Attendance Allowance Information Pack

cyngor ar bopeth citizens advice Rhondda Cynon Taff

Table of contents

- **In this pack you will find information to help you complete your Attendance Allowance form.**

If possible try and keep a diary for 1-2 weeks before you complete the form so you are aware of daily symptoms and severity of symptoms.

If possible, take a photocopy of your form in case it gets lost in the post.

Don’t delay sending the form. You can send more information afterwards if you need to.

Ensure your form is returned to DWP/Health Assessment Services by the date noted on the cover letter.

If you would like us to check your form before sending, please call us for further details on how to do this.

Question 1 - 6

Personal details and eligibility questions - complete all sections that apply.

Question 7 - 11

Personal details and eligibility questions - complete all that apply

Question 12

Are you claiming under special rules – e.g. not expected to live longer than 12 months, if you are claiming under the special rules you do not need to answer questions 19-44.

Please send this form to us with a SR1 Medical Condition Report. You can get this from your doctor or Specialist. Your doctor or Specialist can send this to us. If you do not have your SR1 Medical Condition Report by the time this form is complete, send the form to us straight away. The SR1 Medical Condition Report can be sent later.

Question 13

Have you moved from Scotland to live in England or Wales?

Question 14

Are you getting or have you made a claim for Pension Age Disability Payment?

Question 15

Are you signing the form for someone else?

Question 16 - About your illness or disabilities and the treatment or help you get

You will need to list your conditions on the form, make sure you include them all. Say how long you have these conditions; approximate length of time is ok. The assessor will be particularly interested in any conditions you have had for 6 months or more as you need to have had your problems for at least 6 months in order to qualify for Attendance Allowance.

Attach an up-to-date prescription list to the form; this will save you having to write all your medication on the form.

By treatments we mean physiotherapy, counselling, mental health support, occupational therapy or visiting a day care centre.

Example

Name of illness or disability	How long have you had this illness or disability?	What medicines or treatments (or both) have you been prescribed for this illness or disability?	What is the dosage and how often do you take this medicine or receive this treatment?
Arthritis	2012	Painkillers	250mg 4 times a day

Question 17 - Apart from your GP, in the last 12 months have you seen anyone about your illness or disabilities for e.g. hospital consultant, counsellor, specialist nurse?

- Doctors, GPs, consultants and nurses, counsellors, psychotherapists and occupational therapists, people like care workers, support workers, social workers and physiotherapists
- Their contact details - in case the DWP need to know more about your condition
- The date you last saw them - If you don't know the exact date you last saw them its ok to just give the year.
- If you have seen more than 1 add their details on Q50 – we need to know their contact details, what they treat you for and when you last saw them

Question 18 - Does anyone else help you because of your disability or illness

This could be a friend or family member, a carer, Support worker or Nurse – add their relationship to you, their contact details and how they help you, if there's more than 1 add their details on Q50 Extra information

Question 19

GP or Surgery name, address, telephone number, when you last saw them

Question 20

Consent – We may want to contact your GP, Specialists or people involved with you, for information about your claim. If you consent, tick the yes box and sign the declaration.

If you are claiming under the special rules go to question 47 you do not need to answer any more questions.

Question 21 - Do you have any reports about your illness or disabilities?

This may be from a Specialist, Occupational therapist, GP or Counsellor, it may be a care plan or an assessment report, if you have any reports send us a copy with this form and put your name and NI number at the top of any paperwork you send us.

Question 22 - Are you on a waiting list for surgery

Example

The date you were put on the waiting list	What surgery are you going to have?	When is the surgery planned for, if you know this?
13/02/20	Hip operation to replace right hip	10/06/21

Question 23 - Have you had any tests for your illnesses or disabilities? Or e.g. Peak flow, Treadmill exercise, Hearing or Sight test – tell us about it in the table below

Example

Date and type of test	Results
Hearing test - 20/01/21	Left ear 75% hearing loss Right ear 30% hearing loss

Question 24 - What type of accommodation do you live in. for e.g. house, bungalow, flat, sheltered accommodation.

Question 25 - Where is the toilet in your home? Upstairs, downstairs, or other

Question 26 - Where do you sleep in your home? Upstairs, downstairs, or other

Question 27 - Please list any aids or adaptations you use, put a tick in the 2nd column if a health care professional has prescribed this.

If you have difficulty using any aids or adaptations or you need help to use them. If you need more space continue at Q50.

Aids & Adaptations	Tick if prescribed by a GP or other healthcare provider	How does this help you?	What difficulty do you have?
Zimmer Frame		I use this to help me get around my flat, it stops me falling and supports me	I can't use this all the time as it hurts my hands and I get blisters
V Cushion		It supports my head and neck so the arthritis in my neck is eased	
Walking stick		It helps me to balance	Sometimes my arms are not strong enough to use this so I have to use my wheelchair instead
Commode		I do not need to struggle to the bathroom day or night I can use my commode to go	It takes me a while to get on and off the commode without help
Stool in the shower		I can sit and try to wash myself as it takes less energy	My balance isn't good so this helps me not to fall over

Question 28 - When your care needs started?

Normally, you can only get Attendance Allowance if you have had difficulty or needed help for the past 6 months. Please tell us the date your care needs started or if you can't remember put a rough date.

Your care needs during the day includes evening, care needs during the night are covered later.

- By care needs we mean help or supervision that you need, but do not currently receive.
- Help means physical help, guidance or encouragement so you can do the task that you do currently receive.

Question 29 - Do you usually have difficulty or, do you need help getting out of bed in the morning or getting into bed at night?

Yes or No - Tick or complete the boxes that are relevant

I have difficulty getting into bed/getting out of bed

I need help getting into bed/getting out of bed

I have difficulty concentrating or motivating myself and need encouragement to get out of bed in the morning/encouragement to get into bed at night

Any other information

- I need someone to encourage and prompt me to get in and out of bed due to my mental health as I would not get up because I am feeling depressed and emotional, then I think I am not going to sleep so I stay up all night and for days at a time.
- I need help to get in and out of bed as my legs, feet are weak and very swollen due to arthritis, and it takes a while for my medication to work. It's the same in the night as I am stiff from sitting and then have to get into bed, depending on the day I am having it can be very painful.

Question 30 - Do you have difficulty or do you need help with your toilet needs?

This means thing like getting to the toilet, getting on and off the toilet, changing a catheter, using a commode. It also means changing a bedpan or bottle, helping to clean yourself or change your pads.

Yes or No - Tick or complete the boxes that are relevant

What is the difficulty and how many times a day do you need help with it? For e.g. I need help 4 times a day getting on and off the toilet.

Any other information

- Due to incontinence of my bladder (or bowel) I have to wear pads daily, 6 times a day 7 days a week and I need help to change these if I am having a bad day.
- I need help from someone to ensure I wash properly if I have an accident and am unable to make it to the toilet in time - this is daily 7 days a week and can be 1-5 times a day.
- I have had my toilet seat made higher and have grab rails so when I am getting on and off the toilet it makes it easier for me I use this 7 days a week 4-5 times a day
- I have a catheter fitted and need someone to help me monitor this daily 4 times a day
- I have a commode as I can't climb the stairs but I need help cleaning myself after and getting on and off the commode 4-5 times a day 7 days a week

Question 31 - Do you usually have difficulty or need help with washing, bathing, showering or looking after your appearance?

This means things like cleaning your teeth, combing your hair, having a shower, shaving, looking after your appearance.

Yes or No - Tick or complete the boxes that are relevant

What is the difficulty and how many times a day do you need help with it? For example I need support to dress and wash as I find it difficult to reach up or bend down with my arthritis, I would need this help at least twice a day 7 days a week.

Any other information

- I use grab rails in the bathroom as I am unsteady on my feet due to the pain I have because of my arthritis and I find it difficult to lift myself up due to weakness in my arms, this would be twice daily, 7 days a week.
- I need someone to encourage and prompt me to shower due to my mental health as I otherwise would not do this because of how I am feeling with my mental health, this would be daily, 7 days a week.
- I am unable to bend to wash the lower half of my body due to pain in my back caused by my discs crumbling so need someone with me to help me - I need this help once a day, 7 days a week.
- I need to have a stool in the shower as I am unable to stand for long periods, this would be daily, 7 days a week.

Question 32 - Do you have difficulty or do you need help with dressing and undressing?

Yes or No - Tick or complete the boxes that are relevant

What is the difficulty and how many times a day do you need help with it? For e.g. I need support to dress and wash daily twice a day as I find it difficult to reach up or bend down with my arthritis I am unable to do buttons or zips also due to arthritis in my hands.

Any other information

- I need help from someone to put on and remove shoes and socks, as I cannot bend due to the vertigo and dizziness I feel, this is twice a day, 7 days a week.
- I am unable to fasten zips or buttons due to the numbness I suffer in my fingers and hands so I need someone to help me dress and undress, this would be twice a day 7 days a week for a few minutes each time.
- My carer helps me to make sure I am dressed appropriately for the weather, as I would not think about this because of my memory problems.
- I am unable to reach my arms up to put clothes over my head as the pain is too much in my shoulders so I need help to do this twice a day, 7 days a week.
- I am unable to put garments over my head as I panic I am going to get stuck so I need someone with me to reassure me and to help me to do this, twice a day 7 days a week.

Question 33 - Do you usually have difficulty or need help with moving around indoors?

By indoors we mean anywhere inside not just the place where you live.

Yes or No - Tick or complete the boxes that are relevant

What is the difficulty and how many times a day do you need help with it? For e.g. I need support with getting around indoors as my hip locks and I get stuck in a position and I can’t move, I need someone to lean on then a few deep breaths and I can move again, this can be daily several times a day.

Any other information

- I am able to walk without an aid if I have someone to support and hold my arm in case of falling which I have done in the past, I am unable to hold a crutch due to weakness in my arms so getting around is painful, difficult and at a very slow pace due to breathlessness.
- In the house I move around by using the furniture and I have crutches for when I go outdoors. I find it difficult to use my crutches as they hurt my arms, I am unable to walk further than 20 meters due to pain in my legs and arms and breathlessness, my body goes weak and I feel I will fall over which I have done several times in the past. I have someone to keep an eye on me a few times a day for an hour, 7 days per week,
- I am unable to get around without my frame which I need to rely on for support due to weakness and pain in both legs; I would not be able to get around without this aid and use this throughout the whole day and night.

Question 34 - Do you fall or stumble because of your illness or disabilities?

For example, your eyesight may make you fall or, you have hearing problems and issues with balance. This could also mean your knees give way, your muscles are weak, you may suffer with dizzy spells, suffer with fits, blackouts or fainting.

Yes or No - Tick or complete the boxes that are relevant

What is the difficulty and how many times a day do you need help with it? For e.g. I need support when I come around from a fit, if I have fallen it takes me some time with help to be able to get up again.

Any other information

- I fall when I have epileptic fits, these happen daily several times a week, I need someone with me to watch over me and ensure I do not hurt myself if I fall and I also need someone to be with me and reassure me when I am coming around from the fit.
- If I have one of my simple partial seizures, I do not lose consciousness during the seizure. However, although I am fully aware of what's going on, I can't speak or move until the seizure is over. I remain awake and aware throughout so I would need someone with me to watch over me, this is unpredictable and can happen daily, 3-10 times per week, I would need someone with me for 30 minutes each time.
- I do have hypos once every 2 or 3 weeks. When I go low I can usually feel it coming and I carry snacks and juice to catch it quickly, but more often than not it happens too fast. My vision goes blurry and I don't really know what I'm doing - my partner says I talk rubbish and I slur. A couple of weeks ago it happened when I was on the way back from the shop and I collapsed in the street. I don't really know how long it lasts, but I feel teary and spaced out for a while afterwards."
- I fall if my knees lock, there’s nothing I can do I just go straight over I can’t stop myself, I usually need help to get up again too, this can happen daily 0-5 times a day, 7 days a week

Question 35 - Do you usually have difficulty or do you need help cutting up food eating or drinking?

This could mean getting food or drink into your mouth

Yes or No - Tick or complete the boxes that are relevant

What is the difficulty and how many times a day do you need help with it? For e.g. I worry that I am going to choke since my stroke so I need someone to make sure I eat otherwise I will avoid it as it's stressful.

Any other information

- I use a beaker or a straw to drink as I would spill hot drinks down me because I shake; this happens several times a day, most days of the week so I need someone to supervise me.
- I use plastic cutlery and dishes as I am prone to drop things as my hands are deformed due to arthritis, this is several times a day, 7 days a week.
- I am fed through a tube so need someone to help me with ensuring it's clean and fitted correctly, this is several times a day, 7 days a week.
- I have trouble swallowing and someone needs to be with me in case I choke, this can happen several times a day, 7 days a week.
- I struggle with my appetite and eating so I need someone with me to encourage or prompt me to eat, this would be several times a day, 7 days a week.

Question 36 - Do you have difficulty or do you need help with taking your medicines or with your medical treatment?

Yes or No - Tick or complete the boxes that are relevant

What is the difficulty and how many times a day do you need help with it? For e.g. I need someone to take me for chemo on a weekly basis as I am unable to drive after treatment, I also need help with being taken for blood tests every few days as I am unable to drive due to my pic line.

Any other information

- I need someone to make up my Dosette box for me to take my medication as I would forget or take the wrong amount of tablets, this would be daily, 7 days a week.
- I need someone to ensure I take my medication as I forget when it's due or do not want to take it, this would be several times a day, 7 days a week.
- I need someone to help my apply my cream as it's uncomfortable and hurts and I would avoid it without the help of someone else, this is a few times a day, 7 days a week.
- I need someone to help me with my eye drops as I am unable to do them myself, this would be several times a day, 7 days a week.
- I need someone to help me with my physio and exercises as it hurts and I find them draining and I could not do them without help from someone, this is a few times a day, several times a week.

Question 37 - Do you have difficulty or do you need help to communicate with other people?

This could mean a mental health disability, a speech or language problem, or a learning disability, answer as though you are wearing hearing aids or other devices.

Yes or No - Tick or complete the boxes that are relevant

1. What is the difficulty and how many times a day do you need help with it? For e.g. I find it difficult to speak to people I have not seen for a while as I feel awkward and get anxious so I try to avoid people if I can it’s too stressful.

Any other information

- Due to being hard of hearing in both ears I misunderstand what people are saying to me and I find it difficult to have a conversation unless it’s one on one in a quiet area.
- I have to have all paperwork in large print as I am unable to read it otherwise and I would still need someone to check I have read it correctly and explain it to me, this would be a few times a week for 30 minutes at a time.
- I find it difficult to read due to my learning difficulties and I am unable to understand what I have just tried to read, I need someone to check things for me and explain them to me, and this would be a few times a day, 7 days a week.
- I have a severe stutter that gets worse the more stressed I get. It's a vicious circle as when I get stressed when I can't get my words out.
- Due to my speech difficulty I can only manage to speak to people I know well but even then I'll have to write things down sometimes so they understand.
- If I have to talk to strangers my stutter can be so bad that people can't understand me. Once I got so stressed about it that I had a panic attack."
- My hearing has got so bad now, my recent test said I had lost 85% hearing in 1 ear and lost 45% of hearing in the other ear, I find my hearing aids very difficult to wear, I have tried lots, they are uncomfortable and unnerving and they never work properly.

Question 38 - How many days of the week do you have difficulty or need help with the care needs you have told us about in Questions 26-34

Question 39 - Do you have usually need help from someone to actively take part in social or religious activities, interests or hobbies?

We need this information because we can take into account the help you would need to take part in these activities, as well as the other help you need during the day.

Yes or No - Tick or complete the boxes that are relevant

Tell us about the activities and the help you would need from another person at home.

What you do or would like to do	What help do you need or would you need from another person to do this?	How often do you or would you do this?
Crosswords to try and work my memory	To read me the clues and write the answers down	Every day for an hour at a time

Tell us about the activities and the help you would need from another person when you go out.

What you do or would like to do	What help do you need or would you need from another person to do this?	How often do you or would you do this?
Swimming	To take me to help me dress and to help me swim	Twice a week for 2 hours at a time
Go to church	To take me there and back and wait with me if I am on my own	Twice a week for 1.5 hours at a time

Question 40 - Do you have usually need someone to keep an eye on you?

For example, you may have a mental health problem or a disability, sight, hearing or speech difficulty and need supervision?

Yes or No - Please tell us why you need supervision – Tick all the boxes that apply

How long can you be safely left for at a time?

- An hour, two
- A morning
- A day
- Never

Is there anything else you want to tell us about the help you need from another person?

- I am able to pull light things towards me rather than pick them up. I have numbness in my hands due to my stroke so I am unable to feel things in my hands. My family make sure that anything I need to pick up like a milk container are only half full so I can manage them better. I need this help several times a day, 7 days a week for a few minutes at a time.
- I can only use the toaster as I have left the cooker on in the past and burnt things so I need someone to keep an eye on me sometimes. I had a stroke 2 years ago and lost the use of my left arm, I have arthritis in my other wrist. This makes it hard for me to pick things up, especially small things like cutlery and plates.
- My medication makes me feel spaced out so I have difficulties concentrating and following a conversation and I forget what I have been told, I would need someone with me to remind me of the conversation, this would be most days, 7 days a week.
- My carer/family support me to manage my money, due to my difficulties with my mental health I get confused with how much I have left and how long it has to last me and I forget what bills I have paid, I need this support daily for 30 minutes at a time.

Question 41 - How many days a week do you need someone to keep an eye on you?

Question 42 - Help with your care needs during the night?

By night we mean when the household has closed down at the end of the day. Do you usually have difficulty or need help during the night.

- Help with settling, getting into bed or position for the night, help to the bathroom at night or on to the commode.
- Taking medication during the night, having a drink during the night, turning over during the night. If I fall out of bed. If I'm awake all night as I can't sleep.

Yes or No – Please tell us what help you need, how often and how long you need this help for.

Answer all relevant points pages 20-21, how often and how long for.

Is there anything else you want to tell us about the help you need during the night?

Question 43 - How many nights a week do you have difficulty or need help with your care needs?

Question 44 - Do you usually need someone to watch over you?

For example, you may have a mental health problem or a disability, sight, hearing or speech difficulty and need supervision?

Yes or No - Please tell us why you need another person to be awake to watch over you – Tick all the boxes that apply.

Is there anything else you want to tell us about the help you need from another person to be awake to watch over you?

- My family like me to keep my phone on every night but I cannot remember how to get to the phone numbers. I have been shown many times but I cannot remember. I tried to call someone once and I could not work out how to - I really panicked and got in a bit of a state. I could not look at that phone after that. If I cannot sleep, I won't phone anyone and I stay awake all night on my own.
- Sometimes I have bad dreams, I wake up crying and upset, and I don't know where I am, my carer or family member help calm me down when this happens.
- I have bad cramps in the night and wake up crying and in pain, my carer or family member look after me when this happens.

Question 45 - How many nights a week do you need someone to keep an eye on you?

Question 46 - Please tell us anything else you think we should know about the difficulty you have or the help you need

By night we mean when the household has closed down at the end of the day. Do you usually have difficulty or need help during the night.

- Help with settling, getting into bed or position for the night, help to the bathroom at night or on to the commode.
- Taking medication during the night, having a drink during the night, turning over during the night. If I fall out of bed. If I'm awake all night as I can't sleep.

Is there anything else you want to tell us about the help you need during the night?

Question 47 - Are you in hospital, a care home or similar place now?

Tick the relevant boxes and provide the address of any hospital/care home etc. you are currently staying in.

Provide details of the reason why you are currently in hospital.

Question 48 - Have you come out of hospital, a care home or similar place in the last six weeks?

The answers here are similar to those given in question 47.

Question 49 - Constant Attendance Allowance

Tick the relevant boxes if you are receiving any of the stated benefits.

Question 50 - 54 - How we pay you

It is very important that you fill in this section correctly. If you do not, you may not receive any payments or your payments could be made to the wrong bank account.
Write your name exactly as it appears on your chequebook, bank statements, or credit/debit cards.
Include the name of your bank/building society, sort code, account number and building society reference number (if applicable).

Question 55 - 62 - Statement from someone who knows you

This page is optional. It can be completed by a carer, family member, friend, or support worker. You should try and get someone who knows you well, and has some understanding of the difficulties you face as a result of your health conditions.

Question 63 - Please tell us anything else you think we should know about your claim.

This question is optional, but if you feel there is any further information that may assist in your claim that has not already been discussed you should mention it here.

Question 64 - Declaration

You must sign, date and print your name on the form in order to receive Attendance Allowance. Please read the declaration carefully and ensure you fully understand it.

What to do now

The checklist is optional but it is a very useful prompt to make sure you have completed all the relevant sections of the form.

Question 65 - Please list all the documents you are sending with this claim form

List all documents you are including with the form. If you are not sending anything then you can leave this section blank.

Contact Us

This pack was created by Citizens Advice Rhondda Cynon Taff.

Phone: 01443 409284

Email: bureau@carct.org.uk

Web: www.carct.org.uk

For more information about completing an Attendance Allowance form: Click Here

cyngor ar bopeth citizens advice Rhondda Cynon Taff

If you require this pack in a larger font, please contact us.

Please note: When sending off your completed form, ask the Post Office for free proof of postage. You might need to show proof of when you sent it.

Or use a “Guaranteed Delivery” or “Signed For” service as this allows you to know that your forms arrive safely by providing proof of delivery. 1st class Signed For delivery aims to arrive the next working day and 2nd class Signed For delivery aims to arrive within 2-3 working days.