



**Only use this form to claim Carer's Allowance if you are getting State Pension**

- 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 the questions.



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"/>

## About you – the carer continued

Date of birth

Day	Month	Year
/	/	

Address

Postcode								

Daytime phone number

--	--

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

Mobile number

--

What is your marital or civil partnership status?

single	<input type="checkbox"/>	separated	<input type="checkbox"/>
married or civil partner	<input type="checkbox"/>	divorced or civil partnership dissolved	<input type="checkbox"/>
living with partner	<input type="checkbox"/>	widowed or surviving civil partner	<input type="checkbox"/>

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?

Day	Month	Year
/	/	



For more information please read **page 14** 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

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

No

Yes

**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 4 questions, we will contact you for more information.

# 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
<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"/>

**Their date of birth**

Day	Month	Year
<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"/>

**Their address**

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

<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"/>

**Their daytime phone number**

<input type="text"/>	<input type="text"/>
----------------------	----------------------

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

If no relation, write None.

**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 give details on **page 11**.  
We will also contact you about this.

## About the care you provide continued

Do you spend 35 hours or more each week caring for this person? A week is from the start of a Sunday to the end of the next Saturday.

No

Yes

Have you had any breaks in looking after this person since the date you want to claim from?

No

Yes

Please give details on **page 11**.  
We will also contact you about this.

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 breaks in looking after this person in the six months before the date you want to claim from?

No

Yes

Please give details on **page 11**.  
We will also contact you about this.



For more information please read **page 15** of the **Notes**.

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

No

Yes

# 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 7**.

Yes

Please ask them to read the notes below, then to sign **Statement 1** below. Then go to **page 9**.

## 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 7**.

**Signature**

**Date**

**Statement 1** continues on **page 7**.

# 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 8**.

**Yes**  Please read and sign the statement below. Then go to **page 9**.

*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 9**.

Yes  Please ask them to read and sign the statement below. Then go to **page 9**.

*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 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.

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

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

No  Please go to **page 10**.

Yes  Please tell us about them below.

**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
<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"/>

**Their date of birth**

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Other details

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

No

Yes  Please give details on **page 11**. We will contact you about this.

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

No

Yes  Please give details on **page 11**. We will contact you about this.

Are you or have you been self-employed since the week before the date you want to claim from?

No

Yes  Please give details on **page 11**. We will contact you about this.

It is important that you read **page 17** of the **Notes** booklet for examples of self-employment.

### 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.




For more information please read **pages 16 and 17** of the **Notes**.



## 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 11**.

## 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, I may be liable to prosecution or other action.

**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.
- Contact us if you cannot fill in the form or any benefit you may be entitled to may be delayed.
- Check that you have signed the form on **page 12**.
- Check that the person you look after, or someone who acts on their behalf, has read the notes on **page 6** 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-policy](http://www.gov.uk/dwp/personal-information-policy) or contact any of our offices.