Carer's Credit Application form

We have many different ways we can communicate with you

If you would like braille, British Sign Language, a hearing loop, translations, large print, audio or something else please call us on **0800 731 0297** or textphone **0800 731 0317** and tell us which you need.

Calls to 0800 numbers are free from landlines and mobiles.

Treating people fairly

We are committed to the Equality Act 2010 and treating people fairly. To find out more about this law, search 'Equality' on **www.gov.uk**

Information about this application form

Use this form to apply for Carer's Credit. Please read the CC1 Notes before you fill in this form. To find out if you might get Carer's Credit, answer the questions on page 4 of the CC1 Notes.

You do not need to fill in this form if you get Carer's Allowance or Child Benefit for a child under the age of 12, as you will already be getting credits. You do not need to fill in this form if you are a foster carer and will get National Insurance Credits from HM Revenue & Customs.

The carer or their representative must fill in this form, not the person being looked after. Please complete this form carefully. If you fill in this form using a pen, use black ink and CAPITAL LETTERS. Answer all the questions that apply to you.

If you live in Wales and would like us to contact you in Welsh, please tick this box

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About you, the carer

01 Title

For example, Mr, Mrs, Miss, Ms or other

02 Surname or family name

03 All other names in full

O4 Any other surnames you have been known by or are using now

Include maiden names, all former married names and all changes of surname or family name.

05 National Insurance (NI) number

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

06 Date of birth

DD/MM/YYYY

07 Address

Postcode

08 Daytime phone number

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

09 Mobile phone number

10 Your textphone number

Your textphone number, if you have one, for people with speech and hearing difficulties.

If you have speech or hearing difficulties and want us to contact you by textphone, please tick this box

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

If you do not tell us a date, your application may be delayed.

DD/MM/YYYY

13 Do you normally live in Great Britain?

By Great Britain we mean England, Scotland and Wales.

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

No

Yes Go to question 15

14 Where do you normally live?

Have you been in prison or legal custody since the date you want your Carer's Credit to start from?

No **Go to question 17**

Yes

16 When were you in prison or legal custody?

DD/MM/YYYY

From

То

About the care you provide

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

If you have looked after one or more people for only some weeks since this date, still tick Yes. To find out more, see **page 3** of the **Notes**.

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

Yes Tell us about the people you look after.

Person 1

18 Title

For example, Mr, Mrs, Miss, Ms or other

19 Surname or family name

20 All other names in full

21 Their date of birth

DD/MM/YYYY

22 Their address

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

Postcode

23 Their National Insurance (NI) number

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

25 Does this person get:

- Personal Independence Payment at the standard or enhanced rate of the Daily Living Component, or
- Adult Disability Payment at the standard or enhanced rate of the Daily Living Component, or
- Disability Living Allowance care component at the middle rate or the highest rate, or
- Child Disability Payment care component at the middle or highest rate, or
- Attendance Allowance, or
- Constant Attendance Allowance, or
- Armed Forces Independence Payment?

No You need to fill in a Care Certificate for this person.

Yes You do not need to fill in a Care Certificate for this person.

See the notes for more information about Care Certificates.

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

No Go to question 27

Yes When did you stop looking after this person?

DD/MM/YYYY

When did you start looking after this person again?
DD/MM/YYYY

If you had any other breaks of more than 12 weeks, please tell us about them in the space at **question 37**.

Do you look after more than one person?

No **Go to Declaration**

Yes Please tell us about one other person starting at **question 28**. If you need to tell us about more than two people in total, please use the space at **question 37**.

Person 2

28 Title

For example, Mr, Mrs, Miss, Ms or other

29 Surname or family name

30 All other names in full

Their date of birth

32 Their address

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

Postcode

33 Their National Insurance (NI) number

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

35 Does this person get:

- Personal Independence Payment at the standard or enhanced rate of the Daily Living Component, or
- Adult Disability Payment at the standard or enhanced rate of the Daily Living Component, or
- Disability Living Allowance care component at the middle rate or the highest rate, or
- Child Disability Payment care component at the middle or highest rate, or
- Attendance Allowance, or
- Constant Attendance Allowance, or
- Armed Forces Independence Payment?

No You need to fill in a Care Certificate for this person.

Yes You do not need to fill in a Care Certificate for this person.

See the notes for more information about Care Certificates.

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

No **Go to question 37**

Yes When did you stop looking after this person?

DD/MM/YYYY

When did you start looking after this person again?
DD/MM/YYYY

If you had any other breaks of more than 12 weeks, please tell us about them in the space at **question 37**.

Other information	
37 U e	Ise this space to tell us anything else you think we might need to know. If there is not nough space, please use a separate sheet of paper.

Declaration

By submitting this claim you agree that the information you have given is complete and correct and while you are getting Carer's Credit, you will report changes to your circumstances straight away. If you give wrong or incomplete information, or you do not report changes straight away, you may:

- · be prosecuted
- have your Carer's Credit stopped and National Insurance contributions removed.

Signature

Date

DD/MM/YYYY

What to do now

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

Carers Allowance Unit Mail Handling Site A Wolverhampton WV98 2AB

How DWP collects and uses information

When we collect information about you we may use it for any of our purposes. These include:

- · social security benefits and allowances
- child maintenance
- employment and training
- investigating and prosecuting tax credits offences
- private pensions policy and
- retirement planning.

We may get information about you from other parties for any of our purposes as the law allows to check the information you provide and improve our services. We may give information about you to other organisations as the law allows, for example to protect against crime.

To find out more about our purposes, how we use personal information for those purposes and your information rights, including how to request a copy of your information, please visit www.gov.uk/dwp/personal-information-charter