

About your claim

You asked for this claim form on

If you can get benefit because of this claim we can consider paying it from the date shown above if you

- answer all the questions on the form that apply to you and your partner, if you have one, and
- send us the completed claim form and all the documents we ask for on the form by

If you do not do this, you may only get benefit from the date you provide all the information we need.

Please read the notes on the next page before you fill out this form.

Rapid Reclaim

This is a Rapid Reclaim form for Income Support.

Complete this form only if you have been entitled to Income Support in the last 26 weeks.

Do not use this form if:

- you have changed address, or
- you have separated from your partner, or
- you have a new or a different partner.

If you cannot use this form for any of these reasons, ask us for claim form **A1** instead.

It may delay your claim if you fill in the wrong claim form.

**RAPID
RECLAIM**



SOCIAL
SECURITY
AGENCY

Income Support

 / /

How to claim

Just fill in this claim form. You must answer all the questions on the claim form that apply to you and your partner, if you have one.

Although this claim form is rather long, it is important that you answer the questions that apply to you. It is also important that you provide evidence in support of your claim. The evidence you provide **must** be an original document not a photocopy. The claim form tells you which documents you must provide.

Take your time. You have a calendar month, up to the second date on the front of this form, to fill the form in properly without affecting your benefit.

If you can get benefit because of this claim we can consider paying it from the date you asked for this form if you

- answer all the questions on the form that apply to you and your partner, if you have one, and
- provide all the documents we ask for within a month of the date you asked for the form.

If you do not do this, you may only get benefit from the date you provide all the information we need.

If you have difficulty with the form or documents

If you find it difficult to fill in the form or to provide any of the documents we ask for, do your best. Tell us as much as you can and provide all the documents you have.

You must tell us in **Part 7** about any information you cannot provide and why. We may be able to help if

- you do not have the information to fill in the claim form because the information does not exist
- you cannot get the information you need to fill in the claim form without putting yourself at serious risk of physical or mental harm and there is no other way of getting the information
- you need information from someone else to fill in the form but they are unable or unwilling to provide the information within a reasonable time.

Get in touch with your local Social Security or Jobs & Benefits office if

- you cannot fill in the claim form because of a physical, learning, mental or communication difficulty **and**
- there is no one who can fill in the claim form for you.

Our service standards

At Social Security Agency we aim to provide a high standard of customer service at all times. Details of the standard of service you can expect from us can be found on our website at www.nidirect.gov.uk

You can access our website from many libraries.

For more information please contact your local Social Security or Jobs & Benefits office.

If you are a lone parent

Additional help is available to lone parents who volunteer to join the New Deal Lone Parent Programme. If you agree to take part you will have your own personal adviser who will help and advise you on things like incentives, benefits and available childcare. Lone parents can join the programme at any time.

Work focused Interviews

You may be asked to attend a Work focused Interview with a Work focused Adviser.

If you are claiming for a partner, your partner may also be required to take part in a Work focused Interview with a Work focused Adviser.

If they are required to take part in a Work focused Interview, your partner will be contacted once you have been claiming benefit for 26 weeks or more.

The Work focused Interview with a Work focused Adviser

A Work focused Adviser will discuss a range of topics with you or your partner which may include:-

- current or future job prospects,
- training to help bring your work skills up to date,
- help and advice if either of you are considering moving into work, increasing the number of hours you already work or changing jobs.

Any of the options you or your partner discuss with your Work focused Adviser at the Work focused Interview, are voluntary.

Your benefit may be reduced if, without good cause, you or your partner do not take part in the Work focused Interview.

If you or your partner take part in a Work focused Interview at a later date, your benefit will be fully reinstated from that date.

If you need help

If you need help to fill in this form you can

- ask a friend or advice centre to help, or
- get in touch with your local Social Security or Jobs & Benefits office.

Do you have a 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
- a civil partner or a person you live with as if you are civil partners.

Does your partner agree to you making this claim?

No You must answer all the questions that apply to you.

Yes You must answer all the questions that apply to you and your partner.

No We will get in touch with you about this. But still tell us as much as you can about your partner.

Yes Your partner may be required to take part in a Work focused Interview if you are still claiming for them in 26 weeks.

You

Your partner

Letters Numbers Letter

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"/>
----------------------	----------------------	----------------------	----------------------	----------------------

Get this from your NI number card, payslips, tax papers or letters from social security.

National Insurance (NI) number

If you do not know your NI Number, have you ever had or used one?

No

No

Yes

Yes

Mr / Mrs / Miss / Ms

Mr / Mrs / Miss / Ms

Surname or family name

All other names in full

Did you use any different names when you claimed before?

No

No

Yes Please tell us the names you used when you claimed before

Yes Please tell us the names they used when you claimed before

Date of birth

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

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

Home phone number if you have one

Code <input type="text"/>	Number <input type="text"/>
---------------------------	-----------------------------

Code <input type="text"/>	Number <input type="text"/>
---------------------------	-----------------------------

Daytime phone number if different

Code <input type="text"/>	Number <input type="text"/>
---------------------------	-----------------------------

Code <input type="text"/>	Number <input type="text"/>
---------------------------	-----------------------------

Textphone number if you have one

Code <input type="text"/>	Number <input type="text"/>
---------------------------	-----------------------------

Code <input type="text"/>	Number <input type="text"/>
---------------------------	-----------------------------

Is your address the same as when you last received Income Support?

No **Do not fill in this form**
Ask us for claim form A1 instead

No **Do not fill in this form**
Ask us for claim form A1 instead

Yes

Yes

Marital or civil status

Tick the boxes that apply to you and to your partner

You

Married or civil partner

Divorced or civil partnership dissolved

Single

Separated

Living together

Widowed or surviving civil partner

Date became widowed or surviving civil partner

Your partner

Married or civil partner

Divorced or civil partnership dissolved

Single

Separated

Living together

Widowed or surviving civil partner

Date became widowed or surviving civil partner

Part 2 Reasons for your claim

Have you just separated from a person who used to be your partner within the last 26 weeks?

No

Yes

What date did you separate?

	You	Your partner
Are you or your partner sick? Tick Yes , if you or your partner have claimed or are getting Statutory Sick Pay (SSP).	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you or your partner getting Statutory Sick Pay, Incapacity Benefit, Employment and Support Allowance or Severe Disablement Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If No , have you or your partner claimed Incapacity Benefit, Employment and Support Allowance or Severe Disablement Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
What date did your or your partner's latest period of sickness begin?	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>
Have you or your partner had any other period of sickness within 52 weeks of that date?	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about this below	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about this below
Include any period when you or your partner got SSP.		
Other dates you or your partner were sick	From <input type="text" value=" / /"/> to <input type="text" value=" / /"/>	From <input type="text" value=" / /"/> to <input type="text" value=" / /"/>
Are you or your partner looking after someone who is sick or elderly?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you or your partner doing a Department for Employment and Learning/New Deal/Steps to Work training course?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you or your partner just finished a Department for Employment and Learning/New Deal/Steps to Work training course?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you or your partner returned from abroad in the last 26 weeks?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Date went abroad	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>
Date returned	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>

If you have answered **No** to all the questions in **Part 2**, please use this space to tell us why you are claiming Income Support.

Part 3 About work in the last 26 weeks

Have you or your partner worked at all since you last received Income Support?
This could include full-time or part-time work, work for an agency, work as a supply teacher or any voluntary work.

You

- No Please tell us below how you supported yourself when you were not working. Then go to **Part 4**.
- Yes Please answer the questions below

Date the work started

/ /

Your partner

- No Please tell us below how they supported themselves when they were not working. Then go to **Part 4**.
- Yes Please answer the questions below

/ /

You

Your partner

Employer's name

Employer's address

Postcode

Postcode

Employer's phone number

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

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

Clock or payroll number

Site or department

Number of days a week usually worked

 days

 days

Your job

May we get in touch with your employer or your partner's employer? We will not usually need to if you give us all the information we ask for and send in payslips or a letter.

No

Yes

No

Yes

Have you stopped doing this work?

No

Yes

No

Yes

When did you or your partner stop this work?

 / /
 / /

Were you or your partner self-employed or a company director?

No

Yes We will send you form **B16** to fill in.

No

Yes We will send you form **B16** to fill in.

Have you or your partner claimed Working Tax Credit?

No

Yes

No

Yes

You

Your partner

Have there been any changes in any of the following since you last received Income Support?

- part-time work
- pensions
- social security benefits
- education or training courses

No

Yes Tell us about the changes below.

No

Yes Tell us about the changes below.

No

Yes Tell us about the changes below.

No

Yes Tell us about the changes below.

No

Yes Tell us about the changes below.

No

Yes Tell us about the changes below.

No

Yes Tell us about the changes below.

No

Yes Tell us about the changes below.

If you ticked **Yes** to any of the questions on this page, please tell us about the changes here.

You must send us proof of any changes. This includes things such as payslips, pension statements, letters giving details of any training courses or social security benefits.

If you need to tell us about more changes, use the space in **Part 7** of this form.

Are you or your partner currently getting Return to Work Credit?

No

Yes

Did you or your partner get Return to Work Credit in the last 3 months?

No

Yes What was the date of the last payment?

Have there been any changes in any of the following since you last received Income Support?

- **the children or qualifying young persons** you told us about on your last claim form

No

Yes Tell us about the changes below.

- **savings and property** which belong to you or your partner if you have one. By savings we also mean stocks and shares

No

Yes Tell us about the changes below.

- **money coming in** for you, your partner if you have one, or any children or qualifying young persons you told us about on your last claim form. Money coming in includes maintenance payments, Working Tax Credit and Child Tax Credit

No

Yes Tell us about the changes below.

- **money paid by someone else** on behalf of you, your partner if you have one, or any children or qualifying young persons you told us about on your last claim form

No

Yes Tell us about the changes below.

- **money owed** to you, your partner if you have one, or any children or qualifying young persons you told us about on your last claim form

No

Yes Tell us about the changes below.

- the details of **anyone who lives in your household**, including any money they have coming in

No

Yes Tell us about the changes below.

- **the costs to do with your home**. This includes mortgage costs, home improvement loans, service charges and ground rent

No

Yes Tell us about the changes below.

- **did you receive an additional 4 weeks payment** towards your housing costs (known as Mortgage Interest Run-On MIRO) when you started work on your previous claim?

No

Yes Tell us about the changes below.

If you ticked yes to any of the questions on this page, please tell us about the changes here.

You must send us proof of any changes. We do not need proof of child maintenance payments.

Have you or your partner claimed or do you want to claim Housing Benefit?

No

Yes Please fill in form **HBRR1** *Your reclaim for Housing Benefit*. This form came with your claim form. Housing Benefit does not affect the amount of Income Support you get.

Did you receive an additional 4 weeks payment towards your rent (known as an Extended Payment) when you started work on your previous claim?

No

Yes

Are you, your partner or anyone else you are claiming for, pregnant?

If **Yes**, you may be entitled to Healthy Start Vouchers. To claim Healthy Start Vouchers you should fill in the form in leaflet **HS01** *A healthy start for pregnant women and young children*. You can get it from your doctor's surgery or health clinic, or by phoning **0845 607 6823**.

No

Yes Who is pregnant?

When is the baby expected?

Are you, your partner or any children or qualifying young persons you told us about on your last claim form, registered blind or severely sight impaired?

If anyone you have told us about has left the blind register in the last 28 weeks, please tell us about this in **Part 7** of this form.

No

Yes Who is registered blind or severely sight impaired?

Have you, your partner or any of the children or qualifying young persons you told us about on your last claim form, been in hospital in the last 26 weeks.

If they are still in hospital, tick **Yes**.

No

Yes Who has been in hospital?

Name and address of the hospital

Postcode

When were they in hospital?

Are any of the children or qualifying young persons you told us about on your last claim form sick?

No

Yes Who is sick?

When did the sickness start?

/ /

Please tell us about the sickness

[Large empty text box for describing the sickness]

We need to know about changes to any education or training courses that children or qualifying young persons aged 16 or over who you told us about on your last claim form are doing.

Are the details of any of these courses, the same as when you last received Income Support?
If you are unsure, please ask us.

No Tell us about the changes below.

Yes

[Large empty text box for describing changes to education or training courses]

You

Your partner

Are you or your partner a UK national?

No

No

Yes

Yes

Is there a child or qualifying young person living in your household who has a parent or parents living somewhere else?

No

Yes Please ask us for the leaflet about child maintenance if you are claiming benefits. You can get it from your local Social Security or Jobs & Benefits office.

Part 6 How we pay you

We normally pay your money into an account

You can use a bank, building society or other account provider. Many banks and building societies will let you collect your money at the post office.

On your last claim you told us where you want your Income Support to be paid.

Do you want to change the way we make payments to you?

No

Yes We will contact you about this.

Post Office details

Please provide details of your local post office.
We still need post office details even if your money is paid into an account.

Postcode

If you want someone to go to the post office for you, please tell us about them below.
Their name and address

Postcode

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"/>

Please tell us why you need someone to go to the post office for you regularly

--

Please use this space to tell us anything else you think we might need to know.
Continue on a separate sheet of paper, if necessary. But make sure you sign and date it and write your full name and address and National Insurance (NI) number on it.

--

Now read the declaration**I understand that**

- if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action
- I must promptly tell the office that pays my benefit about anything that may affect my entitlement to, or the amount of, that benefit.

I declare that the information I have given on this form is correct and complete as far as I know and believe and I have included all my income and savings

I agree to my benefit being paid direct into the account nominated and to the Department's right to recover overpayments.

(Under Section 15 of the Social Security Fraud Act (NI) 2001 it is an offence to fail to notify a change of circumstances promptly. Failure to tell us about a change in your circumstances promptly may result in action being taken against you).

**Please sign and date this form.
This is my claim for Income Support**

Signature

Date

Now please read the notes on the next page of this form.

For office use only

**I read back to the customer the entries I made on this form based on the information given by them.
The customer agreed they were correct.**

Interviewing officer's signature

Customer's signature

Date

- Check** that you are providing all the documents we have asked for. Use the checklist below.
- Check** that you have answered all the questions on this form that apply to you and your partner, if you have one.
- Check** that you have signed and dated this form.

Proof of identity

It is important that we can be sure of your identity when you claim Income Support. We may need to ask you more questions about this. We may also need to see official documents that help prove your identity. A National Insurance number is not proof of identity.

Send us these documents if the details have changed since you last received Income Support

- the last 2 monthly or last 5 weekly payslips if you or your partner are still working or are off work sick
- proof of savings over £5,500 including any Savings Certificates and share certificates
- proof of any pension you have told us about
- any proof we have asked for of other money coming in
- proof of any payments from a credit insurance policy
- proof of any War Widow's Pension

- **Send us any papers about the following if you have had any of these payments since you last received Income Support**

- redundancy payments
- lump sum payments

You may lose benefit if you do not provide original documents by the date on the front of this form. If you cannot provide these documents, please tell us why in Part 7.

Take or send the documents we have asked for to your nearest Social Security or Jobs & Benefits office with these forms

- this claim form
- form **HBRR1** if you want to claim Housing Benefit

Your local Social Security or Jobs & Benefits office address is on the envelope you were given with this form.

Part 11 What happens next

- If you are entitled to Income Support we will write to tell you how your Income Support has been worked out and how you will be paid.
- If you are not entitled to Income Support we will write to tell you why and what to do if you disagree with the decision.
- Your local NIHE or L&PS will get in touch with you about form **HBRR1**.
- We will not be able to deal with your claim and may have to send your claim form back to you if
 - you have not answered all the questions on this form that apply to you and your partner, if you have one, or
 - you have not provided all the documents we have asked for.

Part 12 How we collect and use information

We, the Department for Social Development (DSD), collect information to deal with Social Security, Child Support, employment and training, housing and community development and urban regeneration (redeveloping towns, cities and villages). The information we collect about you depends on the type of your business with us, but we may use the information for any of these purposes.

We may check information about you with other information we may have. We may get information about you from other people and certain organisations.

We may give information to certain other organisations, as allowed by the law, to:

- check that the information is accurate
- prevent or detect crime
- protect public funds in other ways, and
- use in research statistics.

These other organisations include other government departments, authorities who deal with Housing Benefit and private-sector organisations (such as banks) that may lend you money. We will not give information about you to anyone outside our department unless the law allows us to.

The Department for Social Development is the data controller for the Data Protection Act.

If you want to know more about what information we have about you, or the way we use your information, please contact us. You can contact any of our offices and ask for the leaflet Data Protection Act 1998 - It affects you. Or you can find a copy of the leaflet on our website at www.dsdni.gov.uk

For our use

Date valid claim received

Initials

Date

