Child Disability Living Allowance (DLA) Information Pack

cyngor ar bopeth citizens advice Rhondda Cynon Taf

In this pack you will find:

- Example answers for questions 1 – 71 that will help you to complete the questions on how your child's condition affects them on a daily basis.

Only answer yes to the questions, if the activity can be done safely, to an acceptable standard as often as needed in a reasonable length of time or your child does not require any additional support compared to a child of their age without any health conditions.

Ensure you read the notes that came with your form as they explain the different rates that can be awarded and the criteria for these rates.

- 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. (Diary sheet enclosed).
- If you would like us to check your form before sending, please call us for further details on how to do this.
- If possible, photocopy your form in case of loss.
- **Ensure your form is returned by the date on the front.**
- Write in black ink and use CAPITAL LETTERS.

Do not send it or take this to your Jobcentre Plus office, completed forms need to be sent to:

Disability Benefit Centre 4
Post Handling Site B
Wolverhampton
WV99 1BY

Information to complete your Child DLA form

Page 1: Question 1 - 5 - Complete the personal details for the child

Page 2: Question 6 - 9

- Are you claiming for the child under the special rules? The special rules apply to children who have a progressive disease and are not expected to live longer than another 6 months.
- Child's Nationality - Does the child normally live in Great Britain? Has the child been abroad for more than 4 weeks at a time in the last 3 years?

Page 3: Question 10 - 12

- Benefits from another European Economic Area state or Switzerland
- Is the child's parent or guardian getting any pensions or benefits from another European Economic Area (EEA) state or Switzerland?
- Other benefits
- Is the child in an NHS hospital or hospice now? Or have they been admitted in the past 12 months?

Page 4: Question 13 - 14

- Is the child in a residential college or similar place now, or have they been in the past 12 months? For example, a residential care home, boarding school or similar place.
- In the last 12 months, has the child seen anyone apart from their GP about their illnesses or disabilities? For example, a hospital doctor, consultant, nurse, occupational therapist, physiotherapist, educational psychologist, social worker or support worker.

Page 5: Question 15 - 16

- Complete all details of the child's GP.
- Has the child had or are they waiting for tests to help diagnose, treat or monitor their illnesses or disabilities?

Page 6: Question 17 - 19

- Do you have any reports, letters or assessments about the child's illnesses or disabilities?
- Complete all details of the child's school or nursery
- Does the child have or are they waiting to hear about an Educations Health and Care Plan (EHCP), Individual Education Plan (IEP), Individual Behaviour Plan (IBP) or statement of Special Educational Needs (statement)? In Scotland the statement is called a Co-ordinated Support Plan (CSP).

Page 7: Question 20

- Statement from someone who knows the child - For example, a health professional, a social worker, support worker or a teacher.

Page 8: Question 21

- Consent for the DWP to contact – This is for you to agree that the DWP can contact the people or organisations described in the statement.
- Information on the Motability Scheme

Page 10: Question 22

- List the child's illnesses or disabilities in the table below, remember to include:
- Illness or Disability, if they don't have a diagnosis, tell us their difficulty, length of time they have had difficulty, any treatments including medication, how often and for how long they have had treatment or medication.
- If you have a spare up-to-date prescription list send it with the claim form.

Examples:

- *Eczema, diagnosed in 2015, severe itching and scabbing daily, cream needs to be applied after bathing twice a day and takes 30 minutes each time, we have been using this cream since specialist appointment in 2016.*
- *Anxiety & depression, diagnosed in 2017. Struggles to interact with strangers, cannot cope with change or any upsets to their routine, been on medication since 2017 but it's a struggle to get them to take it daily, this can take up to an hour each time as they do not like taking it.*

Page 11: Question 23

- Does the child use, or have they been assessed for, any aids or adaptations?

Yes continue. No go to question 24.

- Aids used at home, at school or anywhere else
- Aids or adaptations they have been assessed for or are waiting for
- Help they need to use it. This could be encouragement, prompting or physical help
- Put a tick next to the aid or adaptation if it was prescribed by a health care professional. For example, an occupational therapist

Examples:

- *Picture Exchange Cards – used to encourage communication – we use these daily and I provide encouragement.*
- *Dojo points – used to encourage and reward progress – These are used at both home and school daily, myself and their teacher provide encouragement and support.*

Page 12: Question 24

When the child needs help

- We understand the help a child needs can vary from day to day or week to week.
- To make the right decision, we need to know if the help the child needs is the same most of the time or varies.

Tick which applies to them, the help they need:

- is the same most of the time
- varies

Tell us how their needs vary, for example:

- they have more bad days than good throughout the week
- they need more looking after when their condition gets worse, 2 to 3 times a year, or
- they have treatment 3 times a week and need more looking after the day after

Example:

- *Most days are difficult especially if they have had a seizure, their condition doesn't have flare-ups it tends to be consistently difficult to manage daily and get through day to day activities such as school.*

Page 12: Mobility questions

Mobility – these questions are about the difficulty that the child has walking outdoors because of their illnesses or disabilities.

Questions 25 to 31 are about the physical difficulties a child has walking. This is for children age 3 and over.

Questions 32 to 34 are about the guidance and supervision they need when walking outdoors most of the time. This is for children age 5 and over.

The following questions ask about 'they'. This means the child you are claiming DLA for.

These are about their ability to physically walk outdoors on a reasonably flat surface.

We can't consider any problems they have walking on steps, slopes or uneven ground.

If their problems are not physical, do not answer questions 25 to 31. Tell us about any behavioural difficulties with walking at questions 32 to 34.

Page 12: Question 25

Can they physically walk?

Tick No if they cannot walk at all.

Yes, go to question 26. No, go to question 36 to tell us how long they have been unable to walk.

Example:

- *Their walking ability is far behind other children of the same age, their condition means they suffer with extreme muscle weakness which affects their ability to walk. Most days when we need to go somewhere we will use the wheelchair.*

Page 12: Question 26

Do they have physical difficulties walking?

This means problems with how far they can walk, how long it takes, their walking speed, the way they walk, or the effort of walking and how this may affect their health.

Yes, go to question 27. No, go to question 32.

Examples:

- *Muscle pain and stiffness mean they are unable to walk very far and when they do walk their pace is very slow. They have never been able to run and falls happen quite often.*
- *Their condition makes them clumsy and they are more likely to fall when they are tired which is how they are most days. Their walking is sluggish and they can be off balance a lot, this means they need someone with them at all times.*

Page 13: Question 27 - Use page 5 of the information booklet.

Please tick the boxes that best describe how far they can walk without severe discomfort and how long it takes them. This means the total distance they can walk before they stop and can't go on because of severe discomfort.

This may include short stops to catch their breath or ease pain. We understand this can be difficult to work out. It may help to do the following things when you are out walking with the child:

Count the steps you take to see how far they have walked. If they walk 100 of your steps, they have walked about 90 metres (100 yards).
Check the time when you start and stop to see how long it takes.

They can walk:

- over 200 metres (218 yards)
- 51 to 200 metres (56 to 218 yards)
- 50 metres (55 yards) or less
- a few steps

Page 13: Question 27 - continued

It takes them:

- more than 5 minutes
- 3 to 4 minutes
- 1 to 2 minutes
- less than a minute

Examples:

- *They are able to walk less than 50 metres and this takes a considerable time (10 minutes), they are unsteady on their feet and in pain the majority of the time, trips and falls are a daily occurrence.*
- *They are not able to walk any distance without pain or discomfort; they get very frustrated by this and usually this causes a meltdown and they cannot continue.*

Page 13: Question 28

Please tick the box that best describes their walking speed

Normal - This means they can easily keep up with friends.
Slow - This means they can only keep up with friends with a lot of effort. Very Slow - This means they can't keep up with friends.

Examples:

- *Normal: they can sometimes keep up and walk at the same pace as their friends but then this means the following day they are unable to walk due to pain and discomfort.*
- *Slow: they find it difficult to keep up with their friends and his takes all of their effort which means their activity and playing time are a lot shorter as they get exhausted quicker.*
- *Very slow: their condition makes their walking clumsy and slow. They are unable to walk at the same pace as their friends.*

Page 14: Question 29

Please tick the box that best describes the way they walk.

- They walk normally
- Walk with a limp
- Shuffle drag their leg
- Walk with one or both feet turned inwards
- Walk on their toes
- Have poor balance

If they have other difficulties with the way they walk, tell us below what they are.

Example:

- *My child suffers with very tired legs due to their ADHD and hyperactivity which makes this condition a lot worse and their legs often get extremely tired to the point where the pain is too much and they need complete rest.*

Page 14: Question 30

Does the effort of walking seriously affect their health?

For example, walking can cause bleeding into the knee and ankle joints. Yes, tell us below how their health is affected. No, go to question 31.

Examples:

- *Due to their muscle weakness a short time engaging in activity means the rest of their week is affected as they are then left exhausted and recovery time is very slow.*
- *Due to their condition any activity has an effect on their health, we have to try and pace their days so that they do not end up on complete bed rest.*

Page 14: Question 31

If you want to tell us why you have ticked the boxes, how their needs vary or anything else you think we should know, use the box below.

For example, they have more pain or tiredness if they walk too far the day before.

Example:

- *As before my child often has days where they need complete rest due to their hyperactivity affecting their mobility, they have a lot of pain and discomfort and their legs feel extremely tired.*

Question 32: Use page 6 of the information booklet

Do they need guidance or supervision most of the time when they walk outdoors? Yes tick the boxes that apply. No go to question 33.

Can they:

- find their way around places they know?
- ask for and follow directions?
- walk safely next to a busy road?
- cross a road safely?
- understand common dangers outdoors?

Do they regularly:

- become anxious, confused or disorientated?
- display unpredictable behaviour?
- need physical restraint?

Examples:

- *They need supervision when walking outdoors as they are impulsive and unpredictable and would step off the pavement without realising the dangers, the majority of the time I have to grip their hand tightly in case they run off as they have done this in the past.*
- *Loud noises like traffic and sirens scare them. I need to hold their hand whenever we are outdoors, I have to reassure them and keep them calm to get where we are going safely otherwise they become very anxious and their behaviour is then unpredictable.*

Page 15: Question 33

Do they fall due to their disability?

Yes continue below. No go to question 34.

- Tell us the number of falls each month?
- Can they get up without help?
- Have they had injuries needing hospital treatment?

Example:

- *They do fall when having a seizure, this happens regularly and I have to ensure they cannot hurt themselves on objects around them, they need encouragement and support when they eventually get up as their legs feel weak and shaky.*

Page 15: Question 34

If you want to tell us why you have ticked the boxes, how their needs vary or anything else you think we should know, use the box below.
For example, they are frightened by loud noises and behave without thinking about danger.

Examples:

- *Due to my child's ADHD they have no sense of danger, if outdoors alone they would run into the road without thinking, if we are on a road with lights to cross although they know to press the button to cross they would still not wait for the green light.*
- *If my child is having a bad day everything affects them, traffic, loud noises, even people talking, they become anxious and this makes their behaviour worse and they wold run off if not held by me to keep them safe.*
- *Due to my child's problems with hearing this makes any type of outdoor activity unpredictable as loud noises frighten them, we may hear people approaching but my child does not and this then frightens and upsets them and I need to make sure they are reassured, they feel safe and they are not putting themselves in danger as I am not sure how they are going to react.*

Page 16: Question 35

Extra information about mobility – Is there any other information you need to tell the DWP about their mobility?

Page 16: Question 36

When did the child's mobility needs you have told us about start?

Normally, the child can only get the mobility part of DLA if they have needed help for more than 3 months.

Please tell us the date the mobility needs you have told us about started. If you can't remember the exact date, tell us roughly when this was.

If you are claiming under the special rules, go straight to question 56.

Page 17: Care Questions

Care – these questions are about the extra looking after that the child needs because of their illnesses or disabilities. These questions are for children of all ages.

Questions 37 to 52 are about the help they need during the day. For example, if a child gets up at 7am and goes to bed at 8pm and the parents get up at 7am and go to bed at 11pm, day time would be 7am to 11pm.

Any help needed after 11pm would count as help during the night. The following questions ask about 'they'. This means the child you are claiming DLA for.

Page 17: Question 37 - Use page 7 of the information booklet

Do they need encouragement, prompting, or physical help to get into or out of or settle in bed during the day?

This means waking up, lifting their legs into or out of bed, and sitting up from lying down or settling in bed ready to go to sleep.

Yes continue below. No go to question 38.

Tell us how often they need help each day and how long it takes each time (complete minutes box for how often and how long each time).

They need encouragement, prompting or physical help to wake up, get out of bed, get into bed, settle in bed.

Examples:

- *My child needs encouragement each morning to get out of bed as their sleep is constantly disturbed throughout the night due to their ADHD and being unable to settle they are extremely tired each morning, this takes up to an hour 7 days a week.*
- *My child is woken by pain several times a night; I massage their legs and reassure them until they fall asleep again, this is 7 nights a week and at least 5 times a night for 60 minutes each time.*
- *Due to my childs medical conditions their mental health is affected daily, they need constant encouragement and prompting to get into bed each night and it can take up to an hour 3-4 times per night to settle them, it starts at 8pm which is their bedtime but can be still going on at midnight.*

Page 18: Question 38 - Use page 7 of the information booklet

Do they need encouragement, prompting, or physical help to go to or use the toilet during the day?

This means going to the toilet, managing their clothes, getting on and off the toilet, using the toilet, cleaning themselves and coping with continence care.

Yes tick the boxes that apply. No go to question 39.

They need encouragement, prompting or physical help to:

- go to the toilet
- manage clothes
- get on and off the toilet
- wipe themselves
- wash and dry their hands
- manage a catheter, ostomy or stoma
- manage nappies or pads

If you want to tell us why you have ticked the boxes, how their needs vary or anything else you think we should know, use the box below. For example, they have pain and become distressed.

Examples:

- *My child's medical conditions affect their bowels daily and it usually takes around 60 minutes once/twice a day to support them when they are in pain and trying to go to the toilet.*
- *My child has accidents daily due to their medical conditions and it usually take up to 30 minutes twice a day to wipe them and wash and dry their body and hands.*
- *My child doesn't know when they are dirty and need to wash, and would stay dirty if left. I've tried different ways to teach them when and why to do this but nothing works. This would be several times a day for 15 minutes at a time.*
- *My child won't go to the toilet unless told. I have to keep telling them or they will soil themselves. They keep telling me they don't need to go so it takes a long time. If they soil themselves they won't tell me. When they are at the toilet, I have to be with them to tell them what to do.*

Page 19: Question 39 - Use page 8 of the information booklet

Do they need encouragement, prompting, or physical help to move around indoors, use stairs or get into or out of a chair during the day? A chair is any type of chair including a wheelchair.

This means moving from one place to another, using stairs, getting into, sitting in, and getting out of a chair. Indoors is in their home, a friend's home, school, college, or anywhere else inside.

Yes tick the boxes that apply. No go to question 40.

They need encouragement, prompting or physical help to:

- go up and down one step or go upstairs
- go downstairs or move around safely
- get into or out of a chair or sit in a chair

If you want to tell us why you have ticked the boxes, how their needs vary or anything else you think we should know, use the box below. For example, they bump into furniture and doors.

Examples:

- *My child is unable to lift themselves out of their wheelchair so I have to do this with them and ensure they are safe when moving to a chair. I also need to carry them up and down the stairs as their mobility is restricted and they are unable to do this, this is several times a day, 7 days a week and can be up to 15 minutes at a time depending on their mood.*
- *I have to walk up and down the stairs with my child as they can fall and hurt themselves due to their hyperactivity, they are unable to slow their pace down and do not see the danger in this, this is several times a day, 7 days a week and can be up to 15 minutes at a time depending on their mood.*
- *My child is unable to do any of the above without supervision as their sight condition limits them being able to move around in a safe manner. This is each hour throughout the day and at least 3 times per night for up to 15 minutes at a time.*
- *They can go up and down one or two steps. If there are more than two steps they are carried. They've fallen on the stairs at home as there are too many steps for them to manage. Going up and down steps makes them very breathless and this makes them likely to fall.*

Page 20: Question 40 - Use page 9 of the information booklet

Do they need encouragement, prompting, or physical help to wash, bath, shower and check their appearance during the day.

This means getting in and out of a bath or shower, washing their hair, drying themselves, using soap, using a toothbrush and checking their appearance.

Tell us how often they need help each day and how long it takes each time.

Yes continue below. No go to question 41.

- have a wash (Example - twice a day for 15 minutes each time)
- clean their teeth (Example - twice a day for 15 minutes each time)
- wash their hair (Example – once a day for 20 minutes)
- get in or out of the bath or shower (Example – once a day for 20 minutes)
- dry themselves after a bath or shower (Example – once a day for 20 minutes)
- check their appearance (Example - twice a day for 15 minutes each time)

Examples:

- *My child doesn't like having a wash or cleaning their teeth so I have to encourage them to put toothpaste on the brush, use soap, turn taps off etc. They don't know when they are dirty and need to wash, and would stay dirty if left. I've tried different ways to teach them when and why to do this but nothing works, this is several times a day for 15 minutes at a time.*
- *My child does not understand routine and that they need to make sure they are clean at the start and end of the day, they need encouragement and support do this each morning and evening and throughout the day if they get dirty, this can be several times a day from 10-30 minutes at a time.*

Page 21: Question 41 - Use page 10 of the information booklet

Do they need encouragement, prompting, or physical help to dress and undress during the day?

This means choosing the right clothes for the weather or activity, choosing clean clothes, putting clothes on in the correct order, moving their arms or legs to put clothes on or take them off. This is any dressing or undressing except when using the toilet.

Tell us how often they need help each day and how long it takes each time.

Yes continue below. No go to question 42.

- Dress or undress
- manage zips, buttons or other fastenings
- choose appropriate clothes

Example:

- *My child can take their clothes on and take off but they can't use their fingers well enough to do buttons and zips so I need to help with any clothes that have them. This includes putting their coat on when going to school or out to play. They are ok with shoes without laces.*
- *My child needs to take their clothes off and put them on in a certain order due to their medical condition, everything needs to be done in a precise order, if this routines done differently in any way they get frustrated and lash out, this routine is at least twice a day for 20 minutes each time.*
- *My child is unable to choose appropriate clothes to put on for the day or night, if left to choose they wold choose pyjamas for the day or shorts and t-shirt in the winter, dressing every day is a struggle as they do not understand why they have to wear a certain type of clothes and this always causes upset and frustration, this can take up to 30 minutes each time they need to dress which is at least twice a day but can be more.*

Page 21: Question 42 - Use page 10 of the information booklet

Do they need encouragement, prompting, or physical help to eat and drink during the day?

This means getting food into their mouth, chewing, swallowing, using cutlery, cutting up food, holding a cup, getting it to their mouth and drinking.

Tell us how often they need help each day and how long it takes each time.

Yes continue below. No go to question 43.

- eat (Example – 3 times a day for 30 minutes each time)
- use a spoon (Example – 3 times a day for 30 minutes each time)
- cut up food on their plate (Example - twice a day for 15 minutes each time)
- drink using a cup (Example – 4 times a day for 10 minutes each time)
- be tube or pump fed (Example - twice a day for 15 minutes each time)

Examples:

- *Although my child can use a spoon to eat it takes a long time and they make a mess. They will only eat certain foods such as pasta and cheese and at times will refuse to eat anything at all, even their favourite food; mealtimes can take up to an hour 3-4 times per day.*
- *My child needs to be encouraged throughout the day to eat and drink, due to my child's medications and conditions their appetite is non-existent and meals and drinks can take a long time to be consumed with constant encouragement and prompting to ensure they eat and drink well, this can take several hours throughout the day.*
- *My child needs help cutting up their food as they find it difficult to hold cutlery, they need to be monitored when eating in case they drop it, they also need help holding a cup to drink as this will be dropped or tipped, this would be throughout the day and can take 5-30 minutes at a time.*

Page 22: Question 43 - Use page 11 of the information booklet

Do they need encouragement, prompting, or physical help to take medicine or have therapy during the day?

Taking medicine includes tablets, injections, eye drops, knowing what to take, how much to take and when to take it. Having therapy includes blood sugar testing, peak flow checks, physio, oxygen, speech, play and behaviour therapy, knowing what to do, how much to do and when to do it.

Tell us how often they need help each day and how long it takes each time.

Yes continue below. No go to question 44.

- take the correct medicine (Example - twice a day for 15 minutes each time)
- know when to take their medicine (Example - twice a day for 15 minutes each time)
- do their therapy (Example - twice a day for 15 minutes each time)
- know when to do their therapy (Example - twice a day for 15 minutes each time)

Examples:

- *My child doesn't like doing therapy as they feel different to their friends so they avoid doing it. They need to do 30 minutes each day but if left they will do a couple of minutes and say they've finished. I try to make it fun to keep them calm and to stop them becoming distressed.*
- *My child takes medication 3 times a day and they do not like taking it so this is always a battle, I have to encourage and prompt them each time and ensure they swallow it, this is 3 times a day for 10-15 minutes each time.*
- *My child needs to be reminded that their therapy is due as they are unable to remember this, I remind them which therapy and for how long, if it's play therapy this is twice a day 5 days a week and takes up to an hour each time.*

Page 23: Question 44 - Use page 12 of the information booklet

Do they have difficulty seeing? This means when using their aids like glasses or contact lenses.

Are they certified sight impaired or severely sight impaired? If they are certified they will have been examined at a hospital or eye clinic. A Certificate of Vision Impairment (CVI) will have been sent to the local social services department. You will have been given a copy. If they are certified, please send us a copy of the CVI. Please do not send original copies as they cannot be returned.

Yes continue below. No go to question 45.

Certified severely sight impaired, go to question 45. Certified sight impaired, tick the boxes that apply.

They can see:

- computer keyboard keys or large print in a book
- a TV and follow the actions to a story
- the shape of furniture in a room

They can recognise:

- *someone's face across a room*
- *someone across a street*

- **Example:**
- *They can only recognise someone's face across a room if it's someone they know very well like me or their dad, brother or sister. They would only recognise someone less familiar if they knew they were there or if they spoke.*

Page 24: Question 45 - Use page 12 of the information booklet

Do they have difficulty hearing? This means hearing sound or someone speaking when using their hearing aid.

Yes Tick the boxes that apply. No go to question 46.

Have they had an audiology test in the last 6 months? If you send us a photocopy of the report it may help us deal with the child's claim. Please do not send original copies as they cannot be returned.

They can hear:

- a whisper in a quiet room
- a normal voice in a quiet room
- a loud voice in a quiet room
- a TV, radio or CD but only at a very loud volume
- a school bell or car horn

Examples:

- *My child can hear someone speaking if they raise their voice and there is no other noise around. If the TV was on or other people were talking, they wouldn't be able to hear what was being said to them – they would just hear noise.*
- *It's easier to hear someone if they can see their face as they find it difficult to distinguish between sound to understand the words, If watching TV or listening to music, they need the volume turned up.*

Page 25: Question 46 - Use page 13 of the information booklet

Do they have difficulty speaking?

Yes Tick the boxes that apply. No go to question 47.

They can:

- speak clearly in sentences
- put words together to make simple sentences
- speak single words
- They can communicate using speech: with someone they know/with someone they don't know

Examples:

- *They can put a few words together if it's not complicated. They can put simple words together to make sentences but nothing very long, they can talk to other people as long as the conversation is kept.*
- *My child's speaking words are very limited; I know what they are asking for but a stranger would struggle to understand them.*
- *My child talks very fast so a stranger would find it difficult to understand them, their words get mixed up so they end of speaking with the words in the wrong order, they would not be able to communicate with a stranger.*

Page 25: Question 47 - Use page 14 of the information booklet

Do they have difficulty and need help communicating? This means passing on information, asking and answering questions, telling people how they feel, giving and following instructions.

If they use another form of communication, tell us below what it is. This could be Sign Supported English (SSE), Signed English (SE), Finger Spelling, Picture Exchange Communication System (PECS), Tadoma or something else.

Yes Tick the boxes that apply. No go to question 48.

To communicate they use:

- writing
- BSL (British Sign Language)
- lip-reading
- using hand movements, facial expressions and body language
- Makaton

They can communicate:

- with someone they know
- with someone they don't know

Examples:

- *They use Makaton to communicate. This means they can only communicate with other people who use Makaton. Even then, they will only communicate with someone they know. If the support worker is off work and someone else covers, they won't communicate even if I'm there.*
- *My child would be unable to understand long complex sentences, communication needs to be broken down into basic words and simplified, they also need time to process what has been said to them and repeated quite a few times, this would be daily.*

Page 26: Question 48 - Use page 15 of the information booklet

Do they have fits, blackouts, seizures, or something similar?

This means epileptic, non-epileptic or febrile fits, faints, absences, loss of consciousness and ‘hypos’ (hypoglycaemic attacks).

Yes tick the boxes that apply. No go to question 49.

Tell us what type they have and what happens. They:

- can recognise a warning and tell an adult
- can recognise a warning and take appropriate action
- have no warning
- have had a serious injury in the last 6 months because of a fit, blackout or seizure
- display dangerous behaviour after a fit, blackout or seizure

Tell us:

- the number of days affected each month
- how many fits they have on these days
- the number of nights affected each month
- how many fits they have on these nights

Have they had an episode of status epilepticus in the past 12 months?

This is where there is persistent epileptic activity for more than 30 minutes, or they have several seizures without becoming conscious between each seizure.
Yes or No?

Examples:

- *My child does not understand any warning signs when a fit is starting, they have hurt themselves when they have fallen during a fit which has resulted in bruises and a concussion, this happens at least once a week and the fit lasts for approx. 2-3 minutes but the after effects with dizziness, sickness and upset can last all day and throughout this period they need reassurance.*
- *They fall to the floor and lose consciousness, their muscles stiffen and then their arms and legs jerk and they usually wet themselves. They come round slowly and feel tired, confused and disorientated for a few hours after. A couple of times a year, they have 4 or 5 days a month when this happens.*

Page 27: Question 49 - Use page 16 of the information booklet

Do they need to be supervised during the day to keep safe?

This means they need someone to keep an eye on them because of how they feel or behave, or how they react to people, changing situations and things around them.

Yes, Tick the boxes that apply. No, go to question 50.

Can they:

- recognise and react to common dangers?
- cope with planned changes to daily routine?
- cope with unplanned changes to daily routine?

Do they regularly:

- feel anxious or panic?
- become upset or frustrated?
- harm themselves or others?
- feel someone may harm them?
- become verbally or physically aggressive or destructive?
- act impulsively?
- have tantrums?

Examples:

- *If they see someone looking at them, they will shout, swear and threaten them. They've never acted on the threats they've made but they're very intimidating and because of their size (over 5 feet) they can frighten people who don't know them. This happens every time we go out.*
- *My child has to be monitored at all times due to their ADHD as they do not understand dangers around them, they are impulsive and have hurt themselves and others both at school and home, they also get days when they feel very down and frustrated and need reassurance at these times, this is majority of days throughout each day.*

Page 28: Question 50 - Use page 16 of the information booklet

Do they need extra help with their development?

This means any extra help they need to improve their understanding of how to behave and react to people, situations and things around them.

Yes Tick the boxes that apply. No go to question 51.

They need help to:

- understand the world around them
- recognise their surroundings
- follow instructions
- play with others
- play on their own
- join in activities with others
- behave appropriately
- understand other people's behaviour

Examples:

- *They sit and play on their own ignoring other children around them. They don't recognise any other children there. If another child wants to play with the toy they have, they'll hold on to it as if their life depended on it. They won't share it or let the other child have it. They don't understand when another child wants to play with them.*
- *My child finds it difficult to interact with other children and join in activities, they don't understand sharing and respect for other children, when they get comfortable with an activity they then become impulsive and throw toys or lash out for no reason.*
- *I have to physically sit with my child and support them when they are interacting with other children as they do not understand how to follow instructions to get involved with what's happening around them. I have to support and reassure them as they can get upset and it then takes hours to get them to calm down.*

Page 29: Question 51 - Use page 17 of the information booklet

Do they need encouragement, prompting or physical help at school or nursery?

Yes tick the boxes that apply. No go to question 52.

They need encouragement, prompting or physical help to:

- go to and use the toilet
- safely move between lessons
- change into different clothes for physical education and other school activities
- eat meals
- take medicine or do their therapy
- communicate

What extra help do they need with learning? Examples:

- *They spend 2 days a week in the school's special unit where they get one-to-one help. The school also provide exercises for them to do at home as their school work would suffer more due to the amount of time they spend away from school due to illness.*
- *My child has 1-1 throughout the school day which helps with their communication in class and they are also supported and encouraged to participate when group activities are planned each day otherwise they would not participate due to their anxiety and inability to take in what they are learning.*

What is their behaviour like at school or nursery? Examples:

- *My child's behaviour can be unpredictable so they are given extra support in school to help them through difficult periods; they have a mentor that supports them throughout the school day, they calm them down when they get frustrated by something or support them to stop them getting in trouble.*
- *I visit the school each day during lunch hour to give my child their lunchtime medication as the school are unable to administer this, their behaviour is unpredictable, some days it could be lashing out due to temper and other days it may be breaking down emotionally due to frustration, either of these episodes usually results in them coming home from school.*

How do they usually get to and from school or nursery? Examples:

- *They are usually collected and brought home by taxi which is provided by the Local Authority.*
- *My family and I take it in turns to take and collect them from school as they are unable to get on the school bus due to being excluded from this.*

Page 30: Question 51 - Use page 18 of the information booklet

Do they need encouragement, prompting or physical help to take part in hobbies, interests, social or religious activities?

Yes continue below. No go to question 53

Tell us:

- What they do or would do if they had help
- What help they need or would need to do this
- How often they do it or would do it if they had the help
- How long they need or would need help each time

Examples:

- They would go to the park, although they are unable to use all the rides they can use one or two of them if they had help getting on and off and ensuring they were safe. This would be for about 2 hours.
- They would be able to go swimming; this would be 3 times a week, they would need help getting changed and making sure they were dry, they would also need help making sure they were safe as they are unaware of the dangers when being out in a public place. This would be for a few hours each time.
- They would be able to attend youth club: this would be 3 times a week, they would need encouragement to attend, encouragement to mix with others and support to behave appropriately. This would be 3 times per week for a few hours each time.

Page 31: Question 53 - Use page 19 of the information booklet

Do they wake and need help at night, or need someone to be awake to watch over them at night?

Yes continue below. No go to question 54.

They need encouragement, prompting or physical help to:

- get into, get out of or turn in bed (Example - most nights 3 times a night for 15 minutes each time)
- get to and use the toilet, manage nappies or pads (Example - most nights 3 times a night for 15 minutes each time)
- have treatment, settle or re-settle (Example - most nights 3 times a night for 15 minutes each time)

They need watching over because they:

- are unaware of danger and may harm themselves or others (Example – most nights – all night)
- may wander about (Example - most nights- all night)
- have behavioural problems (Example - most nights – all night)

Examples:

- *When they wake up during the night, they usually get out of bed. Sometimes they will play in their bedroom. A couple of nights a week they will wander about, playing with things like the TV and other electrical equipment and don't understand the dangers. They've previously blocked the bathroom sink with toilet paper and turned the taps on. They thought this was funny.*
- *It takes a long time to try and settle them, they usually sleep for a few hours and then they are awake most of the night. They need someone awake with them to watch over them as they may have a fit. If they are aware that a fit is starting they will become anxious and scared and they need reassurance and comfort.*

If you want to tell us why they need help or watching over, how their needs vary or anything else you think we should know, complete this in the box provided.

For example, they don't sleep regular hours each night.

Page 32: Question 54

If you want to tell us anything else about their care needs, use the box provided.

Page 32: Question 55

When did the child's care needs you have told us about start?

Normally, the child can only get the care part of DLA if they have needed help for more than 3 months.

Please tell us the date the care needs you have told us about started. If you can't remember the exact date, tell us roughly when this was.

Page 33: Question 56 - 71

These questions are about you not the child – you can find the information you need to complete these questions on letters about your benefits.

Question 69 – Please note: You must read pages 19 and 20 of the information booklet before you fill in the account details.

Ensure you sign the declaration on Page 71

Contact Us

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For more information about completing a Child DLA form: Click Here

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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.

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