

- Use this form to claim Carer's Allowance.
- Please read the Notes that came with the claim pack before you fill in the form.
- The form must be filled in by you, the carer, not the person you look after.
- Please write clearly in ink.
- Please answer all the questions that apply to you and your partner, if you have one, and send us all the documents we ask for.

By *partner* we mean:

- a person you are married to or live with as if you are married, or
- a civil partner or a person you live with as if you are civil partners.
- Contact us if you cannot fill in this form or send us the documents we ask for. Any benefit you may be entitled to may be delayed.

i If you want help filling in any part of this claim form, ring the Benefit Enquiry Line on 0800 220 674.

If you have speech or hearing difficulties, you can contact us by textphone on 0800 243 787.

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

i This form is available in **large print** or **braille**. Please ring 028 9090 6186.

About you – the carer

Please answer the questions on this form in BLOCK CAPITALS.

Title, for example
Mr, Mrs, Miss, Ms.

Surname or family name

All other names in full

All other surnames or family
names you have used or
have been known by

National Insurance (NI)
number

Letters	Numbers	Letter
<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"/>
<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"/>

You can get this from your NI number card, letters about benefits, payslips or form P60. If you do not have an NI number, or have one which starts with TN or ZZ, please contact your local Social Security or Jobs and Benefits office. If you do not tell us your NI number, this could delay any benefit you may be entitled to.

About you – the carer continued

Date of birth

Day	Month	Year
/	/	

Address

Postcode								

Daytime phone number where we can contact you or leave a message. Please include the dialling code.

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If you have speech or hearing difficulties and would like us to contact you by **textphone**, tick here.

Mobile number

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About your Carer's Allowance

When do you want your Carer's Allowance claim to start?

Day	Month	Year
/	/	

You must give us an exact date or your claim may be delayed.

If you do not fill in the **day, month and year**, we cannot accept your claim and will return this form to you.

Please make a note of this date as we will ask you about it again later.

Example of an exact date

21	/	03	/	2011
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For more information please read **page 6** of the **Notes**.

About you – the carer continued

What is your nationality?
For example, British/Irish.

If you are not sure of your nationality, please refer to your passport, if you have one.

Have you always lived in Northern Ireland?

No Go to the next question.

Yes Go to **About your partner**.

Are you currently living in Northern Ireland?

No We will contact you about this.

Yes Go to the next question.

When did you arrive in Northern Ireland?

What country did you come from?

Do you plan to go back to that country?

No

Yes Please tell us when.

What is the visa reference number in your passport?

This is normally two letters followed by six numbers, for example AB123456. It is not your passport number.

If there are other personal details you think we should know, for example previous names or addresses, please tell us about them on **page 26**.

About your partner

Please tell us about your partner, if you have one.

By *partner* we mean:

- a person you are married to or live with as if you are married, or
- a civil partner or a person you live with as if you are civil partners.

What is your marital or civil partnership status?

single

separated

married or civil partner

divorced or civil partnership dissolved

living with partner

widowed or surviving civil partner

Have you had a partner at any time since the date you want to claim from?

If you have separated from your partner since the date you want to claim from, we still need to know their details.

No Please go to **page 6**.

Yes If your partner joined your household after the date you want to claim from, tell us the date they joined.

Have you separated from your partner since the date you want to claim from?

No

Yes When did you separate?

Your partner's title, for example Mr, Mrs, Miss, Ms.

Their surname or family name

Their other names in full

All other surnames or family names they have used or have been known by

About the care you provide

Please tell us about the person you look after.

This will help us deal with your claim more quickly.

Title, for example
Mr, Mrs, Miss, Ms.

Their surname or family name

Their other names in full

Their National Insurance (NI) number

Letters	Numbers	Letter
<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"/>

You can get this from their NI number card, letters about benefits, payslips or form P60.

Children aged 16 and under have NI numbers. The child's NI number is the reference number on letters about Disability Living Allowance for the child.

This will help us deal with your claim more quickly.

Their date of birth

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Their address

You do not have to live at the same address as the person you look after.

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

Their daytime phone number, including dialling code. We will not give this number to anyone else.

<input type="text"/>	<input type="text"/>
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What relation is this person to you?

If no relation, write None.

Has someone paid you to look after this person since the date you want to claim from?

No

Yes Please tell us about the person who pays you.

Their surname or family name

Their other names in full

About the care you provide continued

Their address

Postcode								

How much do they pay you each week?

£								
---	--	--	--	--	--	--	--	--

When did you start getting this money?

	/		/					
--	---	--	---	--	--	--	--	--

Has anyone else claimed Carer's Allowance for this person before?

No

Yes Please tell us about the person who claimed before.

Two people cannot get Carer's Allowance at the same time for looking after the same person.



For more information please read **page 13** of the **Notes**.

Their surname or family name

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Their other names in full

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Their address

Postcode								

Their National Insurance (NI) number, if you know it.

Letters	Numbers	Letter
<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"/>

Their date of birth

Day	Month	Year
	/	/

About the care you provide continued

Do you spend 35 hours or more each week caring for the person you look after? No
Yes

Have you had any breaks in looking after this person since the date you want to claim from? No
Yes Use the table below to give us the exact dates and times of the breaks.

By *break* we mean time when, for any reason, you spent less than 35 hours a week caring for the person you look after. For example, if:

- they were in respite care, in hospital or on holiday without you, or
- you were in hospital or on holiday without them.

	Date	Time	Reason for the break	✓
From		am/pm		
To		am/pm		
From		am/pm		
To		am/pm		
From		am/pm		
To		am/pm		

If you had more than three breaks, please tell us about them on **page 26**.

Please put a tick in the last column if you or the person you look after were getting medical or other treatment as an in-patient in a hospital or similar place.

By *medical treatment* we mean things like surgical treatment or the administration of drugs and injections.

By *other treatment* we mean nursing services by professionally trained staff. This includes things like:

- observation
- therapy
- support services
- advice and training in social and domestic skills.

It does not include straightforward care or attention by unqualified staff.

About the care you provide continued

Did you look after this person for at least 35 hours each week **before** the date you want to claim from?

No

Yes

When did you start to look after this person?

/	/
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Have you had any other breaks in looking after this person in the 26 weeks before the date you want to claim from?

No

Yes

Use the table below to give us the exact dates and times of the breaks.

	Date	Time	Reason for the break	✓
From		am/pm		
To		am/pm		
From		am/pm		
To		am/pm		
From		am/pm		
To		am/pm		

If you had more than three breaks, please tell us about them on **page 26**.

Please put a tick in the last column if you or the person you look after were getting medical or other treatment as an in-patient in a hospital or similar place.

Was the person you look after away from home in any of the breaks you have told us about?

No

Yes

Where did they stay?

Postcode							

Statement on behalf of the person you look after

The person you look after needs to know if you are claiming Carer's Allowance as this may affect some of their benefits.

There are 3 statements in this section. One of them must be signed. The questions will help you decide who needs to sign.

- Can the person you look after sign a statement?**
- No If the person you look after is unable to sign **Statement 1** because of a health condition, a disability, or because they are under 16, someone who acts for them can sign on their behalf. Please go to **Statement 2** on **page 11**
- Yes Please ask them to read the notes below, then to sign **Statement 1** below. Then go to **page 13**.

Notes for the person being looked after

If you get a severe disability premium with your income-based Jobseeker's Allowance, Income Support, income-related Employment and Support Allowance, Housing Benefit or Rate Relief, you may no longer get that premium if we pay Carer's Allowance to your carer.

If your Pension Credit includes an extra amount for severe disability, you may no longer get that extra amount if we pay Carer's Allowance to your carer.

For more information about this, contact the office that deals with your benefit or entitlement.

If we pay Carer's Allowance to your carer, your Disability Living Allowance, Attendance Allowance or Constant Attendance Allowance will not be affected.

Statement 1

I understand that the carer named on **page 1** is making a claim for Carer's Allowance and that this may affect some of my benefits.

I understand that you will look at details of my claim for Disability Living Allowance, Attendance Allowance or Constant Attendance Allowance as part of their claim for Carer's Allowance.

Please tick one of the following boxes.

I can confirm that the carer named on **page 1** looks after me for at least 35 hours a week.

I cannot confirm that the carer named on **page 1** looks after me for at least 35 hours a week. If you have ticked this box, please tell us why on page 11.

Signature

Date

Statement 1 continues on page 11.

Statement on behalf of the person you look after continued

If you cannot confirm that the carer named on **page 1** looks after you for at least 35 hours a week, please tell us why.

Now return this form to your carer.

Statement 2

Do you act for the person you look after?

No

Please go to **Statement 3** on **page 12**

Yes

Please read and sign the statement below. Then go to **page 13**.

Please tick one of the following boxes.

I am acting for benefit purposes for the person being looked after, and I am their

parent or guardian

attorney

appointee

judicial factor

deputy.

I understand that my claim for Carer's Allowance may affect some of their benefits.

I understand that you will look at details of their claim for Disability Living Allowance, Attendance Allowance or Constant Attendance Allowance as part of my claim for Carer's Allowance

Signature

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Date

	/		/	
--	---	--	---	--

Statement on behalf of the person you look after continued

Statement 3

Does someone else act for the person you look after?

No

Please go to **page 13**.

Yes

Please ask them to read and sign the statement below. Then go to **page 13**.

Please tick one of the following boxes.

I am acting for benefit purposes for the person being looked after, and I am their

parent or guardian

attorney

appointee

judicial factor

deputy.

I understand that this claim for Carer's Allowance may affect some of their benefits.

I understand that you will look at details of their claim for Disability Living Allowance, Attendance Allowance or Constant Attendance Allowance as part of this claim for Carer's Allowance.

Please tick one of the following boxes.

I can confirm that the carer named on **page 1**
looks after the person being cared for,
for at least 35 hours a week.

I cannot confirm that the carer named on **page 1**
looks after the person being cared for,
for at least 35 hours a week.

Signature

Full name

Date

If you cannot confirm that the carer named on **page 1** looks after the person being cared for, for at least 35 hours a week, please tell us why.

About time spent abroad

Do you normally live in Northern Ireland?

No

Yes

If **No**, where do you normally live?

If you normally live outside Northern Ireland but in the European Economic Area (EEA) or in Switzerland, we may need to ask for more information.

Are you in Northern Ireland now?

No We will contact you about this.

Yes

Have you been out of Northern Ireland with the person you look after for more than four weeks since the date you want to claim from?

No

Yes We may contact you about this.

Where did you go?	Why did you go?	Date you left Northern Ireland	Date you returned to Northern Ireland
		/ /	/ /
		/ /	/ /

In the 12 months before the date you want to claim from, had you been out of Northern Ireland for more than 26 weeks?

No

Yes Please tell us about this below.

Where did you go?	Why did you go?	Date you left Northern Ireland	Date you returned to Northern Ireland
		/ /	/ /
		/ /	/ /
		/ /	/ /

About full-time education

By full-time education we mean:

- a course which is described as full-time by the educational establishment providing it, or
- a course which is described as part-time, but where the educational establishment providing the course considers that 21 hours or more of study each week is needed to complete the course.

Have you been on a course of education since the date you want to claim from?

If you are on holiday or on temporary leave from your course, still tick **Yes**.

No Please go to **page 15**.

Yes Please tell us about this below.

Type of course

For example, A-level, degree, diploma.

Course title

Name of school, college or university

Address

Postcode									
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Phone number

including the dialling code

--	--

Fax number

--	--

Your student reference number

Tutor's name

When did you start your course?

	/		/	
--	---	--	---	--

When do you expect the course to end?

	/		/	
--	---	--	---	--

If you are no longer on the course, when did you finish?

	/		/	
--	---	--	---	--

About employment

By employment we mean:

- full-time or part-time work
- casual or temporary work
- job sharing
- being included in a tax return as a worker
- being a company director, or
- being in the Territorial Army or other auxiliary armed forces.

Have you been employed at any time since six months before the date you want to claim from?

This is the date you put on page 2 of this form. Still tick **Yes** if you are off work because you are sick, on parental leave or on unpaid leave.

No Please go to **page 20**.

Yes Please tell us about your main job below. If you have more than one job, please tell us about this on **page 26**.

When did you start this job?

/	/
---	---

Has the job finished?

No

Yes

When did you last work?

/	/
---	---

What is the leaving date on your P45, if you have one?

/	/
---	---

Type of job

--

Clock or payroll number

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Employer's name

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Employer's address

Postcode

--	--	--	--	--	--	--	--	--	--

Employer's phone number including the dialling code

--	--

Employer's fax number

--	--

About employment continued

Which department deals with your wages?

For example, Personnel, Wages, Human Resources.

Please give us a contact phone or fax number for this department.

When were you last paid?

From

To

What period did this cover?

What was your gross pay?

By *gross pay* we mean the amount before anything is taken off.

What was included in this pay?

Include things like holiday pay, redundancy or a payment instead of notice (PILON). Give us full details of everything paid to you and what period each payment was for.

How often are you or were you paid?

weekly

fortnightly

four-weekly

monthly

other Please say how often.

When do you or did you get paid?

For example, every Friday, the last day of every month, every fourth Friday, 15th of every month.

Do you or did you get paid the same amount each time?

No

Yes

Do you or did you get holiday pay or sick pay?

No

Yes

About employment continued

How many hours a week do you or did you normally work?

Do you or did you get paid any other money as well as your normal wage?

No

Yes Please tell us what else you get or got.

For example, tips.

Does your employer owe you any money?

No

Yes We will contact you about this.

Include things like holiday pay, redundancy or a payment instead of notice (PILON).

Have you worked for any other employer in the six months before the date you want to claim from?

No

Yes Please give us the name and address of your other employer. If you have more than one other employer, please tell us about them on **page 26**.

Employer's name

Employer's address

Postcode								

Employer's phone number including the dialling code

--	--

Employer's fax number

--	--

Evidence of earnings

Now send us:

- your P-45, if you have one,
- the last payslip you got before the date you want to claim from, and
- any payslips you have had since then.

About expenses to do with your employment

Do you or did you pay towards an occupational pension scheme?

No

Yes How much do you or did you pay, and how often?

£ every

Do you or did you pay towards a personal or stakeholder pension scheme or a retirement annuity scheme?

No

Yes How much do you or did you pay, and how often?

£ every

Please send us written proof of this amount.

Do you or did you pay for anything necessary to do your job?

No

Yes Please tell us about this below.

For example, tools or protective clothing.

What are or were these things?

Why do you or did you need these things to do your job?

How much do or did these things cost you each week?

£ a week

While at work, do you or did you pay anyone to look after your children?

No

Yes How much?

£ a week

About property you rent out and self-employment

Do you or your partner own property or land in the UK or abroad, that you have rented out since the week before the date you want to claim from?

No

Yes We will contact you about this.

Have you sublet your home, or provided board and lodgings, since the week before the date you want to claim from?

No

Yes We will contact you about this.

About self-employment

Self-employment could mean:

- working for yourself, or
- being a partner or sleeping partner in a business.

Have you paid Class 2 (self-employed) National Insurance contributions since the week before the date you want to claim from?

No

Yes We will contact you about this.

Have you been self-employed at any time since the week before the date you want to claim from?

No Please go to **page 22**.

Yes Please tell us about this below

When did you start this job?

/	/
---	---

When did the job finish, if it has?

/	/
---	---

Are you self-employed now?

No Tell us on **page 21** about your most recent self-employed job.

Yes Tell us on **page 21** about your current self-employed job.

Have you ceased trading?

No Please go to **page 21**

Yes If you ceased trading more than a week before the date you want to claim from, please go to **page 22**.

About self-employment continued

Nature of your business

What is or was your trading year?

From

 / /

To

 / /

Please send us a copy of your profit-and-loss account for your most recent trading year.

We will write to you if we need more information about the money you get from your self-employed work.

Have you got an accountant?

No

Yes Please tell us about them below.

Can we contact your accountant if we need to?

No

Yes

Accountant's name

Accountant's address

Postcode								

Accountant's phone number

--	--

Accountant's fax number, if you know it

--	--

Do you or did you pay towards a personal or stakeholder pension scheme or a retirement annuity scheme?

No

Yes How much do you or did you pay, and how often?

£ every

Please send us written proof of this amount.

While at work, do you or did you pay anyone to look after children or the person you normally look after?

No

Yes We will contact you about this.

About other money

You

Have you or your partner claimed or received any other benefits since the date you want to claim from?

No

Yes Please tell us the names of the benefits or entitlements below.

If you are waiting to hear about a claim, still tick **Yes**. Please include details for your partner, even if you have separated since the date you want to claim from.

Your partner

No

Yes Please tell us the names of the benefits or entitlements below.

Has anyone had any money added to a benefit for you since the date you want to claim from?

No

Yes Please tell us about the person who gets extra money for you.

For example, this could be extra money that your partner gets for you with their Employment and Support Allowance or State Pension.

If you are under 19 years of age, include any payment your parent or guardian gets for you, which is added to any other benefit or entitlement.

Their name

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Their address

Postcode									

Their National Insurance (NI) number, if you know it

Letters			Numbers									Letter	
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Name of the benefit

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About other money continued

Have you had any Statutory Sick Pay (SSP) since the date you want to claim from?

If you are waiting to hear about SSP, still tick **Yes**.

No

Yes Please tell us about the employer who deals with your SSP.

Employer's name

Employer's address

Postcode								

How much do you or did you get, and how often?

£									every
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Please send us written proof of this amount.

Have you had any Statutory Maternity Pay (SMP), Statutory Paternity Pay (SPP) or Statutory Adoption Pay (SAP) since the date you want to claim from?

If you are waiting to hear about SMP, SPP or SAP, still tick **Yes**.

No

Yes Please tell us about the employer who deals with your SMP, SPP or SAP.

Employer's name

Employer's address

Postcode								

How much do you or did you get, and how often?

£									every
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Please send us written proof of this amount.

How we pay you

We can pay your Carer's Allowance every 13 weeks, every four weeks or every week. It will normally be paid on a Monday.

How often do you want us to pay your benefit?
Please tick one box.

Every week	<input type="checkbox"/>	in advance
Every four weeks	<input type="checkbox"/>	three weeks in arrears and one week in advance
Every 13 weeks	<input type="checkbox"/>	in arrears

We normally pay your money into an account.

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

We will tell you when we will make the first payment and how much it will be for. We will tell you if the amount we pay into the account is going to change.

Finding out how much we have paid into the account

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

If we pay you too much money

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

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

We will contact you before we take back any money.

What to do now

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

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

How we pay you continued

About the account you want to use

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

Please tell us your account details below.

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

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

Name of the account holder

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

Full name of bank or building society

Sort code

Please tell us all 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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Account number

Most account numbers are eight numbers long.

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

<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"/>	<input type="text"/>
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Building society roll or reference number

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

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

Consent

We may wish to contact your current or previous employers, or other people or organisations you have told us about on this form, for information about your claim. You do not have to agree to us contacting these people or organisations. But if you do not agree to this, it may mean that we cannot get enough information to be sure that you meet the conditions of entitlement for your claim.

Do you agree to us getting information from any current or previous employer you have told us about on this form? No

Yes

Do you agree to us getting information from any other person or organisation you have told us about on this form? No

Yes

If you have answered **No** to either statement and you would like us to know why, please tell us about this on page 26.

Declaration

If you do not sign your declaration, we cannot accept this form and we will return it to you.

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 information that is incorrect or incomplete, my benefit may be stopped and I may be liable to prosecution or other action.

I **understand** the information I have provided will be used to process my application for Carer's Allowance and may be used to decide my entitlement to other benefits.

I **understand** that I must promptly tell the office that pays my Carer's Allowance of anything that may affect my entitlement to, or the amount of, that benefit.

This is my claim for Carer's Allowance.

Signature

Date



Now please read **What to do now** on the next page.

What to do now

- Check that you have answered all the questions that apply to you and your partner, if you have one.
- Check that you are sending us all the documents we have asked for. These could be things like:
 - payslips
 - copies of accounts and balance sheets
 - P45

Contact us if you cannot fill in the form or send us the documents we ask for. Any benefit you may be entitled to may be delayed.

- Check that you have signed the form on **page 27**.
- Check that the person you look after, or someone who acts on their behalf, has read the notes on **page 10** and has filled in and signed one of the statements.
- Send everything to us in the envelope that came with this claim pack. The envelope does not need a stamp.

Our address is: Disability and Carers Service
 Castle Court
 Royal Avenue
 Belfast
 BT1 1HR

How we collect and use information

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

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

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

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

To find out more about how we use information, visit our website www.nidirect.gov.uk/your-privacy or contact any of our offices.