning disability
- they may forget where they are going, or wander off
- they need a lot of encouragement to walk
- they might put themselves or other people in danger.

No

☐

Go to Page 8.

Yes

☐

**Remember** – the child must need **more** help than a child of the same age who does not have their illness or disability.

**Tell us why the child needs someone with them when they are outdoors in places they do not know well.**

For example, they may be easily confused or taken advantage of.

## Claiming under the Special Rules

**Go straight to Part 27.**

You do not have to answer any more questions until that page.

## Part 8 – Someone keeping an eye on the child

All children need someone to keep an eye on them to make sure that they are safe. Answer the questions on this page if the child you are claiming for needs **more** supervision during the day or night than other children of the same age who do not have their illness or disability. By **night** we mean when the household has closed down at the end of the day.

**Does the child need someone to keep an eye on them?**

For example, because they

- have no sense of danger and might hurt themselves or someone else
- might wander about
- have behavioural problems
- cannot hear or see or respond to danger signs
- need someone to monitor their medical condition or diet.

No

☐

Go to page 9.

Yes

☐

**Why the child needs someone with them.**

During the day

**Why the child needs someone awake with them.**

During the night

If the rest of the questions on this page are difficult to answer because of the child's condition, do not worry. You can tell us more about this later.

**How many days a week does the child need someone with them?**

days a week

**How much of the day do they need someone with them?**

**Tell us roughly how long they need someone with them each time during the day.**

We know this may be difficult, but please try to tell us in minutes.

minutes

**How many nights a week does the child need someone to be awake with them?**

nights a week

**How much of the night does someone have to be awake with them?**

**Tell us roughly how long they need someone awake with them during the night.**

We know this may be difficult, but please try to tell us in minutes.

minutes

## Part 9 – About the child's development

We know that all children develop at different rates, but some illnesses or disabilities can have a marked effect on how a child develops. Tell us if the child you are claiming for has suffered a delay in their development.

**Has the child's development of physical and sensory skills been delayed?**

For example,

- using their hands
- hearing or talking
- sitting, standing or walking.

Or something else.

No

☐

Go to the next question under the thick line.

Yes

☐

Tell us about the help they need.

If the next 2 questions are difficult to answer because of the child's condition, do not worry. You can tell us more about this later.

**Tell us roughly how many times a day the child needs help.**

times a day

**Tell us roughly how long it takes each time.**

We know this may be difficult, but please try to tell us in minutes.

minutes

**Has the child's development of learning skills been delayed?**

For example,

- understanding the world around them
- following instructions
- developing daily living skills.

Or something else.

No

☐

Go to Page 10.

Yes

☐

Tell us about the help they need.

If the rest of the questions on this page are difficult to answer because of the child's condition, do not worry. You can tell us more about this later.

**Tell us roughly how many times a day the child needs help.**

times a day

**Tell us roughly how long it takes each time.**

We know this may be difficult, but please try to tell us in minutes.

minutes

Part 9 – About the child’s development – continued

Has the child's development of social skills been delayed?

For example,

- interacting with others
- communicating with others.

Or something else.

No

☐

Go to the next question under the thick line.

Yes

☐

Tell us about the help they need.

If the next 2 questions are difficult to answer because of the child’s condition, do not worry. You can tell us more about this later.

Tell us roughly how many times a day the child needs help.

times a day

Tell us roughly how long it takes each time.

We know this may be difficult, but please try to tell us in minutes.

minutes

Does someone need to help the child develop through play?

For example, encouraging

- age appropriate play
- stimulating play.

Or something else.

No

☐

Go to Part 10.

Yes

☐

Tell us about the help they need.

If the rest of the questions on this page are difficult to answer because of the child’s condition, do not worry. You can tell us more about this later.

Tell us roughly how many times a day the child needs help.

times a day

Tell us roughly how long it takes each time.

We know this may be difficult, but please try to tell us in minutes.

minutes

## Part 10 – Waking, getting up and going to bed

**Does the child have difficulties waking, getting up or going to bed?**

For example, they may need help with things like

- getting into or out of bed
- settling in bed
- staying in bed.

Or help with something else.

No

☐

Yes

☐

**Remember** – the child must need **more** help than a child of the same age who does not have their illness or disability.

**Does someone have to wake the child up, or tell or encourage them to get up or go to bed?**

No

☐

Yes

☐

**Tell us about the help the child needs to wake up or get up or go to bed. Tell us about any equipment the child uses and how it helps them.**

**How many days a week does the child need this help?**

days a week

**How many times a day does the child need this help?**

times a day

**Tell us roughly how long it takes the child to get out of bed or into bed.**

We know this may be difficult, but please try to tell us in minutes.

minutes

Part 11 – Washing and bathing

Does the child have difficulties washing, or having a bath or shower?

For example, they may need help with things like

- cleaning their teeth
- washing their hair
- getting into or out of the bath or shower
- physical support
- coping with periods
- keeping safe.

Or help with something else.

No

☐

Yes

☐

**Remember** – the child must need **more** help than a child of the same age who does not have their illness or disability.

Does someone have to tell or encourage the child to wash or have a bath or shower?

No

☐

Yes

☐

Tell us about the help or encouragement the child needs washing or having a bath or shower. If they have bed baths, tell us about this here. Tell us about any equipment the child uses and how it helps them.

How many days a week does the child need this help?

days a week

How many times a day does the child need help with washing or having a bath or shower?

times a day

Tell us roughly how long it takes the child to have a bath or shower.

We know this may be difficult, but please try to tell us in minutes.

minutes

## Part 12 – Getting dressed or undressed

Does the child have difficulties getting dressed or undressed? No

☐

For example, they

- have poor co-ordination
- have no control over their arms or legs
- are not able to judge appropriate clothes.

Yes

☐

They may need someone to help them, or it may take a long time.

**Remember** – the child must need **more** help than a child of the same age who does not have their illness or disability.

Does someone have to tell or encourage the child to get dressed or undressed?

No

☐

Yes

☐

Tell us about the help or encouragement the child needs getting dressed or undressed.  
Tell us about any equipment the child uses and how it helps them.

How many days a week does the child need this help?

days a week

How many times a day does the child need this help?

times a day

Tell us roughly how long it takes the child to get dressed or undressed.

We know this may be difficult, but please try to tell us in minutes.

minutes

Part 13 – Help with toilet needs

We know these are very personal questions, but this information will help us to decide about the child’s claim.

Does the child have difficulties coping with their toilet needs?

For example,

- getting to the toilet and using the toilet
- using something like a nappy, commode, bedpan or bottle instead of the toilet
- using or changing incontinence aids
- catheterisation or bladder expression
- using enemas or suppositories.

No

☐

Yes

☐

Does someone have to tell or encourage the child to attend to their toilet needs?

No

☐

Yes

☐

Tell us about the help or encouragement the child needs and any equipment they use.

During the day

Tell us about the help or encouragement the child needs and any equipment they use.

During the night

How many days a week does the child need this help?

days a week

How many times a day does the child need this help?

times a day

Tell us roughly how long it takes each time.

We know this may be difficult, but please try to tell us in minutes.

minutes

How many nights a week does the child need this help?

nights a week

How many times a night does the child need this help?

times a night

Tell us roughly how long it takes each time.

We know this may be difficult, but please try to tell us in minutes.

minutes



## Part 14 – Communicating with other people

**Does the child need help understanding other people?**

For example, they need someone to

- help with lip reading
- explain what people mean
- interpret sign language.

No

☐

Go to the next question under the thick line.

Yes

☐

Tell us about this.

**Tell us about the child's difficulties understanding other people. Tell us about anything the child needs to help them understand other people, and how useful this is. Tell us if they need to have physical contact or some other sign to attract their attention.**

If the next 2 questions are difficult to answer because of the child's condition, do not worry. You can tell us more about this later.

**How many times a day do they need someone to help them understand other people?**

times a day

**Tell us roughly how long it takes each time.**

We know this may be difficult, but please try to tell us in minutes.

minutes

**Does the child need help being understood by other people?**

For example,

- because of a language disorder or a physical speech problem
- someone has to interpret the child's language, signs or gestures.

No

☐

Go to page 16.

Yes

☐

Tell us about this.

**Tell us about the child's difficulties being understood by other people. Tell us about any equipment the child uses to help them, and how useful this is.**

If the rest of the questions on this page are difficult to answer because of the child's condition, do not worry. You can tell us more about this later.

**How many times a day do they need help to make themselves understood by other people?**

times a day

**Tell us roughly how long it takes each time.**

We know this may be difficult, but please try to tell us in minutes.

minutes

Part 14 – Communicating with other people – continued

Is the child unwilling to communicate with other people?

For example, because of

- difficult or withdrawn behaviour
- frustration or stress
- a communication disorder.

Or something like this.

No	<input type="checkbox"/>	Go to Part 15.
Yes	<input type="checkbox"/>	Tell us about this.

Tell us about the encouragement the child needs to help them communicate with other people.  
Tell us about any equipment the child uses to help them and how useful this is.

If the rest of the questions on this page are difficult to answer because of the child’s condition, do not worry. You can tell us more about this later.

How many times a day do they need help to communicate with other people?

times a day

Tell us roughly how long it takes each time.  
We know this may be difficult, but please try to tell us in minutes.

minutes

## Part 15 – Eating and drinking

**Does the child have difficulties eating or drinking?**

For example, they need help

- cutting up food or being fed
- with a specialised feeding method.

Or with something else.

No

☐

Yes

☐

**Does someone have to tell or encourage the child to eat or drink?**

No

☐

Yes

☐

**Tell us about the help or encouragement the child needs, and any equipment they use.**

During the day

**Tell us about the help or encouragement the child needs, and any equipment they use.**

During the night

**How many days a week does the child need this help?**

days a week

**How many nights a week does the child need this help?**

nights a week

**How many times a day does the child need this help?**

times a day

**How many times a night does the child need this help?**

times a night

**Tell us roughly how long it takes each time.**

We know this may be difficult, but please try to tell us in minutes.

minutes

**Tell us roughly how long it takes each time.**

We know this may be difficult, but please try to tell us in minutes.

minutes

Part 16 – Help with medication

Does the child need help with medication?

For example,

- taking tablets or medicines
- having injections
- using an inhaler or nebuliser
- applying creams
- they do not co-operate with their treatment.

No

☐

Go to Part 17.

Yes

☐

Tell us about this.

Tell us about the help or encouragement the child needs with medication.

During the day

Tell us about the help or encouragement the child needs with medication.

During the night

How many days a week does the child need this help?

days a week

How many times a day does the child need this help?

times a day

Tell us roughly how long it takes each time.

We know this may be difficult, but please try to tell us in minutes.

minutes

How many nights a week does the child need this help?

nights a week

How many times a night does the child need this help?

times a night

Tell us roughly how long it takes each time.

We know this may be difficult, but please try to tell us in minutes.

minutes

## Part 17 – Therapy

### Does the child need therapy?

Therapy may be done by a therapist or by someone else. It may be at home or somewhere else. It may involve exercises, routines or methods designed to help the child develop. For example,

- physiotherapy
- speech therapy
- play therapy.

Or something else.

No

☐

Go to Part 18.

Yes

☐

Tell us about this.

### Tell us about the child's therapy.

During the day

How many days a week does the child need this help?

days a week

How many times a day does the child need this help?

times a day

Tell us roughly how long it takes each time.

We know this may be difficult, but please try to tell us in minutes.

minutes

### Tell us about the child's therapy.

During the night

How many nights a week does the child need this help?

nights a week

How many times a night does the child need this help?

times a night

Tell us roughly how long it takes each time.

We know this may be difficult, but please try to tell us in minutes.

minutes

## Part 18 – Help with medical equipment

**Does the child need help with medical equipment?**

For example,

- colostomy or catheter care
- tracheostomy care
- using splints, gaiters or special clothing.

Or something else.

No ☐ Go to Part 19.

Yes ☐ Tell us about this.

**Tell us about the help or encouragement the child needs with medical equipment.**

During the day

**Tell us about the help or encouragement the child needs with medical equipment.**

During the night

**How many days a week does the child need this help?**

days a week

**How many times a day does the child need this help?**

times a day

**Tell us roughly how long it takes each time.**

We know this may be difficult, but please try to tell us in minutes.

minutes

**How many nights a week does the child need this help?**

nights a week

**How many times a night does the child need this help?**

times a night

**Tell us roughly how long it takes each time.**

We know this may be difficult, but please try to tell us in minutes.

minutes

## Part 19 – Blackouts, fits, seizures or something like this

**Does the child have blackouts, fits, seizures or something like this?**

For example, because of

- epilepsy
- diabetes.

No

☐

Go to Part 20.

Yes

☐

Tell us about this.

**Tell us what happens.**

We need to know

- what happens before they have a blackout, fit or seizure
- if they get any warning of what is going to happen
- what happens during the fit or seizure
- if they lose consciousness or if their limbs shake, or if they bite their tongue or are incontinent
- what happens after a fit or seizure, if they need to sleep or if they are confused.

Tell us anything that will help us get a clear picture of what happens to the child if they have a blackout, fit or seizure.

**Tell us about the help the child needs.**

During the day

**Tell us about the help the child needs.**

During the night

**Tell us roughly how often this happens.**

**Tell us roughly how long the child needs help each time.**

We know this may be difficult, but please try to tell us in minutes.

minutes

**Tell us roughly how often this happens.**

**Tell us roughly how long the child needs help each time.**

We know this may be difficult, but please try to tell us in minutes.

minutes

Part 20 – The child’s mental health

Does the child have difficulties because of the way they feel?

For example, they may sometimes

- get anxious or panicky
- get upset or frustrated
- feel someone may harm them
- try to harm themselves
- be verbally or physically aggressive
- try to damage things
- be impulsive or destructive
- feel they cannot cope with even the slightest change to their daily routine.

Or something else.

No

☐

Go to Part 21.

Yes

☐

Tell us about this.

Tell us about the help the child needs and the things the child does because of their mental health problems.

Tell us roughly how often this happens, and how long the child needs help when it happens.



## Part 21 – Movement and co-ordination

**Does the child have difficulties with movement and co-ordination?**

For example, they

- cannot move at all
- suffer pain when they move
- may injure themselves if they move
- cannot co-ordinate movements of their arms or legs.

Or something else.

No

☐

Go to Part 22.

Yes

☐

Tell us about this.

**Tell us about the help the child needs with movement and co-ordination.**

## Part 22 – Moving about indoors

**Does the child have difficulties moving about indoors?**

For example, with things like

- getting out of a chair
- walking around indoors
- going up or down stairs
- using a wheelchair or Major Buggy
- transferring from a wheelchair or Major Buggy
- having to be carried.

No

☐

Yes

☐

**Remember** – the child must need more help than a child of the same age who does not have their illness or disability.

**Does someone have to tell or encourage the child to move about indoors?**

No

☐

Yes

☐

**Tell us about any help or encouragement the child needs moving about indoors. Tell us about any ways the child's home has been adapted, or about any equipment they use to help them move about indoors. This could be a wheelchair, a frame, a stairlift, or something like this.**

## Part 23 – When the child is in bed at night

By night we mean when the household has closed down at the end of the day.

**Does the child need help when they are in bed at night?**

For example, they may need help with things like

- changing sheets or nightclothes
- getting bedclothes back on the bed if they fall off
- turning over
- resettling to sleep after waking because of night terrors or irregular sleep patterns
- getting back into bed after falling out
- settling and staying in bed.

Or something else.

No☐ Go to Part 24.

Yes☐ Tell us about this.

**Remember** – the child must need **more** help than a child of the same age who does not have their illness or disability.

**Tell us about any help the child needs when they are in bed at night.**

**How many nights a week does the child need help?**

nights a week

**How many times a night does the child need help?**

times a night

**Tell us roughly how long it takes each time**

We know this may be difficult, but please try to tell us in minutes.

minutes

## Part 24 – Help the child needs when they go out during the day or in the evening

Please tell us in this part about the help the child needs from another person at home or when they go out. For example, this can be help with things like social and religious activities, interests and hobbies.

**Remember** – they can be helped in lots of different ways. Someone speaking to them can count as help if they

- tell them or encourage them to do things
- tell them how to do things
- tell them if there is danger.

Even someone reading to them or helping them to communicate with other people can count as help. For example, they may need someone to interpret their sign language for other people. Or they may only be able to make themselves understood to someone who knows them well, who needs to interpret what they are saying for other people.

**You should tell us about the help they need even if they do not actually get that help.**

We want you to tell us about each of the different things they usually do or would do if they had the help they need. Use a separate box to tell us about each thing. We have given you 2 sets of boxes, but you do not have to fill in every set unless you need to tell us about 2 different things. If you want to tell us about more than 2 things, use a separate sheet of paper and send it to us with this form.

**What they do or would do if they had the help they need**

When they go out during the day  
or evening

**How many days a week?**

days a week

**How many times a day?**

times a day

**How long do they usually need help for each time?**

**What help do they need from another person?**

**What they do or would do if they had the help they need**

At home

**How many days a week?**

days a week

**How many times a day?**

times a day

**How long do they usually need help for each time?**

**What help do they need from another person?**

Part 24 – Help the child needs when they go out during the day or in the evening – continued

What they do or would do if they had the help they need

When they go out during the day or evening

How many days a week?

days a week

How many times a day?

times a day

How long do they usually need help for each time?

What help do they need from another person?

What they do or would do if they had the help they need

At home

How many days a week?

days a week

How many times a day?

times a day

How long do they usually need help for each time?

What help do they need from another person?

Part 25 – Who would you like to tell us about the child’s illnesses or disabilities?

This could be for example

- a teacher
- a nurse, a health visitor, a physiotherapist, a speech therapist, or an occupational therapist
- someone from the Social Services or the Social Work Department
- a carer or any other professional who knows the effect of your child’s illness.

We may contact them if we need further information.

Please tell us their name

Their address

Postcode

Their phone number, if you know it.

CodeNumber

What is their job?

When did they last see the child?

## **Part 26 – Anything else about the way the child is affected by their illnesses or disabilities**

**Tell us about any ways that the child's illnesses or disabilities affect them that you have not been able to put anywhere else on this form.**

For example, the child may need special help at school or nursery. Or there may be places on this form where the questions have been difficult to answer, and you want to tell us more about the help the child needs. Or you may want to tell us if the child's condition changes from day to day, which means that the amount of help they need varies.

Tell us anything that you think will help us get a picture of how the child is affected by their illnesses or disabilities.

**Continue on a separate piece of paper, if necessary. Remember to write the child's name and reference number at the top of each page.**

Part 27 – About the child’s condition

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

If the child has problems **getting around**, tell us when they started to have the problems you have told us about.  
Tell us the exact date if you can. But if you cannot remember, you must tell us roughly when this was.

/

/

If the child has problems with **personal care**, tell us when they started to have the problems you have told us about.  
Tell us the exact date if you can. But if you cannot remember, you must tell us roughly when this was.

/

/

Part 28 – About nights in hospital

Is the child in hospital now?

No

Go to Part 29.

Yes

When did the child go into hospital?

/

/

When will they leave hospital?  
If you know this.

/

/

Please tell us the full name and address of the hospital.  
Tell us the name or number of the ward if you know it.

Postcode

Hospital phone number,  
if you know it.

Code

Number

While the child is in hospital is the NHS paying for their stay and treatment?

No

Yes

Not sure

## Part 29 – About nights in a care home or similar residence

This includes independent hospitals, boarding schools, hospices, residential colleges, children's homes, respite care or anywhere like this.

**Is the child in a care home or similar residence now?**

No

☐

Go to Part 30.

Yes

☐

**Please tell us the full name and address where the child is staying.**

Postcode

**Phone number** if you know it.

Code

Number

**When did the child first start to live in a care home or similar residence?**

/

/

**Does a local authority, a health authority, an NHS trust, Primary Care Trust or a government department pay any of the costs for the child to live there?**

No

☐

Yes

☐

Not sure

☐

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

Part 30 – About nights in hospital and nights in a care home or similar residence

Has the child been in hospital or a care home or similar residence in the past 6 weeks?

No

Yes

Tell us when they went in. If they have come out of hospital or a care home or similar residence, please tell us when this was.

in

/

/

out

/

/

Please tell us the full name and address of where the child was staying.

Postcode

Phone number if you know it.

Code

Number

Part 31 – For children on kidney dialysis

Tell us about the hospital that arranges the dialysis, so we can contact them.

Hospital address

Postcode

Hospital phone number, if you know it.

Code

Number

Hospital record number, if you know it.

Part 32 – The child’s school or nursery

Name of child’s school or nursery

Address

Postcode

Phone number

Code

Number

Contact

For example, a teacher.



## Part 33 – The child's hospital doctor or specialist

Tell us about any hospital doctor or specialist the child has seen in the last 12 months because of their illnesses or disabilities. This might be a doctor at a child development centre. If you want to tell us about more than one person, give us the details on an extra piece of paper and send it with this form.

**Please tell us their name**

**Their address**

  


**Their phone number,**  
if you know it.

Code	Number
------	--------

**The child's record number,**  
if you know it.

**When did the child last see  
their hospital doctor or  
specialist?**

**The child's present illness  
or disability they are seeing  
a hospital doctor or  
specialist for.**

## Part 34 – The child's family doctor or health centre

**Please tell us their name**

**Their address**

  


**Their phone number,**  
if you know it.

Code	Number
------	--------

**When did the child last see  
their doctor about their  
illnesses or disabilities?**

Part 35 – Consent

We may want to contact your child’s GP, or the people or organisations involved with your child, for information in relation to your child’s claim. This may include medical information in respect of your child’s claim. You do not have to agree to us contacting these people or organisations, but if you do not, it may mean that we cannot get enough information to satisfy ourselves that your child meets the conditions of entitlement in respect of their claim.

The Department for Work and Pensions, or any health care professional providing medical services on behalf of an organisation approved by the Secretary of State, may ask any person or organisation for any information, including medical information, which we need to deal with:

- this claim for benefit, or
- any appeal or reconsideration of a decision in relation to this claim,

and that the information may be given to that health care professional or to the Department.

**Please tick one of the consent options then sign and date below.**

I **agree** to you contacting the relevant people or organisations, as in the statement above.

☐

I **do not agree** to you contacting the relevant people or organisations, as in the statement above.

☐

**Now sign and date below.**

Signature

Date

**Please make sure you sign and date the Declaration on page 37 of this claim form.**

## Part 36 – Statement from someone else who knows the child

Please note – completion of this page is optional.

Please ask someone who knows how the child's illness or disability affects them to sign this statement. This could be anyone who knows the child well. For example, a carer, relative, friend, professional health care worker or someone like this. They do not need to look at the answers on this form.

**How often do you see the child this form is about?**

**Please tell us what their illnesses and disabilities are, and how they are affected by them**

**Tell us your job, profession or relationship to the child this form is about**

**Your full name**

**Your daytime phone number**

Code	Number
------	--------

**Your address**

	Postcode
--	----------

**Your signature**

**Date**

/	/
---	---

Part 37 – About Income Support, Jobseeker’s Allowance or Pension Credit

Are you getting or waiting to hear about Income Support, Jobseeker’s Allowance or Pension Credit?

No☐

Yes☐

Is anyone within your household getting or waiting to hear about Income Support, Jobseeker’s Allowance or Pension Credit for you?

No☐

Yes☐

Please tell us their name

Their National Insurance (NI) number

Their relationship to you

Part 38 – About tax credits

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

No☐

Yes☐

Please tell us their name

Their National Insurance (NI) number

Their relationship to you

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

No☐

Yes☐

Please tell us their name

Their National Insurance (NI) number

Their relationship to you

## Part 39 – Payment Direct into an account

### We normally pay your money into an account

Many banks and building societies will let you collect your money at the post office.

We will tell you when we will make the first payment and how much it will be for.

We will tell you if the amount we pay into the account is going to change.

### Finding out how much we have paid into the account

You can check your payments on account statements. The statements may show your National Insurance (NI) number next to any payments we have made. If you think a payment is wrong, get in touch with the office that pays you straight away.

### If we pay you too much money

We have the right to take back any money we pay that you are not entitled to. This may be because of the way the system works for payments into an account.

For example, you may give us some information, which means you are entitled to less money. Sometimes we may not be able to change the amount we have already paid you. This means we will have paid you money that you are not entitled to.

**We will contact you before we take back any money.**

### What to do now

- Tell us about the account you want to use on the next page.  
By giving us your account details you:
  - agree that we will pay you into an account, and
  - understand what we have told you above in the section **If we pay you too much money.**
- If you are going to open an account, please tell us your account details as soon as you get them.
- If you do not have an account, please contact us and we will give you more information.

**Fill in the rest of this form. You do not have to wait until you have opened an account or contacted us.**

### About the account you want to use

- You can use an **account in your name**, or a **joint account**.
- You can use **someone else's account** if:
  - the terms and conditions of their account allow this, and
  - they agree to let you use their account, and
  - you are sure they will use your money in the way you tell them.
- You can use a **credit union account**. You must tell us the credit union's account details. Your credit union will be able to help you with this.
- If you are an **appointee** or a **legal representative** acting on behalf of the customer, the account should be in your name only.

Part 39 – Payment Direct into an account – continued

Please tell us your account details below.

It is very important you fill in all the boxes correctly, including the building society roll or reference number, if you have one. If you tell us the wrong account details your payment may be delayed or you may lose money.

You can find the account details on your chequebook or bank statements.  
If you do not know the account details, ask the bank or building society.

Name of the account holder

Please write the name of the account holder exactly as it is shown on the chequebook or statement.

Full name of bank or building society

Sort code

Please tell us all 6 numbers, for example: 12-34-56.

Account number

Most account numbers are 8 numbers long. If your account number has fewer than 10 numbers, please fill in the numbers from the left.

Building society roll or reference number

If you are using a building society account you may need to tell us a roll or reference number. This may be made up of letters and numbers, and may be up to 18 characters long. If you are not sure if the account has a roll or reference number, ask the building society.

You may get other benefits and entitlements we do not pay into an account.  
If you want us to pay them into the account above, please tick this box.

## Part 40 – Declaration

We cannot pay any benefit until you have signed the declaration and returned the form to us. Please return the signed form straight away.

- **I declare**  
that the information I have given on this form is correct and complete as far as I know and believe.
- **I understand**  
that if I knowingly give false information, I may be liable to prosecution or other action.
- **I understand**  
that I must promptly tell the office that pays my child's Disability Living Allowance of anything that may affect their entitlement to or the amount of that benefit.
- **I understand**  
that the Department for Work and Pensions may use the information which it has now or may get in the future to decide whether I am entitled to
  - the benefit I am claiming for my child
  - any other benefit I have claimed
  - any other benefit I may claim in the future.

**This is my claim for Disability Living Allowance.**

**Signature**

**Date**

**Print your  
name here**

**Please make sure you sign and date the Consent section on page 32 of this claim form**

## Part 41 – What to do now

Do not forget to write the child's name and reference number on any additional documents you send us.

Please list all the documents you are sending with this claim form below. For example, a prescription list, medical report, care plan, Certificate of Vision Impairment (CVI).

Check that you have signed the **Consent** statement on page 32 **and the Declaration on this page.**

Then send the completed form back to us.

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

## Part 42 – How we collect and use information

The information we collect about you and how we use it depends mainly on the reason for your business with us. But we may use it for any of the Department’s purposes, which include:

- social security benefits and allowances
- child support
- employment and training
- private pensions policy, and
- retirement planning.

We may get information from others to check the information you give to us and to improve our services.

We may give information to other organisations as the law allows, for example to protect against crime.

To find out more about how we use information, visit our website [www.dwp.gov.uk/privacy-policy](http://www.dwp.gov.uk/privacy-policy) or contact any of our offices.