

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



Before you fill in this form, read page 3 of the notes booklet that came with this form.

## About you

Please tell us your personal details. **If you are filling in this form for someone else, tell us about them, not you.**

**1 Surname or family name**

**All other names in full**

**Title**

For example, Mr, Mrs, Miss, Ms

**Letters**    **Numbers**    **Letter**

**2 National Insurance number**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**3 Date of birth (day/month/year)**

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
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**4 Sex**

Male

Female

**5 Address where you live**

Postcode

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**6 Daytime phone number** where we can contact you or leave a message.

**Phone number,**  
including the dialling code

Tick to show how you would prefer us to contact you.

Phone

Textphone

Our textphone service does not receive messages from mobile phones.

**Mobile number**

**7 What is your nationality?**

For example, British, Spanish, Turkish

# About you (continued)

8 Do you normally live in Northern Ireland?



For more information please read page 7 of the **notes**.

Yes  Please continue below.

No  Go to question 9.

9 Have you been abroad for more than a total of 13 weeks in the last 52 weeks?

Abroad means out of Northern Ireland.

Yes  Please continue below.

No  Go to question 10.

Please tell us when you went abroad.

From

To

Tell us where you went.

Tell us why you went.

If you have been abroad more than once in the last 52 weeks, please tell us the dates you went, where you went and why you went at question 49 **Extra information**.

10 What type of accommodation do you live in?

For example, you may live in a house, bungalow, flat, supported housing, residential care home, nursing home or somewhere else.

# Signing the form for someone else

## 11 Signing the form for someone else

You can fill in this form for another adult, but they must still sign it themselves unless **one or more of the following apply**. Please tick all the relevant boxes.

- I hold a power of attorney to receive and deal with their benefits from social security, or
- I act as a deputy for them, appointed by the Court of Protection

**Send us the relevant document (or certified copy) with this claim form and sign the declaration on their behalf.** Copies must be certified and signed as being true and complete by the the person this form is about, a solicitor or a stockbroker.

- I am an Appointee, appointed by the Department for Social Development (DSD), to receive and deal with their benefits and their letters from social security.

**We will send all letters about Attendance Allowance to you.**

- They cannot manage their affairs due to a mental-health problem or learning disability.

**We will contact you about this.** If the customer cannot manage their affairs, the DSD may appoint you to get their benefits and to deal with letters from social security.

- They are so ill or disabled they find it impossible to sign for themselves.

**We will contact you about this.**

- I am claiming for them under the special rules.

**i** You **must** read the **notes about special rules** on page 8 of the **notes**. Then decide if you should tick this box.

**If the person does not know you are signing this form for them, tell us why.**

Your name

National Insurance number

Letters	Numbers	Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of birth (day/month/year)

 /  / 

Your address

<input type="text"/>							
<input type="text"/>							
Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Daytime phone number, including the dialling code

# About your illnesses or disabilities and the treatment or help you receive

**12** Please list separately details of your illnesses or disabilities in the table below.

By illnesses or disabilities we mean physical, sight, hearing or speech difficulty or mental-health problems.

**If you have a spare up-to-date printed prescription list**, please send it in with this form. If you send in your prescription list you do not need to tell us about your medicines and dosage in the table below.

You can find the dosage on the label on your medicine.

By treatments we mean things like physiotherapy, speech therapy, occupational therapy or visiting a day-care centre or a mental-health professional for counselling or other treatments.

Name of illness or disability	How long have you had this illness or disability?	What medicines or treatments (or both) have you been prescribed for this illness or disability?	What is the dosage and how often do you take each of the medicines or receive treatment?
<b>Example</b> Alzheimer's	Two years	Aricept	10 milligrams (mg) One tablet a day
<b>Example</b> Kidney failure	One year	Dialysis	Two times a week
<b>Example</b> Partially sighted	About 10 years	None	None

If you need more space to tell us about your illnesses or disabilities, please continue at question 49 **Extra information**.

# About your illnesses or disabilities and the treatment or help you receive (continued)

**13** Apart from your GP, in the last 12 months have you seen anyone about your illnesses or disabilities?

For example, a hospital doctor or consultant, district or specialist nurse, community psychiatric nurse, occupational therapist, physiotherapist, audiologist or social worker.

Yes  Please continue below.

No  Go to question 14.

**Their name** (Mr, Mrs, Miss, Ms, Dr)

**Their profession or specialist area**

**The address where you see them**

For example, the address of the health centre or hospital

Postcode							

**Their phone number,**  
including the dialling code

**Your hospital record number**

You can find this on your appointment card or letter.

**Which of your illnesses or disabilities do you see them about?**


**How often do you usually see them because of your illnesses or disabilities?**

**When did you last see them because of your illnesses or disabilities?**

	/		/	
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If you have seen more than one professional, please tell us their contact details, what they treat you for and when you last saw them at question 49 **Extra information**.

# About your illnesses or disabilities and the treatment or help you receive (continued)

## 14 Does anyone else help you because of your illnesses or disabilities?

For example, a carer, support worker, nurse, friend, neighbour or family member.

Yes  Please continue below.

No  Go to question 15.

**Their name**

**Their address**

Postcode								

**Their phone number,**  
including the dialling code

**What help do you get  
from them?**


**Their relationship to you**

**How often do you see them?**

If more than one person helps you, please tell us their name and how they help you at question 49 **Extra information**.

## 15 About your GP

The GP only gives details of medical fact, they don't decide if you can get Attendance Allowance.

**Their name**

If you do not know your GP's name, please give the name of the surgery or health centre.

**Their address**

Postcode								

**Their phone number,**  
including the dialling code

**When did you last see them  
because of your illnesses  
or disabilities?**

	/		/	
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# About your illnesses or disabilities and the treatment or help you receive (continued)

## 16 Consent

We may want to contact your GP, or the people or organisations involved with you, for information about your claim. This may include medical information. You do not have to agree to us contacting these people or organisations, but if you don't agree, we may be unable to make sure you are entitled to the benefit you are claiming.

We, or any health care professional working for an organisation approved by the Department, may ask any person or organisation to give them or us any information, including medical information, which we need to deal with:

- this claim for benefit, or
- any appeal or other request to reconsider a decision about this claim.

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

I agree to you contacting the people or organisations described in the statement above.

I do not agree to you contacting the people or organisations described in the statement above.

**Signature**

**Date**

**Please make sure you also sign and date the declaration at question 50.**

## 17 Special rules



You **must** read page 8 of the **notes** about special rules before you complete this question.

The special rules are for people who have a progressive disease and are not expected to live longer than another six months.

**If you are not claiming under the special rules, please go to question 18.**

**If you are claiming under the special rules, tick this box.**

If you are claiming under the special rules please go straight to question 43.

Then please send this form to us with a DS1500 report. You can get the report from your doctor or specialist.

If you have not got your DS1500 report by the time you have filled in the claim form, send the claim form straight away. If you wait, you could lose money. Please send the DS1500 report when you can.

Please make sure you sign the **consent** above and the **declaration** question 50.

# About your illnesses or disabilities and the treatment or help you receive (continued)

If you are claiming under the special rules, please go to question 43. You do not have to answer any more questions until then.

**18**

## Do you have any reports about your illnesses or disabilities?

These may be from a person who treats you, for example, an occupational therapist, hospital doctor or counsellor. It may be an assessment report, a care plan or something like this.

Yes  Please send us a copy with this claim form or as soon as you can. No  Go to question 19.

Do not worry if you do not have any reports. Just send in your claim form.

**19**

## Are you on a waiting list for surgery?

Yes  Tell us about this in the table below. No  Go to question 20.

The date you were put on the waiting list	What surgery are you going to have?	When is the surgery planned for, if you know this?
<b>Example</b> 1st March 2011	Operation to replace my right hip	1 July 2011

**20**

## Have you had any tests for your illnesses or disabilities?

For example, a peak flow, a treadmill exercise, a hearing or sight test or something else.

Yes  Tell us about these in the table below. No  Go to question 21.

Date and type of test	Results
<b>Example</b> February 2011 treadmill test	Four minutes (stage 2)

# About your illnesses or disabilities and the treatment or help you receive (continued)

**21** Where is there a toilet in your home?

Upstairs  Downstairs  Other

Tell us where.

**22** Where do you sleep in your home?

Upstairs  Downstairs  Other

Tell us where.

**23** Please list any aids or adaptations you use.

**Put a tick in the second box against those that have been prescribed by a health care professional, for example, an occupational therapist.**

If you have difficulty using any aids or adaptations or you need help from another person to use them, tell us in the table below.



For more information please read page 9 of the **notes**.

Aids and adaptations	<input type="checkbox"/>	How does this help you?	What difficulty do you have using this aid or adaptation?
<b>Example</b> Magnifier	<input checked="" type="checkbox"/>	Helps me to see the print in the newspaper.	None
<b>Example</b> Stairlift	<input type="checkbox"/>	I can get up and down stairs	I need help to get in and out of the chair.
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

If you need more space to tell us about your aids or adaptations, please continue at question 49 **Extra information**.

# Your care needs during the day

During the day includes the evening. Care needs during the night are covered later.

By care needs we mean help or supervision, due to an illness or disability, with:

- everyday tasks like getting in and out of bed, dressing, washing
- taking part in certain hobbies, interests, social or religious activities, or
- communication.

Help means physical help, guidance or encouragement from someone else so you can do the task.

Use the tick boxes to tell us about the difficulty you have or the help you usually need. Usually means most of the time.

It is important that you tell us about the difficulty you have or the help you need, whether you get the help or not.



For more information about care and supervision see page 5 of the notes.

24

**Do you usually have difficulty or do you need help getting out of bed in the morning or getting into bed at night?**

**Yes**  Please tick the boxes that apply to you.

**No**  Go to question 25.

**I have difficulty or need help:**

- getting into bed
- getting out of bed

**I have difficulty concentrating or motivating myself and need:**

- encouraging to get out of bed in the morning
- encouraging to go to bed at night

**Is there anything else you want to tell us about the difficulty you have or the help you need getting in or out of bed?**

For example, you may go back to bed during the day or stay in bed all day.

**Yes**  Tell us in the box below.

**No**  Go to question 25.


# Help with your care needs during the day (continued)

25

**Do you usually have difficulty or do you need help with your toilet needs?**

This means things like getting to the toilet, or using the toilet, commode, bedpan or bottle. It also means using or changing incontinence aids, or a catheter or cleaning yourself.

**Yes**  Please continue below.

**No**  Go to question 26.

**Please tell us what help you need and how often you need this help.**

**For example**

If you need help to get to and use the toilet four times a day, you would fill in the boxes as shown below.

**I have difficulty or need help:**

- with my toilet needs

**How often each day?**

**I have difficulty or need help:**

- with my toilet needs

**How often each day?**

- with my incontinence needs

**I have difficulty concentrating or motivating myself and need:**

- encouraging with my toilet needs

**How often each day?**

- encouraging with my incontinence needs

**Is there anything else you want to tell us about the difficulty you have or the help you need with your toilet needs?**

**Yes**  Tell us in the box below.

**No**  Go to question 26.


## Help with your care needs during the day (continued)

26

**Do you usually have difficulty or do you need help with washing, bathing, showering or looking after your appearance?**

This means things like getting into or out of the bath or shower, checking your appearance or looking after your personal hygiene. Personal hygiene includes things like cleaning your teeth, washing your hair, shaving or something like this.

**Yes**  Please continue below.

**No**  Go to question 27.

**Please tell us what help you need and how often you need this help.**

**I have difficulty or need help:**

**How often each day?**

• looking after my appearance

• getting in and out of the bath

• washing and drying myself or looking after my personal hygiene

• using a shower

**I have difficulty concentrating or motivating myself and need:**

**How often each day?**

• encouraging to look after my appearance

• encouraging or reminding about washing, bathing, showering, drying or looking after my personal hygiene

**Is there anything else you want to tell us about the difficulty you have or the help you need washing, bathing, showering or looking after your appearance or personal hygiene?**

**Yes**  Tell us in the box below.

**No**  Go to question 27.


# Help with your care needs during the day (continued)

**27** Do you usually have difficulty or do you need help with dressing or undressing?

**Yes**  Please continue below.      **No**  Go to question 28.

**Please tell us what help you need and how often you need this help.**

**I have difficulty or need help:**

**How often each day?**

• with putting on or fastening clothes or footwear

• with taking off clothes or footwear

• with choosing the appropriate clothes

**I have difficulty concentrating or motivating myself and need:**

**How often each day?**

• encouraging to get dressed or undressed

• reminding to change my clothes

**Is there anything else you want to tell us about the difficulty you have or the help you need dressing or undressing?**

For example, you may get breathless, feel pain or it may take you a long time.

**Yes**  Tell us in the box below.      **No**  Go to question 28.


# Help with your care needs during the day (continued)

**28** Do you usually have difficulty or do you need help with moving around indoors?  
By indoors we mean anywhere inside, not just the place where you live.

**Yes**  Please tick the boxes that apply to you.

**No**  Go to question 29.

**I have difficulty or need help:**

- walking around indoors
- going up or down stairs
- getting in or out of a chair
- transferring to and from a wheelchair

**I have difficulty concentrating or motivating myself and need:**

- encouraging or reminding to move around indoors

**Is there anything else you want to tell us about the difficulty you have or the help you need with moving around indoors?**

For example, you may hold on to furniture to get about or it may take you a long time.

**Yes**  Tell us in the box below.

**No**  Go to question 29.


# Help with your care needs during the day (continued)

**29** Do you fall or stumble because of your illnesses or disabilities?

For example, you may fall or stumble because you have weak muscles, stiff joints or your knee gives way, or you may have problems with your sight, or you may faint, feel dizzy, blackout or have a fit.

Yes  Please continue below.      No  Go to question 30.

**What happens when you fall or stumble?**

Tell us why you fall or stumble and if you hurt yourself.


**Do you need help to get up after a fall?**

Tell us if you have difficulty getting up after a fall and the help you need from someone else.

Yes  Tell us in the box below.      No


**When did you last fall or stumble?**

If you don't know the exact date, tell us roughly when this was.

/    /
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**How often do you fall or stumble?**

Tell us roughly how many times you have fallen or stumbled in the last month or year.

times last month
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times last year
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# Help with your care needs during the day (continued)

**30** Do you usually have difficulty or do you need help with cutting up food, eating or drinking?

This means things like getting food or drink into your mouth or identifying food on your plate.

Yes  Please continue below.

No  Go to question 31.

**I have difficulty or need help:**

**How often each day?**

• eating or drinking

• with cutting up food on my plate

**I have difficulty concentrating or motivating myself and need:**

**How often each day?**

• encouraging or reminding to eat or drink

**Is there anything else you want to tell us about the difficulty you have or the help you need with cutting up food, eating or drinking?**

Yes  Tell us in the box below.

No  Go to question 31.


## Help with your care needs during the day (continued)

**31** Do you usually have difficulty or do you need help with taking your medicines or with your medical treatment?

This means things like injections, an inhaler, eye drops, physiotherapy, oxygen therapy, speech therapy, monitoring treatment, coping with side effects, and help from mental-health services. It includes handling medicine and understanding which medicines to take, how much to take and when to take them.

**Yes**  Please continue below.      **No**  Go to question 32.

**Please tell us what help you need and how often you need this help.**

**I have difficulty or need help:**

**How often each day?**

• taking my medication

• with my treatment or therapy

**I have difficulty concentrating or motivating myself and need:**

**How often each day?**

• encouraging or reminding to take my medication

• encouraging or reminding about my treatment or therapy

**Is there anything else you want to tell us about the difficulty you have or the help you need taking your medication or with medical treatment?**

**Yes**  Tell us in the box below.      **No**  Go to question 32.


# Help with your care needs during the day (continued)

**32** Do you usually need help from another person to communicate with other people?

For example, you may have a mental-health problem, learning disability, sight, hearing or speech difficulty and need help to communicate. Please answer as if using your normal aids, such as glasses or a hearing aid.

**Yes**  Please tick the boxes that apply to you.

**No**  Go to question 33.

**I have difficulty or need help:**

- understanding people I do not know well
- being understood by people who do not know me well
- concentrating or remembering things
- answering or using the phone
- reading letters, filling in forms, replying to mail
- asking for help when I need it

**Is there anything else you want to tell us about the difficulty you have or the help you need from another person to communicate with other people?**

For example, you use BSL (British Sign Language) or ISL (Irish Sign Language).

**Yes**  Tell us about your communication needs in the box below.

**No**  Go to question 33.


# Help with your care needs during the day (continued)

**33** How many days a week do you have difficulty or need help with the care needs you have told us about on questions 24 to 32?   days

**34** Do you usually need help from another person to actively take part in hobbies, interests, social or religious activities?  
 We need this information because we can take into account the help you need or would need to take part in these activities, as well as the other help you need during the day.

Yes  Please continue below.      No  Go to question 35.

Tell us about the activities and the help you need from another person **at home**.

What you do or would like to do.	What help do you need or would you need from another person to do this?	How often do you or would you do this?
<b>Example</b> Listening to music	I cannot see and need help to find the disc I want and put the disc in the player.	Four or five times a week

Tell us about the activities and the help you need from another person **when you go out**.

What you do or would like to do.	What help do you need or would you need from another person to do this?	How often do you or would you do this?
<b>Example</b> Swimming	When I get to the swimming pool I need help to get changed, to dry myself and to get in and out of the pool.	Three times a week for half an hour each time.

If you need some more space to tell us about your hobbies, interests, social or religious activities please continue at question 49 **Extra Information**.

# Help with your care needs during the day (continued)

## 35 Do you usually need someone to keep an eye on you?

For example, you may have a mental-health problem, learning disability, sight, hearing or speech difficulty and need supervision.

Yes  Please tick the boxes that apply to you.

No  Go to question 37.

### Please tell us why you need supervision.

- To prevent danger to myself or others.
- I am not aware of common dangers.
- I am at risk of neglecting myself.
- I am at risk of harming myself.
- I may wander.
- To discourage antisocial or aggressive behaviour.
- I may have fits, dizzy spells or blackouts.
- I may get confused.
- I may hear voices or experience thoughts that disrupt my thinking.

How long can you be safely left for at a time?

Is there anything else you want to tell us about the supervision you need from another person?

Yes  Tell us in the box below.

No  Go to question 36.


## 36 How many days a week do you need someone to keep an eye on you?

 days

# Help with your care needs during the night

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

37

**Do you usually have difficulty or need help during the night?**

This means things like settling, getting into position to sleep, being propped up or getting your bedclothes back on the bed if they fall off, getting to the toilet, using the toilet, using a commode, bedpan or bottle, getting to and taking the tablets or medicines prescribed for you and having any treatment or therapy.

Yes  Please continue below.      No  Go to question 39.

**Please tell us what help you need, how often and how long each time you need this help for.**

I have difficulty or need help:	How often each night?	How long each time?
• turning over or changing position in bed	<input type="text"/>	<input type="text"/> minutes
• sleeping comfortably	<input type="text"/>	<input type="text"/> minutes
• with my toilet needs	<input type="text"/>	<input type="text"/> minutes
• with my incontinence needs	<input type="text"/>	<input type="text"/> minutes
• taking my medication	<input type="text"/>	<input type="text"/> minutes
• with treatment or therapy	<input type="text"/>	<input type="text"/> minutes
<b>I have difficulty concentrating or motivating myself and need:</b>	<b>How often each night?</b>	<b>How long each time?</b>
• encouraging or reminding about my toilet or incontinence needs	<input type="text"/>	<input type="text"/> minutes
• encouraging or reminding about medication or medical treatment	<input type="text"/>	<input type="text"/> minutes

**Is there anything else you want to tell us about the difficulty you have or the help you need during the night?**

Yes  Tell us in the box below.      No  Go to question 38.

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38

**How many nights a week do you have difficulty or need help with your care needs?**

nights

# Help with your care needs during the night (continued)

## 39 Do you usually need someone to watch over you?

For example, you may have a mental-health problem, learning disability, sight, hearing or speech difficulty and need another person to be awake to watch over you.

Yes  Please tick the boxes that apply to you.

No  Go to question 41.

Please tell us why you need watching over.

- To prevent danger to myself or others.
- I am not aware of common dangers.
- I am at risk of harming myself.
- I may wander.
- To discourage antisocial or aggressive behaviour.
- I may get confused.
- I may hear voices or experience thoughts that disrupt my thinking.

How many times a night does another person need to be awake to watch over you?

How long on average does another person need to be awake to watch over you at night?

Is there anything else you want to tell us about why you need someone to watch over you?

Yes  Tell us in the box below.

No  Go to question 40.


## 40 How many nights a week do you need someone to watch over you?



# About time spent in hospital, a care home or a similar place

43

**Are you in hospital, a care home or similar place now?**

For example, a residential care home, nursing home, hospice or similiar place.

**i** For more information please read page 9 of the **notes**.

Yes  Tell us when you went in.

No  Go to question 44.

**Please tell us the full name and address of the place where you are staying.**

Postcode							

**If you are in hospital, why did you go into hospital?**


**Does a Health and Social Care Trust or a government department pay any of the costs for you to live there?**

Yes  If 'Yes', which Health and Social Care Trust or government department pays?

No  Go to question 44.

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44

**Have you come out of hospital, a care home or similar place in the past six weeks?**

Yes  Tell us when you went in.

No  Go to question 45.

Tell us when you came out.

**Please tell us the full name and address of the place where you were staying.**

Postcode							

**If you have been in hospital, why did you go into hospital?**


# About time spent in hospital, Constant Attendance Allowance and How we pay you

45 Have you been in hospital in the past two years?

Yes  Please continue below.

No  Go to question 46.

Why did you have to go into hospital?

  

46 Constant Attendance Allowance

Please tick the box if you are getting or waiting to hear about:

• War Pension Constant Attendance Allowance

• Industrial Injuries Disablement Benefit Constant Attendance Allowance

47 How we pay you



You must read page 10 of the **notes** about how we pay you before you tick one of the boxes below.

If we are able to pay you Attendance Allowance, we will pay the benefit in the same way as your State Pension or Pension Credit.

Tick if you agree to be paid this way and understand the information about being overpaid on page 10 of the **notes – How we pay you.**

Tick if you do not agree, or do not receive State Pension or Pension Credit. We will contact you about this.





# Declaration

50

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 Attendance Allowance of anything that may affect my entitlement to, or the amount of, that benefit.

**I understand** that the Department for Social Development 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
- any other benefit I have claimed
- any other benefit I may claim in the future.

**This is my claim for Attendance Allowance.**

**Signature**

**Date**

**Print your name here**

**Have you signed and dated the consent question 16 on this claim form?**



For information about how we collect and use information and help and advice about other benefits, see pages 10 and 11 of the **notes**.

## What to do now

Check that you have filled in all the questions that apply to you or the person you are claiming for. Make sure you have signed the **consent** question 16 and the **declaration** question 50.

Send the claim form and any reports, if you hold them, back to us in the envelope we have sent you. It does not need a stamp.

**Please list all the documents you are sending with this claim form below.**

For example, a prescription list, medical report, or care plan.


## What happens next



For information about what happens next, see page 12 of the **notes**.