

i This form is to claim Carer's Allowance only if you are getting State Pension.

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.

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

About you – the carer continued

Date of birth

Day	Month	Year
	/	/

Address

Postcode								

Daytime phone number

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

Mobile number

--

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

About your Carer's Allowance

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

Day	Month	Year
	/	/



For more information please read **page 15** of the **Notes**.

About you – the carer continued

What is your nationality?

For example, British / Irish

If you are not a European Union (EU), European Economic Area (EEA) or Swiss national, we will contact you.
The United Kingdom is part of the EU.

Do you normally live in Northern Ireland?

No We will contact you about this.

Yes

Are you currently living in Northern Ireland?

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 wish to claim from?

No

Yes We will contact you about this.

Have you been out of Northern Ireland for 26 weeks in the 12 months before the date you wish to claim from?

No

Yes We will contact you about this.

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"/>

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.

Postcode								

Their daytime phone number

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What relation is this person to you?

If no relation, write None.

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

No

Yes Please give details on **page 10**. We will also contact you about this.

Do you spend 35 hours or more each week caring for this person?

No

Yes

A week is from the start of a Sunday to the end of the next Saturday.

Have you had any breaks in looking after this person since the date you want to claim from?

No

Yes Please give details on **page 10**. We will also contact you about this.

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 breaks in looking after this person in the six months before the date you want to claim from?

No

Yes Please give details on **page 10**. We will also contact you about this.

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

No

Yes Please give details on **page 10**. We will also contact you about this.



For more information please read **page 17** of the **Notes**.

Statement by the person you look after

Only one of the following statements needs to be signed.

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

Please ask the person you look after to read the notes below, then to sign **Statement 1** on **page 6**, if they can.

If the person you look after is unable to sign the statement on **page 6** because of a health condition, a disability, or because they are under 16, someone who acts for them can sign on their behalf.

If **you** act for the person you look after, you should read and sign **Statement 2** on **page 6**, or

If **someone else** acts for the person you look after, please ask them to read and sign **Statement 3** on **page 7**.

Notes for the person being looked after

If you get a severe disability premium with your income-based Jobseeker's Allowance, Income Support, Employment and Support Allowance (Income Related), 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.

Now please sign one of the following statements.

Statement 1 – If you are the person being looked after

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 Attendance Allowance, Constant Attendance Allowance or Disability Living 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

Signature

Date

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.

Statement 2 – If you act for the person you look after

Please tick one of the following boxes.

I am acting for benefit purposes for the person being cared for, 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 Attendance Allowance, Constant Attendance Allowance or Disability Living Allowance as part of my claim for Carer's Allowance.

Signature

Date

Statement by the person acting for the person you look after

Statement 3 – If someone else acts for the person being looked after

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 Attendance Allowance, Constant Attendance Allowance or Disability Living 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 your partner

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

No Please go to **page 9**.

Yes When did your partner join your household?

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

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

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Their surname or family name

--

Their other names in full

--

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

--

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"/>

Their date of birth

Day	Month	Year
	/	/



For more information please read **page 17** of the **Notes**.

Other details

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

No

Yes Please give details on **page 10**. We will contact you about this.

Have you worked for an employer at any time after the date you want to claim from?

No

Yes Please give details on **page 10**. We will contact you about this.

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

No

Yes Please give details on **page 10**. We will contact you about this.

Are you or have you been self-employed since the week before the date you want to claim from?

No

Yes Please give details on **page 10**. We will contact you about this.

It is important that you read **page 18** of the **Notes** booklet for examples of self-employment.



For more information please read **pages 17 and 18** of the **Notes**.

You

Your partner

Have you or your partner claimed 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.

No

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

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 10**.

Declaration

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, I may be liable to prosecution or other action.

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

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



For more information please read **page 19** of the **Notes**.

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 in the Notes booklet. These could be things like

- payslips
- copies of accounts and balance sheets.

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 11**.

Check that the person you look after, or someone who acts on their behalf, has read the notes on **page 5** 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** or contact any of our offices.