

# Disability Living Allowance



DLA1A Child

## *Claim for a child under 16*

Do not delay in returning this claim form as benefit can only be considered from the date we receive it.

You may find it easier to fill in the forms in this claim pack if you read the Notes first. If you need help filling in this form, or any part of it, phone on 0800 220 674.

### About the child

Surname or family name

Other names in full

Any other surnames or family names the child has had

Sex

Male

Female

Address where the child lives

Postcode

Previous address  
If different in the last 3 years

Postcode

The child's date of birth

Child reference number  
if you know it.

Letters

Numbers

Letter

What is the child's nationality?

We may get in touch with you for more information.

## About the person claiming Disability Living Allowance for the child

Tell us about **yourself** here, not the child.

Tell us your full name

Mr/Mrs/Miss/Ms

Your date of birth

/ /

Your National Insurance (NI) number

Letters

Numbers

Letter

This helps us arrange payments quickly.

Your address

Postcode

Previous address if different in the last 3 years

Postcode

Daytime phone number where we can contact you or leave a message.

Code

Number

Please tick the appropriate box

Home  Work  Mobile  Fax  Textphone

What is your relationship to the child?

For example, parent, step-parent (includes civil partner), foster parent, guardian, etc.

What is your nationality.

If you are claiming for a child who was born in the UK but their parents are subject to immigration control, please tell us if the child leaves the UK for any period, even if his is for a short holiday.

Do you receive Child Benefit for the child?

No

Yes

If someone else receives the Child Benefit, tell us their name.

What is the Child Benefit number for the child?

This is on letters about Child Benefit.

## Claiming under the *Special Rules*

If you are claiming for a child under the *Special Rules* tick this box.

You must read the **Notes about claiming under the *Special Rules*** before you tick this box.

The special Rules are for children who have a progressive disease and are not reasonably expected to live for more than another 6 months.

## Only for people claiming for a child under the *Special Rules*

Complete all questions that apply to you or to the child you are claiming for on **pages 1 to 4** and **pages 28 to 39**.

If the child needs help with getting around, read the **Notes about Disability Living Allowance - help with getting around**. They explain what we mean by help with getting around. Then complete all the questions that apply to the child you are claiming for on **pages 5 and 6**.

Please check that you have answered all the questions on this form that apply to you or to the child you are claiming for. Check that you have ticked the box above.

Make sure you sign the **Consent on page 32** and **Declaration on page 39**.

Send this form to us. Send it with the **DS1500** report from the child's doctor. Use the envelope we have sent you. It does not need a stamp.

If you cannot get the **DS1500 report** in time, send us the claim straight away. Send the **DS1500 report** as soon as you can.

## Part 3 – About where the child lives

Does the child normally live in Northern Ireland?

No

Yes

Has the child been abroad for 4 weeks or more in the last 12 months? Tell us the dates they went abroad, where they went and why they went. Please give additional details on an extra piece of paper and send it with this form.

No

Yes

Tell us when they went abroad.

From

To

Tell us where they went.

Tell us why they went.

## Part 4 – About the child's illnesses or disabilities

If you have a spare up to date printed prescription list from the child's doctor, please send it in with this form.

**What are the child's illnesses or disabilities?**

Just tell us the names of the child's main illnesses or disabilities. We will ask you how these affect the child later in this claim form. Do not worry if you are not sure how to spell anything

**If medicines, tablets or other medical treatments are prescribed for the child's illnesses or disabilities, tell us about them here.**

This information will be on the printed label on the front of the child's medicine bottle. **Do not send any type of medication or other personal items with your child's claim form.**

## Part 5 – More about the child

Please tick all the boxes that apply to the child. Tell us if the child

is blind or partially sighted

Partially sighted means that they have problems with their eyesight even when wearing glasses or contact lenses.

has problems with hearing even with a hearing aid

has problems with speech or language which affects communication with other people

is both deaf and blind

To get help because of deafness and blindness the child must have a large amount of loss of hearing and sight. But they do not have to be totally deaf and blind.

has physical disabilities

was born without legs or feet or has had both legs amputated above or through the ankle

has a learning difficulty

has a mental health problem

has both a severe learning disability and severe behavioural problems

has a long term illness

has been assessed for things such as disability aids, or do they have a care plan or an occupational therapy report?

No

Yes

Please send copies, if you can, of any documents with this claim form

If you do not want to complete the care or mobility needs on pages 6 to 24 you can ask for a doctor to visit the child. The doctor will normally examine them. See Notes page 8.

If you would like a doctor to visit the child tick this box.

Make sure you answer all other questions that apply to them.

## Part 6 – Walking outdoors

By this we mean walking on reasonably level ground, not up or down hills or slopes. You can only get Disability Living Allowance for help with getting around at the higher rate if the child you are claiming for is **3 years old or over**.

You cannot get Disability Living Allowance for help with getting around at the lower rate until the child is **5 years old or over**.

### Does the child have difficulties walking?

This may be because

- they cannot walk at all
- of an amputation
- they were born with a deformity of the spine, legs or feet, or something like this
- of paralysis, weakness or stiffness
- walking makes them breathless or gives them pain or discomfort
- of a heart condition
- they refuse to walk.

No

Go to **Page 7**.

Yes

### Tell us about the difficulties they have with walking and about any equipment they use to help them.

Tell us here if there is anything about the way the child walks that causes difficulties. For example, if they have poor co-ordination, bad balance or a poor manner of walking. Tell us if the effort of walking might be dangerous for the child and why this might be. Equipment might be crutches, a walking stick or walking frame, an artificial leg, callipers, splints, a rolator, or something like this.

### How many days a week does the child have these difficulties?

days a week

### How far can the child walk before they have to stop because of severe discomfort?

For example, it may be too painful for them to go on, or they may need to stop and rest.

metres/yards

### How long does it take them to walk this far?

minutes

## Part 7 – If the child needs someone with them when they are outdoors

Does the child need to have someone with them when they are outdoors in places they do not know well?

No

Go to Page 8.

For example, they may need someone to look after them because

Yes

- they are blind or partially sighted
- they are deaf or hearing impaired
- they might fall
- they have behavioural problems or a severe learning disability
- they may forget where they are going, or wander off
- they need a lot of encouragement to walk
- they might put themselves or other people in danger.

**Remember** – the child must need **more** help than a child of the same age who does not have their illness or disability.

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**Tell us why the child needs someone with them when they are outdoors in places they do not know well.**

For example, they may be easily confused or taken advantage of.

## Claiming under the *Special Rules*

### Go straight to Part 28.

You do not have to answer any more questions until that page.

### Part 8 – Someone keeping an eye on the child

All children need someone to keep an eye on them to make sure that they are safe. Answer the questions on this page if the child you are claiming for needs **more** supervision during the day or night than other children of the same age who do not have their illness or disability. By **night** we mean when the household has closed down at the end of the day.

**Does the child need someone to keep an eye on them?**

For example, because they

- have no sense of danger and might hurt themselves or someone else
- might wander about
- have behavioural problems
- cannot hear or see or respond to danger signs
- need someone to monitor their medical condition or diet.

No

Go to Page 9.

Yes

**Why the child needs someone with them.**

During the day

**Why the child needs someone awake with them.**

During the night

If the rest of the questions on this page are difficult to answer because of the child's condition, do not worry. You can tell us more about this later.

**How many days a week does the child need someone with them?**

**How much of the day do they need someone with them?**

**Tell us roughly how long do they need someone with them each time during the day?**

We know this may be difficult, but please try to tell us in minutes.

**How many nights a week does the child need someone to be awake with them?**

**How much of the night does someone have to be awake with them?**

**Tell us roughly how long do they need someone awake with them each time during the night?**

We know this may be difficult, but please try to tell us in minutes.

## Part 9 – About the child’s development

We know that all children develop at different rates, but some illnesses or disabilities can have a marked effect on how a child develops. Tell us if the child you are claiming for has suffered a delay in their development.

**Has the child’s development of physical and sensory skills been delayed?**

For example,

- using their hands
- hearing or talking
- sitting, standing or walking.

Or something else.

No

Go to the next question under the thick orange line.

Yes

Tell us about the help they need.

If the next 2 questions are difficult to answer because of the child’s condition, do not worry. You can tell us more about this later.

**Tell us roughly how many times a day does the child need help?**

times a day

**Tell us roughly how long does it take each time?**

We know this may be difficult, but please try to tell us in minutes.

minutes

**Has the child’s development of learning skills been delayed?**

For example,

- understanding the world around them
- following instructions
- developing daily living skills.

Or something else.

No

Go to **Page 10**.

Yes

Tell us about the help they need.

If the rest of the questions on this page are difficult to answer because of the child’s condition, do not worry. You can tell us more about this later.

**Tell us roughly how many times a day does the child need help?**

times a day

**Tell us roughly how long does it take each time?**

We know this may be difficult, but please try to tell us in minutes.

minutes

## Part 9 – About the child’s development – continued

Has the child’s development of social skills been delayed?

For example,

- interacting with others
- communicating with others.

Or something else.

No

Go to the next question under the thick orange line.

Yes

Tell us about the help they need.

If the next 2 questions are difficult to answer because of the child’s condition, do not worry. You can tell us more about this later.

**Tell us roughly how many times a day does the child need help?**

times a day

**Tell us roughly how long does it take each time?**

We know this may be difficult, but please try to tell us in minutes.

minutes

**Does someone need to help the child develop through play?**

For example, encouraging

- age appropriate play
- stimulating play.

Or something else.

No

Go to Part 10.

Yes

Tell us about the help they need.

If the rest of the questions on this page are difficult to answer because of the child’s condition, do not worry. You can tell us more about this later.

**Tell us roughly how many times a day does the child need help?**

times a day

**Tell us roughly how long does it take each time?**

We know this may be difficult, but please try to tell us in minutes.

minutes

## Part 10 – Waking, getting up and going to bed

Does the child have difficulties waking, getting up or going to bed?

For example, they may need help with things like

- getting into or out of bed
- settling in bed
- staying in bed.

Or help with something else.

No

Yes

**Remember** – the child must need **more** help than a child of the same age who does not have their illness or disability.

Does someone have to wake the child up, or tell or encourage them to get up or go to bed?

No

Yes

Tell us about the help the child needs to wake up or get up or go to bed. Tell us about any equipment the child uses and how it helps them.

How many days a week does the child need this help?

days a week

How many times a day does the child need this help?

times a day

Tell us roughly how long does it take the child to get out of bed or into bed?

We know this may be difficult, but please try to tell us in minutes.

minutes

## Part 11 – Washing and bathing

Does the child have difficulties washing, or having a bath or shower?

For example, they may need help with things like

- cleaning their teeth
- washing their hair
- getting into or out of the bath or shower
- physical support
- coping with periods
- keeping safe.

Or help with something else.

No

Yes

**Remember** – the child must need **more** help than a child of the same age who does not have their illness or disability.

Does someone have to tell or encourage the child to wash or have a bath or shower?

No

Yes

Tell us about the help or encouragement the child needs washing or having a bath or shower. If they have bed baths, tell us about this here. Tell us about any equipment the child uses and how it helps them.

How many days a week does the child need this help?

days a week

How many times a day does the child need help with washing or having a bath or shower?

times a day

Tell us roughly how long does the child take to have a bath or shower?

We know this may be difficult, but please try to tell us in minutes.

minutes

## Part 12 – Getting dressed or undressed

Does the child have difficulties getting dressed or undressed?

For example, they

- have poor co-ordination
- have no control over their arms or legs
- are not able to judge appropriate clothes.

No

Yes

They may need someone to help them, or it may take a long time.

**Remember** – the child must need **more** help than a child of the same age who does not have their illness or disability.

Does someone have to tell or encourage the child to get dressed or undressed?

No

Yes

Tell us about the help or encouragement the child needs getting dressed or undressed. Tell us about any equipment the child uses and how it helps them.

How many days a week does the child need this help?

days a week

How many times a day does the child need this help?

times a day

Tell us roughly how long does it take the child to get dressed or undressed?

We know this may be difficult, but please try to tell us in minutes.

minutes

## Part 13 – Help with toilet needs

We know these are very personal questions, but this information will help us to decide about the child's claim.

**Does the child have difficulties coping with their toilet needs?**

For example,

- getting to the toilet and using the toilet
- using something like a nappy, commode, bedpan or bottle instead of the toilet
- using or changing incontinence aids
- catheterisation or bladder expression
- using enemas or suppositories.

No

Yes

**Does someone have to tell or encourage the child to attend to their toilet needs?**

No

Yes

**Tell us about the help or encouragement the child needs and any equipment they use.**

During the day

**How many days a week does the child need this help?**

days a week

**How many times a day does the child need this help?**

times a day

**Tell us roughly how long does it take each time? We know this may be difficult, but please try to tell us in minutes.**

minutes

**Tell us about the help or encouragement the child needs and any equipment they use.**

During the night

**How many nights a week does the child need this help?**

nights a week

**How many times a night does the child need this help?**

times a night

**Tell us roughly how long does it take each time? We know this may be difficult, but please try to tell us in minutes.**

minutes

## Part 14 – Communicating with other people

Does the child need help understanding other people?

For example, they need someone to

- help with lip reading
- explain what people mean
- interpret sign language.

No

Go to the next question under the thick orange line.

Yes

Tell us about this.

Tell us about the child's difficulties understanding other people. Tell us about anything the child needs to help them understand other people, and how useful this is. Tell us if they need to have physical contact or some other sign to attract their attention.

If the next 2 questions are difficult to answer because of the child's condition, do not worry. You can tell us more about this later.

How many times a day do they need someone to help them understand other people?

times a day

Tell us roughly how long does it take each time?

We know this may be difficult, but please try to tell us in minutes.

minutes

Does the child need help being understood by other people?

For example,

- because of a language disorder or a physical speech problem
- someone has to interpret the child's language, signs or gestures.

No

Go to Page 16.

Yes

Tell us about this.

Tell us about the child's difficulties being understood by other people. Tell us about any equipment the child uses to help them, and how useful this is.

If the rest of the questions on this page are difficult to answer because of the child's condition, do not worry. You can tell us more about this later.

How many times a day do they need help to make themselves understood by other people?

times a day

Tell us roughly how long does it take each time?

We know this may be difficult, but please try to tell us in minutes.

minutes

## Part 14 – Communicating with other people – continued

Is the child unwilling to communicate with other people?

For example, because of

- difficult or withdrawn behaviour
- frustration or stress
- a communication disorder.

Or something like this.

No

Go to Part 15.

Yes

Tell us about this.

Tell us about the encouragement the child needs to help them communicate with other people. Tell us about any equipment the child uses to help them and how useful this is.

If the rest of the questions on this page are difficult to answer because of the child's condition, do not worry. You can tell us more about this later.

How many times a day do they need help to communicate with other people?

Tell us roughly how long does it take each time?

We know this may be difficult, but please try to tell us in minutes.

## Part 15 – Eating and drinking

Does the child have difficulties eating or drinking?

No

For example, they need help

- cutting up food or being fed
- with a specialised feeding method.

Or with something else.

Yes

Does someone have to tell or encourage the child to eat or drink?

No

Yes

Tell us about the help or encouragement the child needs, and any equipment they use.

During the day

How many days a week does the child need this help?

days a week

How many times a day does the child need this help?

times a day

Tell us roughly how long does it take each time? We know this may be difficult, but please try to tell us in minutes.

minutes

Tell us about the help or encouragement the child needs, and any equipment they use.

During the night

How long on average do you need help each time during the night?

nights a week

How many times a night does the child need this help?

times a night

Tell us roughly how long does it take each time? We know this may be difficult, but please try to tell us in minutes.

minutes

## Part 16 – Help with medication

Does the child need help with medication?

For example,

- taking tablets or medicines
- having injections
- using an inhaler or nebuliser
- applying creams
- they do not co-operate with their treatment.

No

Go to **Part 17**.

Yes

Tell us about this.

Tell us about the help or encouragement the child needs with medication.

During the day

How many days a week does the child need this help?

days a week

How many times a day does the child need this help?

times a day

Tell us roughly how long does it take each time? We know this may be difficult, but please try to tell us in minutes.

minutes

Tell us about the help or encouragement the child needs with medication.

During the night

How many nights a week does the child need this help?

nights a week

How many times a night does the child need this help?

times a night

Tell us roughly how long does it take each time? We know this may be difficult, but please try to tell us in minutes.

minutes

## Part 17 – Therapy

### Does the child need help with therapy?

Therapy may be done by a therapist or by someone else. It may be at home or somewhere else. It may involve exercises, routines or methods designed to help the child develop. For example,

- physiotherapy
- speech therapy
- play therapy.

Or something else.

No

Go to **Part 18**.

Yes

Tell us about this.

### Tell us about the child's therapy.

During the day

How many days a week does the child need this help?

days a week

How many times a day does the child need this help?

times a day

Tell us roughly how long does it take each time? We know this may be difficult, but please try to tell us in minutes.

minutes

### Tell us about the child's therapy.

During the night

How many nights a week does the child need this help?

nights a week

How many times a night does the child need this help?

times a night

Tell us roughly how long does it take each time? We know this may be difficult, but please try to tell us in minutes.

minutes

## Part 18 – Help with medical equipment

Does the child need medical equipment?

For example,

- colostomy or catheter care
  - tracheostomy care
  - using splints, gaiters or special clothing.
- Or something else.

No

Go to **Part 19**.

Yes

Tell us about this.

Tell us about the help or encouragement the child needs with medical equipment.

During the day

How many days a week does the child need this help?

days a week

How many times a day does the child need this help?

times a day

Tell us roughly how long does it take each time? We know this may be difficult, but please try to tell us in minutes.

minutes

Tell us about the help or encouragement the child needs with medical equipment.

During the night

How many nights a week does the child need this help?

nights a week

How many times a night does the child need this help?

times a night

Tell us roughly how long does it take each time? We know this may be difficult, but please try to tell us in minutes.

minutes

## Part 19 – Blackouts, fits, seizures or something like this

Does the child have blackouts, fits, seizures or something like this?

For example, because of

- epilepsy
- diabetes.

No

Go to Part 20.

Yes

Tell us about this.

**Tell us what happens.**

We need to know

- what happens before they have a blackout, fit or seizure
- if they get any warning of what is going to happen
- what happens during the fit or seizure
- if they lose consciousness or if their limbs shake, or if they bite their tongue or are incontinent
- what happens after a fit or seizure, if they need to sleep or if they are confused.

Tell us anything that will help us get a clear picture of what happens to the child if they have a blackout, fit or seizure.

**Tell us about the help or encouragement the child needs with medical equipment.**

During the day

**Tell us roughly how often this happens.**

**Tell us roughly how long does the child need help each time?**

We know this may be difficult, but please try to tell us in minutes.

minutes

**Tell us about the help or encouragement the child needs with medical equipment.**

During the night

**Tell us roughly how often this happens.**

**Tell us roughly how long does the child need help each time?**

We know this may be difficult, but please try to tell us in minutes.

minutes

## Part 20 – The child’s mental health

Does the child have difficulties because of the way they feel?

For example, they may sometimes

- get anxious or panicky
- get upset or frustrated
- feel someone may harm them
- try to harm themselves
- be verbally or physically aggressive
- try to damage things
- be impulsive or destructive
- feel they cannot cope with even the slightest change to their daily routine.

Or something else.

No

Go to Part 21.

Yes

Tell us about this.

Tell us about the help the child needs and the things the child does because of their mental health problems.

Tell us roughly how often this happens, and how long the child needs help when it happens.

## Part 21 – Movement and co-ordination

Does the child have difficulties with movement and co-ordination?

For example, they

- cannot move at all
- suffer pain when they move
- may injure themselves if they move
- cannot co-ordinate movements of their arms or legs.

Or something else.

No

Go to Part 22.

Yes

Tell us about this.

Tell us about the help the child needs with movement and co-ordination.

## Part 22 – Moving about indoors

Does the child have difficulties moving about indoors?

For example, with things like

- getting out of a chair
- walking around indoors
- going up or down stairs
- using a wheelchair or Major Buggy
- transferring from a wheelchair or Major Buggy
- having to be carried.

No

Yes

**Remember** – the child must need **more** help than a child of the same age who does not have their illness or disability.

Does someone have to tell or encourage the child to move about indoors?

No

Yes

Tell us about any help or encouragement the child needs moving about indoors. Tell us about any ways the child's home has been adapted, or about any equipment they use to help them move about indoors. This could be a wheelchair, a frame, a stairlift, or something like this.

## Part 23 – When the child is in bed at night

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

Does the child need help when they are in bed at night?

For example, they may need help with things like

- changing sheets or nightclothes
- getting bedclothes back on the bed if they fall off
- turning over
- resettling to sleep after waking because of night terrors or irregular sleep patterns
- getting back into bed after falling out
- settling and staying in bed.

Or something else.

No

Go to **Part 24**.

Yes

Tell us about this.

**Remember** – the child must need **more** help than a child of the same age who does not have their illness or disability.

Tell us about any help the child needs when they are in bed at night.

How many nights a week does the child need help?

nights a week

How many times a night does the child need help?

times a night

Tell us roughly how long does it take each time?

We know this may be difficult, but please try to tell us in minutes.

minutes

## Part 24 – Help the child needs when they go out during the day or in the evening

Please tell us in this part about the help the child needs from another person at home or when they go out. For example, this can be help with things like social and religious activities, interests and hobbies.

**Remember** – they can be helped in lots of different ways. Someone speaking to them can count as help if they

- tell them or encourage them to do things
- tell them how to do things
- tell them if there is danger.

Even someone reading to them or helping them to communicate with other people can count as help. For example, they may need someone to interpret their sign language for other people. Or they may only be able to make themselves understood to someone who knows them well, who needs to interpret what they are saying for other people.

**You should tell us about the help they need even if they do not actually get that help.**

We want you to tell us about each of the different things they usually do or would do if they had the help they need. Use a separate box to tell us about each thing.

We have given you two sets of boxes, but you do not have to fill in both sets unless you need to tell us about 2 different things. If you want to tell us about more than 2 things, use a separate sheet of paper and send it to us with this form.

**What they do or would do if they had the help they need**

When they go out during the day or evening

**How many days a week?**

days a week

**How many times a day?**

times a day

**How long do they usually need help for each time?**

**What help do they need from another person?**

**What they do or would do if they had the help they need**

At home

**How many days a week?**

days a week

**How many times a day?**

times a day

**How long do they usually need help for each time?**

**What help do they need from another person?**

## Part 25 – Help the child needs when they go out during the day or in the evening – continued

What they do or would do if they had the help they need

When they go out during the day or evening

What they do or would do if they had the help they need

At home

How many days a week?

days a week

How many times a day?

times a day

How many days a week?

days a week

How many times a day?

times a day

How long do they usually need help for each time?

How long do they usually need help for each time?

What help do they need from another person?

What help do they need from another person?

## Part 26 – Who would you like to tell us about the child's illnesses or disabilities?

This could be for example

- a teacher
- a nurse, a health visitor, a physiotherapist, a speech therapist or an occupational therapist
- someone from the Social Services
- a carer or any other professional who knows the effect of your child's illness.

We may contact them if we need further information.

Please tell us their name

Their address

Postcode

Their phone number, if you know it.

Code

Number

What is their job?

When did they last see the child?

/ /

## **Part 27 – Anything else about the way the child is affected by their illnesses or disabilities**

Tell us about any ways that the child's illnesses or disabilities affect them that you have not been able to put anywhere else on this form.

For example, the child may need special help at school or nursery. Or there may be places on this form where the questions have been difficult to answer, and you want to tell us more about the help the child needs. Or you may want to tell us if the child's condition changes from day to day, which means that the amount of help they need varies.

Tell us anything that you think will help us get a picture of how the child is affected by their illnesses or disabilities.

## Part 28 – About the child’s condition

Please note - it may delay the claim if you do not complete this section.

If the child has problems getting **around**, tell us when they started to have the problems you have told us about. Tell us the exact date if you can. But if you cannot remember, you **must** tell us roughly when this was.

 /  / 

If the child has problems with **personal care**, tell us when they started to have the problems you have told us about.

Tell us the exact date if you can. But if you cannot remember, you **must** tell us roughly when this was.

 /  / 

## Part 29 – About nights in hospital

Is the child in hospital now?

No  Go to Part 30.

Yes

When did the child go into hospital?

 /  / 

When will they leave hospital? if you know this?

 /  / 

Please tell us the full name and address of the hospital.

Tell us the name or number of the ward if you know it.

Postcode

Hospital phone number, if you know it.

 Code  Number

While the child is in hospital is the NHS paying for their stay and treatment?

No  Yes  Not sure

## Part 30 – About nights in a residential care home or similar residence

This includes independent hospitals, boarding schools, hospices, residential colleges, children's homes, respite care or anywhere like this.

Is the child in a residential care home or similar residence now?

No

Go to Part 31

Yes

Please tell us the full name and address where the child is staying

Postcode

Phone number, if you know it

|      |        |
|------|--------|
| Code | Number |
|------|--------|

When did the child first go into a residential care home or similar residence

 /  / 

Does a Health and Social Services Trust or a government department pay any of the costs for the child to live there?

No

Yes

Not sure

Which Health and Social Services Trust or government department pays?

## Part 31 – About nights in hospital and nights in a residential care home or similar residence

Has the child been in hospital or a residential care home or similar residence in the past 6 weeks?

No

Yes

Please tell us when they went in. If they have come out of hospital or a residential care home or similar residence, please tell us when this was.

in

 /  / 

out

 /  / 

Please tell us the full name and address of where the child was staying.

Postcode

Phone number, if you know it.

Code

Number

## Part 32 – For children on kidney dialysis

Tell us about the hospital that arranges your dialysis, so we can contact them.

Hospital address

Postcode

Hospital phone number, if you know it.

Code

Number

Hospital record number, if you know it.

## Part 33 – The child's school or nursery

Name of child's school or nursery

Address

Postcode

Phone number

Code

Number

Contact

For example, a teacher

## Part 34 – Your child’s hospital doctor or specialist

Tell us about any hospital doctor or specialist the child has seen in the last 12 months because of their illness or disabilities. This might be a doctor at a child development centre. If you want to tell us about more than one person, give us the details on a extra piece of paper and send it with this form.

Please tell us their name

Their address

Postcode

Their phone number,  
if you know it.

|      |        |
|------|--------|
| Code | Number |
|------|--------|

The child’s record number,  
if you know it

When did the child last see  
their hospital doctor or  
specialist?

The child’s present illness or  
disability they are seeing a  
hospital doctor or specialist for.

## Part 35 – Your child’s family doctor or health centre

Please tell us their name

Their address

Postcode

Their phone number,  
if you know it.

|      |        |
|------|--------|
| Code | Number |
|------|--------|

When did the child last see  
their doctor about their  
illnesses or disabilities?

## Part 36 – Consent

We may wish to contact your GP or persons or organisations involved with you for information in relation to your claim. This may include medical information in respect of your claim. You do not have to agree to us contacting those persons or organisations. If you do not, however, agree to us obtaining such information, it may mean that we are unable to obtain enough information to satisfy ourselves that you meet the conditions of entitlement in respect of your claim.

The Department for Social Development or any doctor employed by the Department, may ask any person(s) or organisation(s) for any information, including medical information, which is needed to deal with:

- this claim for benefit, or
- any appeal or other reconsideration of a decision in relation to this claim and that the information may be given to that doctor or to the Department.

Now please tick one of the consent options below.

I agree to you contacting persons or organisations as in the statement above.

I do not agree to you contacting persons or organisations as in the statement above

Now sign and date below.

Signature

Date

Please make sure you sign and date the **Declaration** on **page 39** of this claim form.

**Part 37 – Statement – from someone else who knows the child.**

Please note – completion of this page is optional.

Please ask someone who knows how the child's illness or disability affects them to sign this statement. This could be anyone who knows the child well. For example, a carer, relative, friend, professional health care worker or someone like this. They do not need to look at the answers on this form.

How often do you see the child this form is about?

Please tell us what their illnesses and disabilities are, and how they are affected by them

Tell us your job, profession or relationship to the person this form is about

Your full name

Your daytime phone number

Code                  Number

Your address

Postcode

Your signature

Date

## Part 38 – About Income Support, Jobseeker’s Allowance or Pension Credit

Are you getting or waiting to hear about Income Support, Jobseeker’s Allowance or Pension Credit?

No

Yes

Is anyone within your household getting or waiting to hear about Income Support, Jobseeker’s Allowance or Pension Credit for you?

No

Yes

Please tell us their name

Their National Insurance (NI) number




Their relationship to you

## Part 39 – About tax credits

Is anyone within your household getting or waiting to hear about Child Tax Credit?

No

Yes

Please tell us their name

Their National Insurance (NI) number




Their relationship to you

Is anyone within your household getting or waiting to hear about Working Tax Credit?

No

Yes

Please tell us their name

Their National Insurance (NI) number




Their relationship to you

## Part 40 – Making payments to you

We normally pay Disability Living Allowance directly into an account. This is the safest way to pay you and lets you choose how and when you get your money. You can use a bank, building society or other account provider. Most accounts allow you to make savings on some of your bills by paying them by Direct Debit. You may be able to use a cash machine, which will usually mean you can get your money at any time of the day or night. Most of these machines can be used for free, but some of them will charge you to take your money out. If so, you will be warned by a message on the screen. This will give you the opportunity to cancel your transaction without being charged. There are arrangements with banks and building societies to let you collect cash from many of their accounts over the counter at Post Offices®.

### A – Payment direct into an account

#### You will be paid

Your Disability Living Allowance will be paid into the account every 4 weeks.

#### Finding out how much is paid into the account

We will tell you when the first payment will be made and how much it is for.

Each payment, after the first one, should be for the same amount unless there is a change in your circumstances. We will tell you whenever we know there is going to be a change in the amount we pay into your account.

You can check Disability Living Allowance payments on your account statements. Your statements will show your National Insurance (NI) number next to payments that are from us. If you think your payment is wrong, get in touch with the office that pays you.

#### Getting someone to collect your Disability Living Allowance payments

You may be able to get someone else to collect your Disability Living Allowance for you regularly if you wish. For help with this please contact your bank, building society or other account provider such as the Post Office® or Credit Union.

#### If not enough money is paid into the account

If we do not pay enough money into the account, we will make another payment or add the money we owe you onto your next payment. We will contact you to tell you what we are going to do.

#### Sometimes we may pay too much money into the account and you may be overpaid

If this is because of the way the system works for payments directly into an account, we have the right to recover any money you are not entitled to. For example, you may give us information which means you are entitled to less money but we may not be able to change the amount already sent out. We will contact you first if we propose to recover any money.

#### What to do now

To tell us about the account you want to use for your Disability Living Allowance, **go to Part B.**

or

If you do not already have a suitable account, **go to Part C.**

## Part 40 – Making payments to you - continued

### B – About the account you want to use

Tick this box if you agree to be paid directly into an account and understand the information in **Part A** about being overpaid.

**Please give your account details on page 37.**

You must fill in **all** the boxes including the building society roll or reference number if you have one. You can find the account details on the cheque book, passbook or statements. If you are not sure about the details, ask the bank, building society or other account provider.

**Whose name or names is the account in?**

**Please tick one box**

We use *'partner'* to

- 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.

In your name

In the name of your partner

In the names of you and your partner

In the name of the person acting on your behalf

In the names of you and the person acting on your behalf

**Please note:**

- a Post Office® card account can only be in your name.
- by ticking the box for an account that includes the name of the person acting on your behalf, you confirm that you will authorise them to use the money in the way you tell them. Or you are an appointee acting on behalf of the customer.

## Part 40 – Making payments to you - continued

### ● B - About the account you want to use continued

#### What name or names is the account in?

Please write the name or names as they appear on the cheque book, passbook or statement

#### Full Name of bank or building society

**Sort Code** – of the bank, building society or Post Office® card account. 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"/> |
|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|

#### Account Number

This is seven to ten numbers long

### More information if it is a building society account

#### Building Society roll or reference number

Some building society accounts use a roll or reference number. The number is on the passbook. The roll or reference number can contain letters and numbers and can be up to 18 characters long. **If you are not sure if the account has a roll or reference number, ask the building society.**

You may be getting other benefits and entitlements that are not paid directly into an account. To have them paid into this account, please tell us the names of the benefits or entitlements.

## Part 40 – Making payments to you - continued

### ● C - If you did not complete section B

Please read the notes below then tick **Box 1** or **Box 2**.

If you have an account but you do not wish to use it, for example a joint account, any bank or building society will help you open an account that suits you better. Remember to ask whether their accounts allow you to get your money from the Post Office®, if this is important to you.

#### ● Basic bank account

If you have had problems opening a current account, or if you are worried about being overdrawn, you could ask any bank or building society about opening a basic bank account. These are available from all major banks and offer free banking with no overdraft facility. You can use these accounts to pay money in, pay bills automatically and get cash out. Most basic bank accounts also allow you to get cash from Post Offices®.

#### Other accounts

- Alternatively, you can be paid into some Credit Union accounts or a Post Office® card account. These accounts may have restrictions on the services provided.

Tick the box that applies to you.

I intend to open an account.

**Box 1**

Any bank, building society or other account provider will help you open an account. If you want to get your money at a Post Office® check that the account allows you to do this. **If you want us to pay into an account, tell us your account details as soon as you have them.**

**Box 2**

I would like information about how I can be paid by other means.

We will contact you about your payment options. If, in the meantime you require more information about opening a bank or building society account or a Post Office® card account, please contact us.

**Complete the claim form and send it to us now  
Do not wait until you have opened an account.**

## Part 41 – Declaration

No benefit can be paid for any period claimed for, until the declaration is signed and the form is returned 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 child's Disability Living Allowance of anything that may affect their entitlement to or the amount of that benefit.
- **I understand**  
that the Department 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 for my child
  - any other benefit I have claimed
  - any other benefit I may claim in the future.

**This is my claim for Disability Living Allowance.**

Signature

Date

Please make sure you sign and date the Consent section on page 32 of this claim form

## Part 42 – What to do now

Do not forget to write the child's name and reference number on any additional documents you send us.

If you are sending any documents with this form, please list them below.

Check that you have signed the **Consent** statement on **page 32** and the **Declaration** on **page 39**.

Then send the completed form back to us.

If you are not sure where to send this form, phone the Benefit Enquiry Line on **0800 220 674**.

## How we collect and use information

The Department for Social Development (DSD) collects information for social security, child support, employment and training purposes, urban regeneration, housing and community development. The information we collect about you will depend on the nature of your business with us, but may be used for any of the Department's purposes.

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

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

- check the accuracy of information;
- prevent or detect crime;
- protect public funds in other ways; and
- use in research or statistics.

These other organisations include other government departments, authorities administering Housing Benefit, and private sector bodies such as banks and organisations that may lend you money. We will not give information about you to anyone outside our department unless the law allows us to do so.

The Department for Social Development is the Data Controller for the purposes of the Data Protection Act 1998.

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 leaflet *Data Protection Act 1998 – It affects you*. Or you can find a copy of the leaflet on our website. The address is [www.dsdni.gov.uk](http://www.dsdni.gov.uk).