



- Use this form to claim Carer's Allowance.
  - Please read the Notes that came with the claim pack before you fill in the form.
  - The form must be filled in by you, the carer, not the person you look after.
  - Please fill in this form with BLACK INK and in CAPITALS.
- Please answer all of the questions and send us all the documents we ask for.
  - Contact us if you cannot fill in this form or send us the documents we ask for. Any benefit you may be entitled to may be delayed.



This form is available in **large print** or **braille**. Please ring **0800 731 0297**.

If you have speech or hearing difficulties, you can contact us by textphone on **0800 731 0317**.

Our **textphone** service does not receive messages from mobile phones.

**Calls to 0800 numbers are free from landlines and mobiles.**

### About you – the carer

Please answer the questions on this form in BLOCK CAPITALS.

**Title**, for example  
Mr, Mrs, Miss, Ms.

**Surname or family name**

**All other names in full**

**All other surnames or family names you have used or have been known by**

**National Insurance (NI) number**

Letters	Numbers	Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

You can get this from your NI number card, letters about benefits, payslips or form P60. If you do not tell us your NI number, this could delay any benefit you may be entitled to.

## About you – the carer continued

**Date of birth**

Day	Month	Year
/	/	

**Address**

Postcode								

**Daytime phone number**  
where we can contact you  
or leave a message. Please  
include the dialling code.

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

**Mobile number**

--

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

### About your Carer's Allowance

**When do you want your Carer's Allowance claim to start?**

You must give us an exact date or your claim may be delayed.

If you do not fill in the **day, month and year**, we cannot accept your claim and will return this form to you.

Day	Month	Year
/	/	

Please make a note of this date as we will ask you about it again later.

Example of an exact date

06	/	01	/	2018
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For more information please read **page 6** of the **Notes**.

## About you – the carer continued

**What is your nationality?**

For example, British.  
If you have a current passport, please give your nationality as shown on your passport.

**Which country are you living in now?**

**Is this the country that you normally live in?**

No

Yes

If No, which country do you normally live in?

**Were you present in Great Britain throughout the three years before the date you are claiming from?**

By Great Britain we mean England, Scotland or Wales.

No

Yes

If 'No' please give details below of any countries you have lived in or visited, in the three years before the date you are claiming from:

Country	From	To	Reason for being there e.g. home/holiday/work	Was the person you look after with you? YES/NO
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		

We may need to contact you for information about this.

## About you – the carer continued

Were you present in any countries other than Great Britain since the date of claim?

No

Yes

If 'Yes' please give details of countries and dates:

Do you, or any member of your family, receive any benefits or pensions from a country which is not Great Britain?

No

Yes

Have you, or a member of your family made a claim, for any benefits or pensions which has not yet been decided, from a country which is not Great Britain?

No

Yes

Are you, or a member of your family, working in or paying insurance to, another EEA state or Switzerland?

No

Yes

If you have answered 'Yes' to any of the last 3 questions, we will contact you for more information.

If there are other personal details you think we should know, for example previous names and addresses, please tell us about them on **page 24 Other information**.

# About your partner

Please tell us about your partner, if you have one.

By *partner* we mean:

- a person you are married to or live with as if you are married, or
- a civil partner or a person you live with as if you are civil partners.

**What is your marital or civil partnership status?**

single

separated

married or civil partner

divorced or civil partnership dissolved

living with partner

widowed or surviving civil partner

**Have you had a partner living with you at any time since the date you want to claim from?**

No  Please go to **page 6**.

Yes

If you have separated from your partner since the date you want to claim Carer's Allowance from, please tick 'Yes'.

**Have you separated from your partner since the date you want to claim from?**

No

Yes

**Your partner's title, for example Mr, Mrs, Miss, Ms.**

**Their surname or family name**

**Their other names in full**

**All other surnames or family names they have used or have been known by**

**Their National Insurance (NI) number**

Letters

Numbers

Letter

You can get this from their NI number card, letters about benefits, payslips or form P60. If you do not tell us their NI number, this could delay any benefit you may be entitled to.

**Their date of birth**

Day

Month

Year

 /  / 

**What is their nationality?**  
For example, British.

# About the care you provide

**Please tell us about the person you look after.**

This will help us deal with your claim more quickly.

**Title**, for example

Mr, Mrs, Miss, Ms.

**Their surname or family name**

**Their other names in full**

**Their National Insurance (NI) number**

Letters

Numbers

Letter

You can get this from their NI number card, letters about benefits, payslips or form P60.

Children aged 16 and under have NI numbers. The child's NI number is the reference number on letters about Disability Living Allowance for the child.

**Their date of birth**

Day

Month

Year

 /  / 

**Their address**

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

Postcode

**Their daytime phone number**, including dialling code. We will not give this number to anyone else.

**What relation is this person to you?**

If no relation, write None.

**Does the person you look after get Armed Forces Independence Payment?**

No

Yes

## More about the care you provide

Do you spend 35 hours or more each week caring for the person you look after? No   
Yes

Have you had any breaks in looking after this person since the date you want to claim from? No   
Yes  Use the table below to give us the exact dates and times of the breaks.

By break we mean time when, for any reason, you spent less than 35 hours a week caring for the person you look after. This could be a period of time abroad, holiday, time in a hospital or care facility **by either you or the person you care for.**

**Please put a tick in either of the last 2 columns if you or the person you look after were getting medical or other treatment as an in-patient in a hospital or similar place.**

By *medical treatment* we mean things like surgical treatment or the administration of drugs and injections.

By *other treatment* we mean nursing services by professionally trained staff. This includes things like:

- observation
- therapy
- support services
- advice and training in social and domestic skills.

It does not include straightforward care or attention by unqualified staff.

	Date	Time	Reason for the break	You ✓	Person you look after ✓
From		am/pm			
To		am/pm			
From		am/pm			
To		am/pm			
From		am/pm			
To		am/pm			

If you had more than three breaks, please tell us about them on **page 24.**

# More about the care you provide continued

Did you look after this person for at least 35 hours each week before the date you want to claim from?

No

Yes  When did you start to look after this person?

/	/
---	---

Have you had any other breaks in looking after this person in the 26 weeks before the date you want to claim from?

No

Yes  Use the table below to give us the exact dates and times of the breaks.

Please put a tick in either of the last 2 columns if you or the person you look after were getting medical or other treatment as an in-patient in a hospital or similar place.

	Date	Time	Reason for the break	You ✓	Person you look after ✓
From		am/pm			
To		am/pm			
From		am/pm			
To		am/pm			
From		am/pm			
To		am/pm			

If you had more than three breaks, please tell us about them on **page 24**.

Was the person you look after away from home in any of the breaks you have told us about?

No

Yes  Where did they stay?

Postcode						



# Statement on behalf of the person you look after

The person you look after needs to know if you are claiming Carer's Allowance as this may affect some of their benefits.

There are 3 statements in this section. One of them must be signed. The questions will help you decide who needs to sign.

**Can the person you look after sign a statement?**

**No**  If the person you look after is unable to sign **Statement 1** because of a health condition, a disability, or because they are under 16, someone who acts for them can sign on their behalf. Please go to **Statement 2** on **page 10**.

**Yes**  Please ask them to read the notes below, then to sign **Statement 1** below. Then go to **page 12**.

## Notes for the person being looked after

If you get a severe disability premium with your income-based Jobseeker's Allowance, Income Support, income-related Employment and Support Allowance or Housing Benefit, you may no longer get that premium if we pay Carer's Allowance to your carer.

If your Pension Credit includes an extra amount for severe disability, you may no longer get that extra amount if we pay Carer's Allowance to your carer.

For more information about this, contact the office that deals with your benefit or entitlement.

This could also affect any reduction in Council Tax you may be entitled to. To find out more about it, please contact the Local Authority.

**If we pay Carer's Allowance to your carer, your Personal Independence Payment, Disability Living Allowance, Attendance Allowance, Constant Attendance Allowance or Armed Forces Independence Payment will not be affected.**

## Statement 1

**I understand** that the carer named on **page 1** is making a claim for Carer's Allowance and that this may affect some of my benefits.

**I understand** that you will look at details of my claim for Personal Independence Payment, Disability Living Allowance, Attendance Allowance, Constant Attendance Allowance or Armed Forces Independence Payment as part of their claim for Carer's Allowance.

*Please tick one of the following boxes.*

I can confirm that the carer named on **page 1** looks after me for at least 35 hours a week.

I cannot confirm that the carer named on **page 1** looks after me for at least 35 hours a week.

If you have ticked this box, please tell us why on **page 10**.

**Signature**

**Date**

**Statement 1** continues on **page 10**.

## Statement on behalf of the person you look after continued

If you cannot confirm that the carer named on **page 1** looks after you for at least 35 hours a week, please tell us why.


Now return this form to your carer.

### Statement 2

**Do you act for the person you look after?**

**No**  Please go to **Statement 3** on **page 11**.

**Yes**  Please read and sign the statement below. Then go to **page 12**.

*Please tick one of the following boxes.*

I am acting for benefit purposes for the person being looked after, and I am their

parent or guardian

attorney

appointee

judicial factor

deputy

curator bonis.

**I understand** that my claim for Carer's Allowance may affect some of their benefits.

**I understand** that you will look at details of their claim for Personal Independence Payment, Disability Living Allowance, Attendance Allowance, Constant Attendance Allowance or Armed Forces Independence Payment as part of my claim for Carer's Allowance.

**Signature**

--

**Date**

	/		/	
--	---	--	---	--

## Statement 3

Does someone else act for the person you look after?

No  Please go to **page 12**.

Yes  Please ask them to read and sign the statement below. Then go to **page 12**.

*Please tick one of the following boxes.*

I am acting for benefit purposes for the person being looked after, and I am their

parent or guardian

attorney

appointee

judicial factor

deputy

curator bonis.

**I understand** that this claim for Carer's Allowance may affect some of their benefits.

**I understand** that you will look at details of their claim for Personal Independence Payment, Disability Living Allowance, Attendance Allowance, Constant Attendance Allowance or Armed Forces Independence Payment as part of this claim for Carer's Allowance.

*Please tick one of the following boxes.*

I can confirm that the carer named on **page 1**   
looks after the person being cared for,  
for at least 35 hours a week.

I cannot confirm that the carer named on **page 1**   
looks after the person being cared for,  
for at least 35 hours a week.

**Signature**

**Full name**

**Date**

If you cannot confirm that the carer named on **page 1** looks after the person being cared for, for at least 35 hours a week, please tell us why.


# About education

**Have you been on a course of education since the date you want to claim from?**

If you are on holiday or on temporary leave from your course, still tick **Yes**.

**No**  Please go to **page 13**.

**Yes**  Please tell us about this below.

**Type of course**

For example, A-level, degree, diploma, correspondence course, Open University.

**Course title**

**Name of school, college or university**

**Address**

Postcode								

**Phone number**  
including the dialling code

--	--

**Fax number**

--	--

**Your student reference number**

**Tutor's name**

**When did you start your course?**

	/		/	
--	---	--	---	--

**When do you expect the course to end?**

	/		/	
--	---	--	---	--

**If you are no longer on the course, when did you finish?**

	/		/	
--	---	--	---	--

# About employment

By employment we mean:

- full-time or part-time work
- casual or temporary work
- job sharing
- being included in a tax return as a worker
- being a company director
- being in the Territorial Army or other auxiliary armed forces, or
- being on a career break.

**Have you been employed at any time since six months before the date you want to claim from?**

This is the date you put on page 2 of this form. Still tick **Yes** if you are off work because you are sick, on parental leave or on unpaid leave.

**No**  Please go to **page 18**.

**Yes**  Please tell us about your main job below. If you have more than one job, please tell us about this on **page 24**.

**When did you start this job?**

	/		/	
--	---	--	---	--

**Has the job finished?**

**No**

**Yes**  When did you last work?

	/		/	
--	---	--	---	--

What is the leaving date on your P45, if you have one?

	/		/	
--	---	--	---	--

**Type of job**

--

**Clock or payroll number**

--

**Employer's name**

--

**Employer's address**

--

--

--

Postcode									
----------	--	--	--	--	--	--	--	--	--

**Employer's phone number including the dialling code**

--	--

**Employer's fax number**

--	--

## About employment continued

**Which department deals with your wages?**

For example, Personnel, Wages, Human Resources.

**Please give us a contact phone or fax number for this department.**

**When were you last paid?**

From

To

**What period did this cover?**

**What was your gross pay?**

By *gross pay* we mean the amount before anything is taken off.

**What was included in this pay?**

Include things like holiday pay, redundancy or a payment instead of notice (PILON). Give us full details of everything paid to you and what period each payment was for.


**How often are you or were you paid?**

weekly

fortnightly

four-weekly

monthly

other  Please say how often.

**When do you or did you get paid?**

For example, every Friday, the last day of every month, every fourth Friday, 15th of every month.

**Do you or did you get paid the same amount each time?**

No

Yes

**Do you or did you get holiday pay or sick pay?**

No

Yes

## About employment continued

How many hours a week do you or did you normally work?

Do you or did you get paid any other money as well as your normal wage?

For example, tips.

No

Yes  Please tell us what else you get or got.

Does your employer owe you any money?

Include things like holiday pay, redundancy or a payment instead of notice (PILON).

No

Yes  We will contact you about this.

Have you worked for any other employer in the six months before the date you want to claim from?

No

Yes  Please give us the name and address of your other employer. If you have more than one other employer, please tell us about them on **page 24**, including the start and end dates of each employment.

Employer's name

Employer's address

Postcode								

Employer's phone number including the dialling code

--	--

Employer's fax number

--	--

Has the job finished?

No

Yes  If Yes:

When did you last work?

	/		/	
--	---	--	---	--

What is the leaving date on your P45, if you have one?

	/		/	
--	---	--	---	--

Now send us:

- the last payslip you got before the date you want to claim from, and
- any payslips you have had since then.

# About expenses to do with your employment

**Do you or did you pay towards an occupational pension scheme?**

No

Yes  How much do you or did you pay, and how often?

£  every

**Do you or did you pay towards a personal or stakeholder pension scheme or a retirement annuity scheme?**

No

Yes  How much do you or did you pay, and how often?

£  every

Please send us written proof of this amount.

**Do you or did you pay for anything necessary to do your job?**

For example, tools or protective clothing.

What are or were these things?


Why do you or did you need these things to do your job?


How much did these things cost you each week?

£  a week

**While at work, do you or did you pay anyone to look after your children?**

No

Yes  How much?

£  a week



# About expenses to do with your employment continued

What relation, if any, is the person to you, to your partner and to the person you look after?  
For example uncle, sister, brother-in-law, grandmother, none.

Relationship to you	Relationship to your partner	Relationship to the person you look after

Their name

Their address

Postcode									

**What is your or your partner's Child Benefit number?**

You can find this on letters about Child Benefit.

CHB	Numbers		Letters	
		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	

**While at work, do you or did you pay anyone to look after the person you normally look after?**

No

Yes  How much?

£		a week
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What relation, if any, is this person to you and to your partner?

Their name

Their address

Postcode									

What relation, if any, is this person to the person you normally look after?

## About self employment

### Self Employment could mean:

- working for yourself
- being a partner or sleeping partner in a business
- receiving income from property or land you own, or
- renting out any part of the home you live in -  
for example to a lodger.

**Have you been self-employed at any time since the week before the date you want to claim from?**

**No**  Please go to **page 20**.

**Yes**  Please tell us about this below.

When did you start this job?

When did the job finish, if it has?

**Are you self-employed now?**

**No**  Tell us on **page 19** about your most recent self-employed job.

**Yes**  Tell us on **page 19** about your current self-employed job.

**Have you ceased trading?**

**No**  Please go to **page 19**.

**Yes**  If you ceased trading more than a week before the date you want to claim from, please go to **page 20**.

## About self-employment continued

Nature of your business

What is or was your trading year?

From

To

**Please send the most recent finalised accounts you have for your business, with this form. We cannot accept tax returns.**

Are the income, outgoings and profit in these accounts similar to your current level of trading?

No  We will contact you about this.

Yes

Do you or did you pay towards a personal or stakeholder pension scheme or a retirement annuity scheme?

No

Yes  How much do you or did you pay, and how often?

£  every

Please send us written proof of this amount.

While at work, do you or did you pay anyone to look after children or the person you normally look after?

No

Yes  We will contact you about this.

# About other money

Have you received any payment from a local authority, any other organisation or individual to care for the person you are claiming Carer's Allowance for or anybody else since your claim date?  
For example – Payments for Fostering, Adult Placements or Direct Payments.

No

Yes  Please tell us about who pays you.

The local authority, other organisation or individual's name

Address

Postcode								

How much do they pay you each week?

£

When did you start getting this money?

/  /

## You

Have you or your partner claimed or received any other benefits since the date you want to claim from?

No

Yes  Please tell us the names of the benefits or entitlements below.


If you are waiting to hear about a claim, still tick **Yes**. Please include details for your partner, even if you have separated since the date you want to claim from.

## Your partner

No

Yes  Please tell us the names of the benefits or entitlements below.


## About other money continued

**Have you had any Statutory Sick Pay (SSP), Statutory Maternity Pay (SMP), Statutory Paternity Pay (SPP) or Statutory Adoption Pay (SAP) since the date you want to claim from?**

If you are waiting to hear about SSP, SMP, SPP or SAP, still tick **Yes**.

No

Yes

Please tell us about the employer who deals with your SSP, SMP, SPP or SAP.

Employer's name

Employer's address

Postcode

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How much do you or did you get, and how often?

£

every

Please send us written proof of this amount.

## How we pay you

We can pay your Carer's Allowance every 13 weeks, every four weeks, or every week. It will normally be paid on a Monday.

**How often do you want us to pay your benefit?**

Please tick one box.

Every week

in advance

Every four weeks

three weeks in arrears and one week in advance

Every 13 weeks

in arrears

---

**We normally pay your money into an account.**

Many banks and building societies will let you collect your money at the post office.

We will tell you when we will make the first payment and how much it will be for. We will tell you if the amount we pay into the account is going to change.

**Finding out how much we have paid into the account**

You can check your payments on account statements. The statements may show your National Insurance (NI) number next to any payments we have made. If you think a payment is wrong, get in touch with the office that pays you straight away.

**If we pay you too much money**

We have the right to take back any money we pay that you are not entitled to. This may be because of the way the system works for payments into an account.

For example, you may give us some information, which means you are entitled to less money. Sometimes we may not be able to change the amount we have already paid you. This means we will have paid you money that you are not entitled to.

**We will contact you before we take back any money.**

**What to do now**

- Tell us about the account you want to use on the next page. By giving us your account details you:
  - agree that we will pay you into an account, and
  - understand what we have told you above, in the section **If we pay you too much money**.
- if you are going to open an account, please tell us your account details as soon as you get them.
- if you do not have an account, please contact us and we will give you more information.

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**Fill in the rest of this form. You do not have to wait until you have opened an account or contacted us.**

## About the account you want to use

- You can use an **account in your name**, or a **joint account**.
- You can use **someone else's account** if:
  - the terms and conditions of their account allow this, and
  - they agree to let you use their account, and
  - you are sure they will use your money in the way you tell them.
- You can use a **credit union account**. You must tell us the credit union's account details. Your credit union will be able to help you with this.
- If you are an **appointee** or a **legal representative** acting on behalf of the customer, the account should be in your name only.

Please tell us your account details below.

**It is very important you fill in all the boxes correctly, including the building society roll or reference number, if you have one. If you tell us the wrong account details your payment may be delayed or you may lose money.**

You can find the account details on your chequebook or bank statements. If you do not know the account details, ask the bank or building society.

### Name of the account holder

Please write the name of the account holder exactly as it is shown on the chequebook or statement.

### Full name of bank or building society

### Sort code

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"/>
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### Account number

Most account numbers are eight numbers long.

If your account number has fewer than 10 numbers, please fill in the numbers from the left.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Building society roll or reference number

If you are using a building society account you may need to tell us a roll or reference number. This may be made up of letters and numbers, and may be up to 18 characters long. If you are not sure if the account has a roll or reference number, ask the building society.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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You may get other benefits and entitlements we do not pay into an account. If you want us to pay them into the account above, please tick this box.





## Consent

We may wish to contact your current or previous employers, or other people or organisations you have told us about on this form, for information about your claim. You do not have to agree to us contacting these people or organisations. But if you do not agree to this, it may mean that we cannot get enough information to be sure that you meet the conditions of entitlement for your claim.

**Do you agree to us getting information from any current or previous employer you have told us about on this form?**      No

Yes

**Do you agree to us getting information from any other person or organisation you have told us about on this form?**      No

Yes

If you have answered **No** to either statement and you would like us to know why, please tell us about this on **page 24**.

## Declaration

**If you do not sign your declaration, we cannot accept this form and we will return it to you.**

**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 information that is incorrect or incomplete, my benefit may be stopped and I may be liable to prosecution or other action.

**I understand** the information I have provided will be used to process my application for Carer's Allowance and may be used to decide my entitlement to other benefits.

**I understand** that I must promptly tell the office that pays my Carer's Allowance of anything that may affect my entitlement to, or the amount of, that benefit.

**This is my claim for Carer's Allowance.**

**Signature**

**Date**



Now please read **What to do now** on the next page.

## What to do now

- Check that you have answered all of the questions.
- Check that you are sending us all the documents we have asked for. These could be things like:
  - payslips
  - copies of accounts and balance sheets.

Contact us if you cannot fill in the form or send us the documents we ask for. Any benefit you may be entitled to may be delayed.

- Check that you have signed the form on **page 25**.
- Check that the person you look after, or someone who acts on their behalf, has read the notes on **page 9** and has filled in and signed one of the statements.
- Send everything to us in the envelope that came with this claim pack. The envelope does not need a stamp.

Our address is: **Carer's Allowance Unit  
Mail opening site A  
Wolverhampton  
WV98 2AB**

## How the Department for Work and Pensions collects and uses information

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

- social security benefits and allowances
- child support
- employment and training
- financial planning for retirement
- occupational and personal pension schemes.

We may get information about you from others for any of our purposes if the law allows us to do so. We may also share information with certain other organisations if the law allows us to.

To find out more about how we use information, visit our website at [www.gov.uk/dwp/personal-information-charter](http://www.gov.uk/dwp/personal-information-charter) or contact any of our offices.