

Carer's Credit Care Certificate

CC1 HSCP 12/19

Use this certificate to get a health or social care professional to confirm that the person you look after needs the care you provide. To find out more, see **page 4** of the Notes.

You only need to fill in this certificate if we have told you to in **Part 2** of the application form.

The health or social care professional must know the person you look after.

Please fill in **Part 1** with the name and details of you, the carer.

This certificate can be signed at Part 2 by:

- the person being cared for, or
- the appointee or legal representative of the person being cared for, or
- the parent or guardian if the person being cared for is aged under 16

A signature at **Part 2** is not compulsory, but the health or social care professional must fill in and sign Part 3.

You will need to send us a Care Certificate for each person you look after who does not get one of the benefits shown on **page 2** of the Notes.

For help with this certificate:

- read the section called Care Certificates on page 4 of the Notes
- visit www.gov.uk/carers-credit
- ask an advice centre like the Citizens Advice
- phone us on **0800 731 0297**, or
- write to us at:
Carers Allowance Unit
Mail Handling Site A
Wolverhampton
WV98 2AB.

We have many different ways we can communicate with you.

If you would like Braille, British Sign Language, a hearing loop, email, translations, large print, audio or something else please tell us using the phone number in this certificate.

Part 1: About the carer

Full name of carer

Carer's National Insurance 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"/>

How many hours a week do you care for the person you look after?

 hours a week

Part 2: About the person being cared for

Full name of person being cared for

National Insurance number of person being cared for

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"/>

For the purpose of this application for Carer's Credit, I give my consent for a health or social care professional to give details of how much care I need.

Signature

Date

Part 3: Confirmation of care needs by a health or social care professional

A health or social care professional must answer the questions below. By health or social care professional we mean a person like a district nurse, occupational therapist, social worker, MIND case worker, or community psychiatric nurse.

Full name of health or social care professional

Job title

Organisation name

Organisation address

Postcode

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Daytime phone number

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What is your professional relationship with the person named in **Part 2** of this form?

Do you agree that the person named in **Part 2** needs the weekly amount of care stated in **Part 1**?

No Do not sign this certificate.

Yes Please sign and date below.

Why DWP needs personal information and how we treat it

We treat personal information carefully. We may use it for any of our purposes. To learn more about information rights and how we use information, please see our DWP Personal Information Charter at www.gov.uk

Certification

I confirm that the person named in **Part 2** of this certificate is known to me or to a member of my organisation.

I certify that the person named in **Part 2** of this certificate needs the weekly amount of care stated in **Part 1**.

Signature of health or social care professional

Date

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