

Carer's Credit

Application form



- Use this form to apply for Carer's Credit.
- You will already be getting credits if you get:
 - Carer's Allowance, or
 - Child Benefit for a child under the age of 12.So you don't need to fill in this form.
- If you are a foster carer and will get National Insurance Credits from HM Revenue & Customs, you don't need to fill in this form.
- Please read the **Notes** that came in the application pack before you fill in this form.
- To find out if you might get Carer's Credit, answer the questions on **page 3** of the **Notes**.
- The carer or their representative must fill in this form, not the person being looked after.
- Please write clearly in ink.
- Please answer all the questions that apply to you.
- If you want help filling in any part of this 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**.
- You can also get this application pack in **large print** or **Braille**. To find out more, please phone **028 9090 6186**.

Part 1 – 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

Please include

- the name you had before getting married,
- all former married or civil partnership names, and
- all changes of family name.

National Insurance number

You can get this from your National Insurance number card, letters about benefits, payslips or form **P60**.

Letters

Numbers

Letter

Date of birth

Day

Month

Year

 / /

Address

Please include your full postcode. This will help us deal with your application more quickly.

Postcode

Daytime phone number

where we can contact you or leave a message. Please include the area code.

Mobile number

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

Part 1 – About you, the carer continued



For help with answering this question, please read the section called **When to apply** on page 5 of the **Notes**.

When do you want your Carer's Credit to start?

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

- Your Carer's Credit cannot start before 6 April 2010.
- You cannot apply from a date in the future.
- If you do not tell us a date, your application may be delayed.

Do you normally live in Northern Ireland? **No**

Tick **Yes** if you are part of a family living overseas with HM forces. **Yes**

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

Have you been in prison or legal custody since the date you want your Carer's Credit to start from? **No**

Yes

When were you in prison or legal custody?

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

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

Part 2 – About the care you provide

Have you looked after one or more people, for a total of 20 hours or more a week, since the date you want to apply from?

If you have looked after one or more people for only some weeks since this date, still tick **Yes**.

To find out more, see **page 2** of the **Notes**.

No You will only be able to get Carer's Credit if you have looked after one or more people for at least 20 hours a week.

Yes Please use this part to tell us about the people you look after.

Person 1

Title, for example
Mr, Mrs, Miss, Ms

Their surname or family name

Their other names in full

Their date of birth

Day	Month	Year
/	/	

Their address

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

Postcode								

Their National Insurance 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 National Insurance number card, letters about benefits, payslips or form **P60**. You can find the National Insurance number for children aged under 16 on letters about Disability Living Allowance.

Part 2 – About the care you provide continued

How many hours a week do you look after this person?

	hours a week
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Does this person get
● Disability Living Allowance care component at the middle rate or the highest rate, or
● Attendance Allowance, or
● Constant Attendance Allowance?

- No Ask a health or social care professional who knows this person to fill in the **Care Certificate** that came in this pack. Send the completed **Care Certificate** to us with this application form.
- Yes You do not need to fill in a **Care Certificate** for this person.

If you need to send us a **Care Certificate** and you do not send it with this form, your application may be delayed.

Have you had a break of more than 12 weeks in looking after this person, since the date you want your Carer's Credit to start?

- No
- Yes Please tell us about this below. If you had any other breaks of more than 12 weeks, please tell us about them at **Part 3**.

When did you stop looking after this person?

Day	Month	Year
/	/	

When did you start looking after this person again?

Day	Month	Year
/	/	

Do you look after more than one person?

- No Please go to **Part 3**.
- Yes Please tell us about one other person below. If you need to tell us about more than two people in total, please use the space at **Part 3**.

Part 2 – About the care you provide continued

Person 2

Title, for example
Mr, Mrs, Miss, Ms

Their surname or family
name

Their other names in full

Their date of birth

Day	Month	Year
	/	/

Their address

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

Postcode							

Their National Insurance
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 National Insurance number card,
letters about benefits, payslips or form **P60**. You can find
the National Insurance number for children aged under 16
on letters about Disability Living Allowance.

How many hours a week do
you look after this person?

 hours a week

Does this person get
● Disability Living Allowance
care component at the
middle rate or the highest
rate, or
● Attendance Allowance, or
● Constant Attendance
Allowance?

- No Ask a health or social care professional who knows
this person to fill in the **Care Certificate** that came
in this pack. Send the completed **Care Certificate**
to us.
- Yes You do not need to fill in a **Care Certificate** for
this person.

If you need to send us a **Care Certificate** and you do not
send it with this form, your application may be delayed.

Part 2 – About the care you provide continued

Have you had any breaks of more than 12 weeks in looking after this person, since the date you want your Carer's Credit to start?

No

Yes

Please tell us about this below. If you had any other breaks of more than 12 weeks, please tell us about them at **Part 3**.

When did you stop looking after this person?

Day	Month	Year
	/	/

When did you start looking after this person again?

Day	Month	Year
	/	/

Part 3 – Other information

Use this space to tell us anything else you think we might need to know. If there is not enough space, please use a separate sheet of paper.

Part 4 – 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 I must promptly tell you of anything that may affect my entitlement to Carer's Credit.

This is my application for Carer's Credit.

Signature

Date

Part 5 – What to do now

- Check that you have answered all the questions that apply to you.
- If we have asked you for a completed **Care Certificate**, ask a health or social care professional to fill it in. Send the completed **Care Certificate** to us with this form.
- Check that you have signed at **Part 4**.
- Send everything to us in the envelope that came with this application pack. The envelope does not need a stamp.

Our address is

Disability and Carers Service
Castle Court
Royal Avnue
Belfast
BT1 1HR

Use this certificate to get a health or social care professional to confirm that the person you look after needs the care you provide. To find out more, see **page 4** of the **Notes**.

You only need to fill in this certificate if we have told you to in **Part 2** of the application form.

The health or social care professional must know the person you look after.

Please fill in **Part 1** with the name and details of you, the carer.

This certificate can be signed at **Part 2** by:

- the person being cared for, or
- the appointee or legal representative of the person being cared for, or
- the parent or guardian if the person being cared for is aged under 16.

A signature at **Part 2** is **not** compulsory, but the health or social care professional **must** fill in and sign **Part 3**.

You will need to send us a **Care Certificate** for each person you look after who does not get one of the benefits shown on **page 2** of the **Notes**.

For help with this certificate:

- read the section called **Care Certificates** on **page 4** of the **Notes**
- visit www.nidirect.gov.uk
- phone the Benefit Enquiry Line on **0800 220 674**
- phone us on **028 9090 6186**, or
- write to us at:
Disability and Carers Service
Castle Court
Royal Avnue
Belfast
BT1 1HR

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

Part 1 – About the carer

Full name of carer

Carer's National Insurance number

Letters		Numbers						Letter

How many hours a week do you care for the person you look after?

 hours a week

Part 2 – About the person being cared for

Full name of person being cared for

National Insurance number of person being cared for

Letters		Numbers						Letter

For the purpose of this application for Carer's Credit, I give my consent for a health or social care professional to give details of how much care I need.

Signature

Date

Part 3 – Confirmation of care needs by a health or social care professional

A health or social care professional must answer the questions below.

By *health or social care professional* we mean a person like a district nurse, occupational therapist, social worker, MIND case worker, or community psychiatric nurse.

Full name of health or social care professional

Job title

Organisation name

Organisation address

Postcode								

Daytime phone number

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What is your professional relationship with the person named in **Part 2** of this form?

Do you agree that the person named in **Part 2** needs the weekly amount of care stated in **Part 1**?

No Do not sign this certificate.

Yes Please sign and date below.

Certification

I **confirm** that the person named in **Part 2** of this certificate is known to me or to a member of my organisation.

I **certify** that the person named in **Part 2** of this certificate needs the weekly amount of care stated in **Part 1**.

Signature of health or social care professional

Date

	/		/	
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