

Withdrawn

**This publication was withdrawn on 17
December 2018.**

This publication is no longer current. Read the current guidance about [Personal
Independence Payment \(PIP\)](#).

Personal Independence Payment: the claimant journey



Department
for Work &
Pensions

This claimant journey explains how the claim process for Personal Independence Payment (PIP) works. Please check gov.uk/dwp/pip-toolkit for the latest version and for other information to adapt to your guidance and communications. This version was updated in July 2015.

There are five main stages to claiming Personal Independence Payment:

- 1) Thinking about claiming
- 2) Making a claim
- 3) Telling your story
- 4) Assessment
- 5) Decision

Thinking about claiming

Step 1 - For new claims to PIP

Claimant can look at PIP information that explains eligibility criteria and helps the claimant decide if they want to make a claim.

This information can be found from several sources:

- Online
- Support organisations
- Leaflets
- DWP
- GPs and healthcare professionals
- Family & Friends

The most up to date information available is online, in DWP leaflets and from support organisations. We provide information through the [PIP toolkit](#) for support organisations to help them help claimants.

Step 1 - For existing DLA claimants

From October 2013, we started to write to existing DLA claimants inviting them to claim PIP – see the [PIP handbook](#) and [Disability Living Allowance claimant journey](#) for more information.

Existing DLA claimants don't need to act until we contact them. However, they must report any changes in circumstances as normal and if they wish, can choose to claim PIP instead of DLA.

If an existing DLA claimant makes a claim to PIP then their DLA payments would normally continue until their PIP claim is decided. **If they choose not to claim PIP then their DLA will end.**

Making a claim

The actual time to make a claim depends on individual circumstances. Sometimes we can make a decision by using just the written information, but most people will be asked to go to a face-to-face consultation with a health professional. If a face-to-face consultation is needed then the assessment provider will contact you directly to arrange an appointment.

Step 2: Claims can be made by calling 0800 917 2222 or textphone 0800 917 7777.

Paper claim forms will be by exception for those claimants that are unable to make a claim by phone.

The initial information required to make a claim for PIP will be basic information covering:

- The claimant's personal and contact details
- Residency details (known as residency and presence)
- Relevant periods spent in hospital, residential care
- Claims under special rules for terminally ill people
- Payment (bank account) details, and
- What are your main illnesses or disabilities?

It can help speed up the claim if the caller has this information ready before calling.

The initial phone call can also be made by someone supporting the claimant, such as a support organisation or family member. They'll need to be with the claimant when they call and the claimant will need to pass a quick identity check.

Step 3: We will identify communication needs, such as alternative formats, and consider if the claimant needs additional support.

The date of claim is set at the point of the phone call. We will explain what happens next to the claimant.

Step 4: We check basic eligibility conditions. If these are **not** met then a disallowance letter will be issued.

Step 5: We post a 'How your disability affects you' form to the claimant. It is individually addressed and has a barcode to speed up processing when it is returned. The claimant should get the form within 2 weeks of making the initial call.

Telling your story

Step 6: The 'How your disability affects you' form that we send following the claim phone call allows the claimant to explain how their condition affects them in their own words. Some people have fluctuating conditions that affect them in different ways on 'good and bad' days. They can use the form to explain this. Information about how to complete the form will be included and also available online.

Claimants may ask someone, such as a family member or support organisation to help them complete the form. The PIP toolkit contains information to help support organisations help claimants.

We want to use the widest range of evidence when we assess your claim to ensure your PIP award is made correctly and you are paid promptly.

It is very important that you provide us with any supporting information you already have that explains how your condition affects you.

We don't need to see general information about your condition – we need to know how you are personally affected.

The supporting information you send does not need to be recent but should be within the last 2 years and relevant to your current condition.

Please send in any documents you have as soon as possible. Use the same envelope as your completed 'How Your Disability Affects You' form. Any delay sending this information may mean:

- It will take longer to make a decision on your PIP claim, or
- You may have to attend a face to face consultation with a health professional when it may not have been necessary, or
- We may not be able to get all the information we need to make the correct decision on your claim

Please only send in photocopies of things you already have available. Don't ask for other documents which might slow down your claim or for which you might be charged a fee – for example, from your GP. If we need this we'll ask for it ourselves using the contact details you provide on your form. That's why we need you to tell us who is best placed to provide this evidence. It might also help if you let them know that we may contact them for information to help decide your claim.

Here are some examples of things that could help decide your claim. Don't worry if you only have some of them – just send us as many of the things listed that you already have.

Information we do want to see

Reports and Care or Treatment plans about you from:

- Specialist nurses
- Community Psychiatric Nurses
- Social workers
- Occupational Therapists
- GPs
- Hospital doctors
- Physiotherapists
- Support workers

Your **hospital discharge** or outpatient clinic letters.

Your statement of special educational needs.

Your certificate of visual impairment.

Your **test results** like:

- Scans
- Diagnostic tests
- Audiology

Your current repeat prescription lists.

Photographs or X-rays.

Letters about Other benefits.

Letters from people who know you but only if they can provide us with more information about how your condition affects you that you haven't already told us about on your form.

Information we don't want to see

General information or **fact sheets** about your condition(s) that are not about you personally.

Appointment cards or letters about medical **appointments**:

- Times
- Dates
- Directions.

Information about tests you are going to have.

Fact sheets about your medication

Step 7: The claim information, completed form and any additional evidence is passed over to a health professional, working for an assessment provider (AP).

Step 8: The AP health professional will decide if there is a need for any further evidence and will make all the arrangements to get this.

Some assessments may be completed at this stage, such as if someone is claiming under the special rules for the terminally ill or where the written evidence is sufficient.

Most will be asked to attend a face-to-face consultation.

Face-to-face consultation required

Step 9: If the AP health professional thinks they need to speak to the claimant they will contact the claimant and invite them to a face-to-face consultation. Claimants can contact the AP health professional to ask questions about the consultation or rearrange appointments.

At the face-to-face consultation the AP health professional will ask the claimant to explain how their condition affects them on a day to day basis. The claimant may also be able to provide additional evidence.

Claimants are encouraged to take someone along to the consultation for support. Anybody they bring can take an active part in the discussion where necessary.

Face-to-face consultation not required

Step 9: If the AP health professional decides a face-to-face consultation is not needed they will review all the evidence against a set of everyday activities and clear descriptors to assess the challenges faced by the individual.

For all claimants

Step 10: The AP health professional reviews all the evidence against a set of everyday activities and clear descriptors to assess the challenges faced by the individual.

The health professional then sends a report back to the DWP to help inform their decision.

Decision

Step 11: The DWP Decision Maker reviews the evidence they've received – including the report from the AP health professional. They make a reasoned decision on entitlement, level of award and the length of any award.

Step 12: DWP write to the claimant to tell them the decision. This letter provides more information about the decision and how it's been reached. It also explains other sources of support available.

Claimants can call DWP to ask for more information about the decision.

If the claimant disagrees with the decision they can ask the Decision Maker to look at it again – this is known as a reconsideration.

Existing DLA claimants who have made a claim to PIP will continue to be paid DLA until 28 days after their next payday, until the PIP decision comes into force.