

Notes about claiming

Disability Living Allowance

*for a child under 16***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.

They must normally be living in Great Britain and have lived there for 26 weeks in the 52 weeks before you claim, or 13 weeks for children under 6 months old. *Great Britain* is England, Scotland and Wales.

This is a claim pack specially for children. If you use this pack 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 leaflet **GL23 Social Security Benefit Rates**. You can get this leaflet from any Jobcentre Plus or social security office.

When to claim

Claim straight away. People are normally only entitled to Disability Living Allowance when they have needed help for 3 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.

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

About your child's National Insurance (NI) number

To link your child with the right NI account and keep that account secure, we need proof of your child's identity. It is your responsibility to give us the right information to link your child with the right account.

If you do not provide us with your child's NI number, there may be some delay in processing your application. If they do not have a NI number, or they have a temporary one beginning with the letters ZZ or TN, get in touch with your Jobcentre Plus or social security office, they will help you to apply for or trace a NI number. See **Help and advice** on **page 5** of these notes.

Carer's Allowance

If you are claiming the care component of Disability Living Allowance and there is someone looking after the child for 35 hours or more a week they may be able to get **Carer's Allowance**. See form **DS700** for more information which you can get from your Jobcentre Plus or social security office. If someone thinks they may qualify for Carer's Allowance they should not delay putting in their claim, even if your child's Disability Living Allowance claim has not been decided.

The questions in the claim pack

- Answer all the questions that apply to the child you are claiming for and complete in black ink wherever possible. 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 the child may get because of this claim may be delayed if you have not filled in the claim form properly. If you find it difficult to fill in these forms, do not worry. One of our staff can help you. **Help and advice** on page 5 tells you what help you can get filling in the forms.

- 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.
- 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.

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.

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.

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 help or supervision 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 may 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.

Special Rules

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

About the forms in this claim pack

About section 1

- **Section 1** asks about your child and for some general information.
- Before you fill in **section 1**, look under **Help and advice**.
- Please send **section 1** back to us as soon as you can.

About section 2

- **Section 2** asks how their illnesses or disabilities affect them.
- Please fill in **section 2** – it will help us to deal with your child's claim quickly.
- If you find it difficult to fill in **section 2**, look under **Help and advice**.
- 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.

What is Medical Services

If a medical examination is required we will ask Medical Services to arrange this on behalf of the Disability and Carers Service.

When Medical Services receive a case for examination, they send a letter which outlines their service. This includes details of the examination, complaints procedures and that interpreters and same-sex doctors will be arranged wherever possible. A doctor will then contact you to arrange an appointment for the examination.

Medical Services arrange your appointment, ask a doctor to conduct a medical examination and provide a report of their opinion to the Disability and Carers Service. The decision maker will make a decision on your child's claim using the doctor's report and any other evidence or information available.

You can ask for a copy of the report from the office dealing with your child's claim.

If you are unhappy about any part of the service provided by Medical Services, or simply feel they could do things better, please tell the doctor who conducts the examination. If they cannot help you immediately, they will give you a customer care leaflet, which tells you how to make a complaint or a suggestion, and what Medical Services will do to investigate the complaint or suggestion.

If you complain about a doctor and Medical Services agree with your complaint, they will arrange for action to be taken. If the medical report is found to be factually incorrect, or the doctor has given an opinion that they cannot justify, Medical Services will tell the office dealing with your child's claim.

Please turn over ►

When Medical Services have all the information they need, they will decide what they can do. If something is wrong, they will put it right and tell you what they have done. If you prefer, you can contact the Medical Services Customer Relations Manager named in the Medical Services customer care leaflet. Remember that Medical Services cannot change a decision on your child's benefit. If you think the decision on your child's benefit is wrong you can ask the Disability and Carers Service office dealing with your child's claim to look at it again. The address will be on the letter telling you the decision.

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

- Ring the Benefit Enquiry Line (BEL) for people with disabilities.

The number is **0800 88 22 00**. The textphone number is **0800 24 33 55**.

The person you speak to may need to arrange for someone to phone you back. The person who calls you back is specially trained to help you fill in these forms. They will have a copy of the claim pack and they will go through it with you over the phone. Or they can fill in a claim pack for you.

If they fill in the claim pack for you, they will send it to you. You can then check, sign and send it back. They can send you a completed claim pack in braille or large print. They will send you an envelope. It will not need a stamp.

We can provide an interpreter, if required, or you may wish to arrange for a friend or family member to interpret for you.

- If you cannot use the phone, we may be able to send someone to visit your child. Write to us at the address on the envelope that came with this claim pack. If you have a visit, it may take us longer to deal with your child's claim.
- You may be able to get help from an organisation that specialises in helping people with the child's illness or disability. Phone them and ask if they can help you.

Help and advice

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

- Ring the Benefit Enquiry Lines (BEL) for people with disabilities.

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 Citizens Advice Bureau.

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

- Get in touch with your Jobcentre Plus or social security office. 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 the Citizens Advice Bureau.

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 10am to 4pm. This is a voluntary organisation, funded by the Department of Health, to give information about issues such as benefits, respite, community care, medical conditions and support groups for families.

If you want more information about Child Tax Credit or Working Tax Credit

- ring 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.inlandrevenue.gov.uk/taxcredits**

For more information about Pension Credit

- get leaflet **PC1L** *Pick it up. It's yours*
- ring the **Pension Credit application line**. 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.thepensionservice.gov.uk**

Disability Living Allowance

DLA1A Child
section 1

Claim for a child under 16

Do not delay in returning this claim pack as benefit can only be considered from the date we receive it.

You may find it easier to fill in the forms in this claim pack 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.

About the child

Surname

Other names

Any other surnames the child has had

Sex Male Female

Address where the child lives
Postcode

Previous address if the child has moved in the last two years
Postcode

The child's date of birth / /

Child reference number if you know it. Letters Numbers Letter

What is the child's nationality?

We may get in touch with you for more information.

Has a claim been made for Disability Living Allowance for the child in the past 3 years? No Yes Not sure

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 2 years.

Postcode

Daytime phone number where we can contact you or leave a message.

Code

Number

Please tick the appropriate box

Home Work Mobile Fax Textphone

What is your relationship to the child?

For example, parent, step-parent, foster parent, guardian, etc.

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 the front of the Child Benefit order book or on letters about the benefit.

Making payments to you

This section asks for the information we need to pay your child's benefit.

Our policy is to pay all benefits directly into an account. This is the safest way to pay you and lets you choose how and when you get your child's money. You can use a bank or building society account. You may be able to use a cash machine, which will usually mean you can get your child's money at any time of the day or night. The Post Office® also provides a bank account that we can pay benefits into. With this account you can only collect your child's money in cash from Post Office branches. There are arrangements with a number of major banks and building societies so that you can collect cash from some of their accounts at your local Post Office branch.

● A – Payment direct into an account

We recommend that you get your child's money in this way because

- it is safe and secure
- it is convenient – you decide when and how much you want to withdraw
- using an account may help you to save
- from some accounts you could have regular bills paid. This could save you money but you will need to make sure that there is enough money in your account to pay the bills. If not, you may be charged a fee
- you can get your money from many different places.

The account can be

- in your name, or
- in the name of your partner.
We use *partner* to mean a person you are married to or a person you live with as if you are married to them, or
- in both the names of yourself and your partner.

Restricted arrangements apply for the Post Office® card account (see **section C**).

How often are you going to be paid

We will pay your child's Disability Living Allowance at the end of every 4 week period

Finding out how much is paid into the account

We will tell you when the first payment will be made and how much it is for. After that, we will pay the same amount into your account at the end of every 4 weeks unless we tell you otherwise.

You can check your child's benefit payments on your account statements. Your statements may show your child's National Insurance (NI) number next to payments that are from us. If you think your payment is wrong, get in touch with us.

If not enough money is paid into the account

We will make another payment to you or add the money we owe you to your next payment. We will contact you to tell you what we are going to do.

Sometimes too much money may be paid into your account.

If this is because of the way the system works for payments direct into an account, we have the right to claim back any money you are not entitled to. For example, you may give us information which means your child is entitled to less money and it is not possible or practicable to change the amount already sent out for payment. We will always tell you in writing if we claim back money under this rule.

Making payments to you – continued

● B – How I would like my child's money paid

Tick this box to confirm that you agree to have your child's Disability Living Allowance paid directly into an account and that you have read and understood the notes about being paid this way. Tell us about your account details below.

Tick this box if you do not have an account or you have an account but are unwilling to use it. Then go to **section C** of this form.

● Account details

Is this account

Please tick the box to show the account you wish to use.

In your name, or

In the name of your partner

We use *partner* to mean a person you are married to or a person you live with as if you are married to them, or

In both the names of yourself and your partner.

Tell us about the account you would like your benefit paid into.

You will find the account details on your chequebook, passbook or statements.

Payments can be made into most bank or building society accounts, but **not** mortgage accounts.

Not all accounts are accessible at Post Office branches. If this is important to you, please remember to ask your bank or building society whether you can use your account at a Post Office branch.

If you are unsure about any details, ask the bank or building society, or the Post Office if it is a Post Office® card account.

1 What name or names is the account in?

Please write the name or names as they appear on the chequebook, passbook or statement.

2 Full Name of bank or building society

Print the full name of your bank or building society.

For a Post Office® card account insert the words Post Office.

3 Sort Code

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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4 Account number

This is 7 to 10 numbers long.

Making payments to you – continued

● B – How I would like my child's money paid continued

More information if it is a building society account

- 5 **Building Society roll or reference number** – some building society accounts use a roll or reference number. The number is on the passbook. **If you are not sure if the account has a roll or reference number, ask the building society.** The roll or reference can contain letters and numbers and can be up to 18 characters long.

Please make sure that you give us all the account details we have asked for.

● C – If you are unable or unwilling to complete section B

If you do not have a suitable bank or building society account or you are unwilling to use an existing account, for example a joint account, any bank or building society will help you open an account that suits you better. Remember to ask whether their accounts allow you to get your money from Post Office branches, if this is important to you.

● Basic bank accounts

If you have had problems opening an account, or if you are worried about being overdrawn, you could ask about opening a basic bank account. These are sometimes called introductory or starter accounts and are available from all major banks. These accounts offer free banking but overdrafts are not available. You can use these accounts to pay money in, pay bills automatically and get cash out. Most basic bank accounts also allow you to get cash from Post Office branches.

If you do not want to use one of the above accounts, you may want to open a Post Office® card account.

● Post Office® card account

This is a simple bank account that can only have benefit and tax credit payments paid into it. You can only collect payment from it in cash at a Post Office branch. You will not have a cheque book and cannot withdraw money at a cash machine. You will not be able to run up an overdraft, pay bills by Direct Debit or Standing Order, or have your salary or any other money paid in. The account can only be in your name.

Making payments to you – continued

● What to do now

Tick the box that applies to you.

- I am opening a bank or building society account or I am going to open one
- I want more information about opening a bank or building society account or a Post Office® card account
- I do not agree to having my child's money paid direct into any type of account We will contact you about this.

Complete the claim form and send it to us now.

Do **not** wait until you have opened an account.

Once you have opened an account and have been awarded your child's benefit, please let us know your account details as soon as possible.

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 someone else 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

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

About the child's illnesses or disabilities

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 in **section 2** of this claim pack.

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.

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.

Please tell us their name

Their address

Postcode

Their phone number, if you know it.

Code	Number
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What is their job?

When did they last see the child?

Claiming under the *Special Rules*

The *Special Rules* and the **DS1500 Report** are explained in the blue sheet called **Notes about Claiming under the *Special Rules***.

Are you claiming for the child under the *Special Rules*?

No

Yes

More about the child

Does the child normally live in Great Britain?
Great Britain is England, Scotland and Wales.

No

Yes

Where do they live? Please tick appropriate box

England

Scotland

Wales

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

Yes

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.

Tell us when they went abroad.

From

 / /

To

 / /

Tell us where they went.

Tell us why they went.

Do either of the parents or step-parents of the child have any income from abroad that they do not have to pay UK tax on?
The UK is England, Scotland, Wales and Northern Ireland.

No

Yes

We will write to you about this. But please still fill in the rest of this form.

About nights in hospital and nights in residential care

Has the child been in hospital or residential care in the past 13 weeks?

No

Go to the next question under the orange line.

Yes

Tell us when they went in. If they have come out of hospital or residential care, 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

The child's school/nursery

Name of child's school/nursery

Address

Postcode

Phone number

 Code Number

Contact

This could be a teacher for example

The child's family doctor or GP

Please tell us their name

Their address

Their phone number,
if you know it.

<input type="text"/>	<input type="text"/>
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When did the child last see
their doctor about their
illnesses or disabilities?

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.

<input type="text"/>	<input type="text"/>
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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/disability they are
seeing a hospital doctor or
specialist for

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.

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

- 1 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 on page 9.
- 2 **Sign the Declaration on page 15.**
- 3 If you want to claim Disability Living Allowance for the child for help with getting around
 - read the **Notes about claiming Disability Living Allowance**, where we explain what we mean by help with getting around
 - go to **section 2** in this claim pack. Fill in **About the child** which starts on page 1. And fill in page 1 to page 4. Then go to page 25 and fill in this page.

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.

Please send everything to us so that we will get it by the date shown on the front of this form. If you wait longer you could lose money.

If you cannot get your **DS1500 Report** straight away, do not wait to send us the claim.

Please turn over ►

What to do now

Tick the box that applies to you. Only tick **one** box.

1 If you can, send us both sections together.

This will help us to deal with the claim quickly.

If you are sending **section 2** with this form, tick this box.

Now sign the Declaration

2 If you cannot send both sections together,

send **section 1** now, and **section 2** when you have filled it in.

If you are going to send **section 2** later, tick this box.

Now sign the Declaration

3 If you have difficulty filling in section 2, you can

phone on **0800 88 22 00**. If you cannot use the phone, we may be able to send someone to visit you to help you fill in **section 2**, tick this box.

Now sign the Declaration

4 If you do not want to fill in section 2, you can ask for a doctor to visit. The doctor will normally examine the child.

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

Now sign the Declaration

Remember – if you leave **section 2** with someone else so they can fill in the statement on page 26, send **section 1** to us straight away. Do not wait until you get **section 2** back. We will tell you when we have received **section 1**. If you do not hear from us within 2 weeks from when you send us **section 1**, please get in touch.

Declaration

● **I declare**

that the information I have given on this form is correct and complete.

● **I understand**

that if I knowingly give information that is incorrect or incomplete, action may be taken against me.

● **I understand**

that I must promptly tell the office that pays my child's benefit of anything that may affect my entitlement to or the amount of that benefit.

● **I declare**

that where I have given, or intended to give, information so that my child's benefit can be paid **directly** into an account, I have read and understood the notes on **page 3** of this form.

● **I agree**

to the child's benefit being paid directly into the account nominated and to the Department's right to recover overpayments as described on **page 3** of this claim form.

Declaration – continued

- **I agree**

that the Department for Work and Pensions or any doctor, or doctor providing medical services on behalf of an organisation, approved by the Secretary of State may ask any of the people or places mentioned on this form for any information which is needed to deal with

- this claim for benefit, or
- any request for this claim to be looked at again

and that the information may be given to that doctor or to the Department.

- **I understand**

that the Department 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.

Warning – to knowingly give false information may result in prosecution.

Signature

Date

How we collect and use information

The Department for Work and Pensions collects information for social security, child support, vaccine damage, employment and training purposes. The information we collect about you will depend on the nature of your business with us but may be used for any of the Department's purposes.

We may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information about you from certain third parties, or give information to them, to check the accuracy of information, to prevent or detect crime, or to protect public funds in other ways, for research and statistical purposes, as permitted by law.

These third parties include other government departments, local authorities, and private sector bodies such as banks and organisations that may lend you money.

We will not disclose information about you to anyone outside the Department unless the law permits us to. The Department is the Data Controller for the purposes of the Data Protection Act. If you want to know more about what information we have about you, or the way we use your information, you can contact any of the Department's offices and ask for the leaflet **GL33 Data Protection Act 1998 – It affects you**. Or you can find a copy of the leaflet on our website. The address is www.dwp.gov.uk

How the child's illness or disability affects them

DLA1A Child
section 2

If you find it difficult to fill in section 2 do not worry. Phone on **0800 88 22 00** and we will help you. **Help and advice** on page 2 of the **Notes about claiming Disability Living Allowance** tells you how else we can help you.

Your answers in this section will help us to get a clear picture of how the child's illness or disability affects them. This will help us to decide if they can get Disability Living Allowance. Before you fill in this form, you may find it useful to

- have a look through the form to see what we need to know
- keep a record for a day or two of how the child's illness or disability affects them.

If there is not enough space on the form for your answers, you can write on a separate piece of paper and send it with the form. If you use extra pieces of paper, make sure we can tell which question you are answering.

Statement from a person who knows the child

We ask you for a statement from someone who knows how the child's illnesses or disabilities affect them. This is on page 26 of this form. Try to get this statement filled in. It will help us to deal with the claim quickly. But if you cannot get the statement filled in, do not worry – we will normally write to someone who can tell us about the child's illness or disability. But it may take longer to deal with the claim.

For people claiming under the *Special Rules*

Only fill in this form if you want to claim Disability Living Allowance for a child for help with getting around, otherwise please keep **section 2** for future use. We do not need to know about the help that the child needs with personal care.

Fill in pages 1 to 4. Then go to page 25 and fill in this page.

About the child

Please fill in these details again, so that we can keep all the papers together.

The child's full name and address

Postcode

Date of birth

/ /

Child reference number if you know it.

Letters	Numbers	Letter

About the child – continued

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

- | | | |
|---|--------------------------|---|
| is blind or partially sighted | <input type="checkbox"/> | Partially sighted means that they have problems with their eyesight even when wearing glasses or contact lenses. |
| has problems with hearing even with a hearing aid | <input type="checkbox"/> | |
| has problems with speech or language which affects communication with other people | <input type="checkbox"/> | |
| is both deaf and blind | <input type="checkbox"/> | 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 | <input type="checkbox"/> | |
| was born without legs or feet or has had both legs amputated above or through the ankle | <input type="checkbox"/> | |
| has a learning difficulty | <input type="checkbox"/> | |
| has a mental health problem | <input type="checkbox"/> | |
| has both a severe learning disability and severe behavioural problems | <input type="checkbox"/> | |
| has a long term illness | <input type="checkbox"/> | |

About Disability Living Allowance for children

All children need some help or supervision. For a child to get Disability Living Allowance they must need **more** help or supervision than other children of the same age who do not have their illnesses or disabilities. Tell us in this form about the **extra** help the child needs. Tell us as much as you can about the ways the child's illnesses or disabilities affect them. The more you tell us, the easier it is for us to get a clear picture of the type of help the child needs. You can claim Disability Living Allowance for children as soon as they are born, but we cannot start to pay until they are **3 months old**.

We know that illnesses or disabilities can affect people more on one day than another – they have **good days and bad days**. If the child you are claiming for has good days and bad days, try to tell us about the problems they have **most** of the time. If you are not sure if we need to know something, tell us anyway.

We know that some of the questions will be difficult to answer, especially for babies and very young children, but please try to tell us as much as you can.

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 4.

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

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?

No

Go to Page 5.

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

Yes

- 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.

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.

Remember – if you need help filling in this form, or any part of it, phone on **0800 88 22 00**.

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 6.

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?

Roughly how long do 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?

Roughly how long do they need someone awake with them each time during the night?

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

minutes

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.

Does the child have a delay in their development of physical or sensory skills?

For example,

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

Or something else.

No

Go to the next question under the thick green 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.

Roughly how many times a day does the child need help?

times a day

Roughly how long does it take each time?

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

minutes

Does the child have a delay in their development of learning skills?

For example,

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

Or something else.

No

Go to Page 7.

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.

Roughly how many times a day does the child need help?

times a day

Roughly how long does it take each time?

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

minutes

About the child's development – continued

Does the child have a delay in their development of social skills?

For example,

- interacting with others
- communicating with others.

Or something else.

No

Go to the next question under the thick green 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.

Roughly how many times a day does the child need help?

times a day

Roughly how long does it take 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 Page 8.

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.

Roughly how many times a day does the child need help?

times a day

Roughly how long does it take each time?

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

minutes

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

Roughly how long does it take 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

Remember – if you need help filling in this form, or any part of it, phone on **0800 88 22 00**.

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

Roughly how long does the child take to have a bath or shower?

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

minutes

Getting dressed or undressed

Does the child have difficulties getting dressed or undressed?

No

For example, they may

- need someone to help them, or it may take a long time
 - have poor co-ordination
 - have no control over their arms or legs
 - not be able to judge appropriate clothes.
- Or they may need help with something else.

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 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

Roughly how long does it take the child to get dressed or undressed?

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

minutes

Remember – if you need help filling in this form, or any part of it, phone on **0800 88 22 00**.

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

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

Roughly how long does it take each time?

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

minutes

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

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

Roughly how long does it take each time?

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

minutes

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 green 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

Roughly how long does it take 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 13.

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

Roughly how long does it take each time?

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

minutes

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

Go to Page 14.

Yes

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

Roughly how long does it take each time?

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

minutes

Remember – if you need help filling in this form, or any part of it, phone on **0800 88 22 00**.

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

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

Roughly how long does it take each time?
We know this may be difficult, but please try to tell us in minutes.

minutes

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

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

Roughly how long does it take each time?
We know this may be difficult, but please try to tell us in minutes.

minutes

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 Page 16.

Yes Tell us about this.

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

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

Roughly how long does it take each time?

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

minutes

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

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

Roughly how long does it take each time?

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

minutes

Help with therapy

Does the child need help with 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 Page 17.

Yes

Tell us about this.

Tell us about the help or encouragement the child needs with 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

Roughly how long does it take each time?

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

 minutes

Tell us about the help or encouragement the child needs with 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

Roughly how long does it take each time?

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

 minutes

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 Page 18.

Yes Tell us about this.

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

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

Roughly how long does it take each time?
We know this may be difficult, but please try to tell us in minutes.

minutes

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

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

Roughly how long does it take each time?
We know this may be difficult, but please try to tell us in minutes.

minutes

Remember – if you need help filling in this form, or any part of it, phone on **0800 88 22 00**.

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 Page 19.

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 roughly how often this happens.

Roughly how long does the child need help each time?

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

minutes

Tell us about the help the child needs.

During the night

Tell us roughly how often this happens.

Roughly how long does the child need help each time?

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

minutes

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 Page 20.

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.

Remember – if you need help filling in this form, or any part of it, phone on **0800 88 22 00**.

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 the next question under the thick green line.

Yes

Tell us about this.

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

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.

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 Page 22.

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

Roughly how long does it take each time?

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

minutes

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 6 sets of boxes:

- 3 boxes for 3 different things when they go out, and
- 3 boxes for 3 different things at home

You do not have to fill in every set unless you need to tell us about 6 different things. If you want to tell us about more than 6 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?

[]

Remember – if you need help filling in any part of this form, phone 0800 88 22 00.

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?

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?

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.

Remember – if you need help filling in this form, or any part of it, phone on **0800 88 22 00**.

About the child's condition

Tell us when the child started to have the problems you have told us about.

 / /

If the problems with getting around and with personal care started on different dates, tell us about this. Tell us the exact dates if you can. But if you cannot remember, tell us roughly when this was.

Do you think the child will have the difficulties you have told us about for the next 6 months or longer?

No

Tick one of these boxes.

Yes

Declaration

Please sign this form here.

Even if you have already signed **section 1**, still sign this form here.

The information I have given about the way the child's illnesses or disabilities affect them is correct and complete.

Warning – to knowingly give false information may result in prosecution.

Signature

Date

 / /

What to do now

Get the statement on the next page filled in if you can. It will help us deal with the claim quickly. If you cannot get the statement filled in, do not worry. We will normally write to the child's doctor or to someone else who can tell us about their illness or disability. But it may take longer to deal with the claim.

Please turn over ►

