



## We have many ways we can communicate with you

If you would like braille, British Sign Language, email, a hearing loop, translations, large print, audio or something else please call us on **0800 917 2222** or textphone **0800 917 7777** 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](http://www.gov.uk)

## About this form

### This is the first stage of the Personal Independence Payment claim process.

Claims to Personal Independence Payment should only be made on an original form provided and approved by the Department. This form must only be completed for the person it was issued for. Copies will not be accepted as valid claims.

### How to fill in the form

Please use a pen. If you make a mistake, cross it out. Do not use correction fluid. **Answer all the questions that apply to you.**

### Special Rules for End of Life

We have special rules for people nearing the end of life. This means people with a progressive disease who are not expected to live for longer than 12 months.

**01** Do you want to claim under the special rules for people nearing the end of life?

No Go to About you

Yes

What is your illness?

## About you

If you are filling in this form for someone else, tell us about **them**, not you.

<b>02</b>	<b>Surname or family name, in full</b>	<input type="text"/>								
<b>03</b>	<b>All other names, in full</b>	<input type="text"/> <input type="text"/>								
<b>04</b>	<b>Your title</b> For example, Mr, Mrs, Miss, Ms or other.	<input type="text"/>								
<b>05</b>	<b>Please tell us the name you want us to use when we write to you, if it is different from above</b> For example, if you have a different title, or letters after your name, such as Sir John Smith BSc.	<input type="text"/>								
<b>06</b>	<b>Previous surname</b> Tell us any other surname you have been known by. If you have had more than one previous surname, tell us the surname you used last.	<input type="text"/>								
<b>07</b>	<b>Your National Insurance (NI) number, if you have one</b> You can get this from your National Insurance number card, payslips or letters from the Department for Work and Pensions.	<table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<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"/>			

<b>08</b>	<b>Your date of birth</b> DD/MM/YYYY	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
<b>09</b>	<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>10</b>	<b>Your address, in full</b>	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>
		If we cannot write to you at this address, please give us an address we can write to.
<b>11</b>	<b>Address we can write to</b>	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>

## How to contact you

**12 A phone number where we can contact you or leave a message**

Include the dialling code.

If this is a mobile number we may use this number to send you text messages to keep you informed of the progress of your PIP claim.

**13 Do you have another number we can contact you on?**

No **Go to question 14**

Yes

Please tell us about this

**14 Do you have a textphone number?**

Textphones do not receive text messages from mobile phones. They are for people who cannot speak or hear clearly.

No **Go to question 15**

Yes

Please tell us about this

**15 If you live in Wales, do you want us to communicate with you in Welsh?**

No

Yes

**16 How would you prefer us to contact you?**

Tick all options for how you would like us to contact you.

Phone

Letter

Other alternative format

Please specify

**17 Do you need us to communicate with you in another format?**

No

**Go to Signing the form for someone else**

Yes

Please specify

## Signing the form for someone else

You can fill in the form for someone else, but they must still sign themselves unless:

- you have already been legally appointed to receive and deal with their benefits. That is, you are a benefit appointee, a deputy or hold a Power of Attorney,
- the person you are claiming for is too ill or disabled to claim for themselves and you want to be appointed to receive and deal with their benefits, or
- you are claiming for them under the Special Rules for End of Life.

### 18 Are you signing the form for someone else?

- No **Go to Nationality**
- Yes

### 19 Why are you signing the form for them?

- I am an appointee  
Appointed by DWP.
- I hold Power of Attorney
- I am a Deputy
- I have authority to act under Scottish law  
For example, a Guardian.
- I am a Corporate Acting Body or Corporate Appointee  
For example, an organisation appointed to act on behalf of the person the benefit is for such as a local authority or firm of solicitors.  
Tell us the name of your organisation.

Unless we have already seen this authority, we will need to see it before we can process this claim. Please send us your power of attorney or any relevant documents with this claim. You can send the original document, or a certified copy.

### 20 Do you want to be appointed to act on their behalf?

This could be because:

- the person you are claiming for is too ill or disabled to claim for themselves and you want to be appointed to handle their benefit affairs, or
- you are in the process of becoming a legally appointed representative.

- No
- Yes

We will contact you about this.

### 21 Are you claiming for them under the Special Rules for End of Life?

The special rules for people nearing the end of life are for people with a progressive disease who are not expected to live for longer than 12 months. You may wish to tell the person the benefit is for, about this claim. This is because we will send letters about Personal Independence Payment to this person.

- No
- Yes

**If you are signing the form for someone else, please tell us your details here**

**22 Surname or family name, in full**

**23 All other names, in full**

**24 Your title**  
For example, Mr, Mrs, Miss, Ms or other.

**25 Please tell us the name you want us to use when we write to you, if it is different from above**  
For example, if you have a different title, or letters after your name, such as Sir John Smith BSc.

**26 Your address, in full**  
  
  
  
Postcode

If we cannot write to you at this address, please give us an address we can write to.

**27 Address we can write to**  
  
  
  
Postcode

## How to contact you

Only fill in this section if you are signing the form for someone else.

**28** A phone number where we can contact you or leave a message

Include the dialling code.

If this is a mobile number we may use this number to send you text messages to keep you informed of the progress of the PIP claim.

**29** Do you have another number we can contact you on?

No **Go to question 30**

Yes

Please tell us about this

**30** Do you have a textphone number?

Textphones do not receive text messages from mobile phones. They are for people who cannot speak or hear clearly.

No **Go to question 31**

Yes

Please tell us about this

**31** If you live in Wales, do you want us to communicate with you in Welsh?

No

Yes

**32** How would you prefer us to contact you?

Tick all options for how you would like us to contact you.

Phone

Letter

Other alternative format

Please specify

**33** Do you need us to communicate with you in another format?

No **Go to Nationality**

Yes

Please specify

## Nationality

If you are filling in this form for someone else, tell us about **them**, not you.

<p><b>34</b> Are you a British national?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <b><u>Go to question 46</u></b></p>	<p><b>40</b> What EUSS status have you been granted?</p> <p><input type="checkbox"/> Settled status For example, 'Indefinite leave to remain'. <b><u>Go to question 46</u></b></p> <p><input type="checkbox"/> Pre-settled status For example, 'Limited leave to remain'. If you have lived in the UK for 5 years you must apply to the EU Settlement Scheme again to get settled status. If your pre-settled status expires, your benefit may stop. <b><u>Go to question 46</u></b></p> <p><input type="checkbox"/> Application pending For example, you have applied to the EUSS but you are waiting for a decision. <b><u>Go to question 46</u></b></p> <p><input type="checkbox"/> Refused For example, you have not been granted any status. <b><u>Go to question 43</u></b></p>
<p><b>35</b> Are you an Irish national?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <b><u>Go to question 46</u></b></p>	
<p><b>36</b> What is your nationality?</p> <p><input type="text"/></p>	
<p><b>37</b> Are you a Swiss or European Economic Area (EEA) citizen?</p> <p><input type="checkbox"/> No <b><u>Go to question 41</u></b></p> <p><input type="checkbox"/> Yes</p>	
<p><b>38</b> Did you start living in the United Kingdom (UK) on or before 31 December 2020?</p> <p><input type="checkbox"/> No <b><u>Go to question 41</u></b></p> <p><input type="checkbox"/> Yes</p>	
<p><b>39</b> Have you made an application to the European Union Settlement Scheme (EUSS) or have you been given an immigration status from the EUSS?</p> <p><input type="checkbox"/> No or do not know You must apply straight away. For more information and how to apply to the EUSS go to <b><u><a href="http://www.gov.uk/eusettlementscheme">www.gov.uk/eusettlementscheme</a></u></b> or call <b>0300 123 7379</b>. <b><u>Go to question 41</u></b></p> <p><input type="checkbox"/> Yes</p>	

**41 Have you been granted refugee or humanitarian protection status?**

- Do not know
- No
- Yes

**42 Does your passport, or any other document from the Home Office, say “No recourse to public funds”?**

Check the inside pages of your passport and documents from the Home Office for the words “No recourse to public funds”.

- Do not know
- No
- Yes

**43 What restrictions, if any, are there on your leave to remain?**

‘Leave to remain’ is permission to stay in the UK either temporarily (‘limited leave to remain’) or permanently (‘indefinite leave to remain’).

- No restrictions  
**Go to question 46**
- Limited leave to remain  
This includes pre-settled status.  
**Go to question 44**
- Limited leave to remain extension applied for  
**Go to question 44**
- Indefinite leave to remain  
This includes settled status.  
**Go to question 46**
- No leave to remain  
**Go to question 46**
- Do not know  
**Go to question 46**

**44 When does your leave to remain end?**

If you have lived in the UK for 5 years, you must apply to the EU Settlement Scheme again to get settled status. Your benefits may stop if your pre-settled status expires.

DD/MM/YYYY

/	/
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**45 When did you apply for an extension to your leave to remain?**

This includes if you have pre-settled status and have applied to the EU Settlement Scheme for settled status.

Only answer this question if you have applied for an extension to your leave to remain.

DD/MM/YYYY

/	/
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## Working and living abroad

**46** Which country do you normally live in?

**47** Have you been abroad for more than 4 weeks at a time in the last 3 years?

By 'abroad' we mean outside Great Britain and Northern Ireland. Include any holidays of more than 4 weeks.

- No **Go to question 49**
- Yes

Which country did you go to?

When did you go?

From

DD/MM/YYYY

To

DD/MM/YYYY

Why did you go?

For example, holiday, work, medical treatment, as a member of HM Armed Forces or as a family member of someone in HM Armed Forces.


When you went away, did you intend to return?

- No
- Yes

**48** Are there any more periods abroad you should tell us about?

- No
- Yes

Please use the space at

**Other information: question 91**

to tell us when you went, where you went, why you went and if you intended to return.

**49** Are you, or a family member, receiving any pensions or benefits from an EEA country or Switzerland?

By 'family member' we mean husband, wife, civil partner or a parent you are dependent on. Check any letters you have from where you have worked, or ask your family members about this.

- Do not know
- No
- Yes

**50** Are you, or a family member, working in or paying insurance to an EEA country or Switzerland?

By 'family member' we mean husband, wife, civil partner or a parent you are dependent on. By insurance we mean insurance connected to your work, like UK National Insurance. We do not mean insurances like holiday insurance, travel insurance or motor insurance.

- Do not know
- No
- Yes

## Being in hospital, a hospice, residential or nursing care

If you are in any one of the following places when you claim, it may affect when and what we can pay you. Even if you live in any of the following places you should still claim Personal Independence Payment. We can then decide if any Personal Independence Payment can be paid, and from when.

### Being in hospital or a hospice

**51** Are you in hospital or a hospice as an in-patient now?

No

Yes Go to question 53

**52** Have you been in hospital or a hospice in the last 4 weeks?

No Go to question 56

Yes

**53** When did you go in?

DD/MM/YYYY

**54** If you are in hospital, are you a private patient paying all your own costs?

Do not know

No

Yes

**55** Please tell us the full name and address of the hospital or hospice


Postcode

### Being in residential or nursing care

**56** Are you living in a care home, nursing home, sheltered housing, a residential college or a hostel now?

No

Yes Go to question 58

**57** Have you been in a care home, nursing home, sheltered housing, a residential college or a hostel in the last 4 weeks?

No Go to The main healthcare professional that supports you

Yes

**58** When did you go in?

DD/MM/YYYY

**59** Please tell us the full name and address of the place you are staying


Postcode

**60** Are you paying all of the costs for your stay without help from a local authority, health authority, education authority, the Department for Work and Pensions (DWP) or a charity?

Do not know

**Go to The main healthcare professional that supports you**

No

**Go to question 61**

Yes

**Go to The main healthcare professional that supports you**

**61** Who is paying for the costs of your stay?

Please tick all boxes that apply.

Local authority

**Go to question 62**

Health authority

**Go to question 63**

Education authority

**Go to question 63**

A charity

**Go to question 63**

DWP

**Go to The main healthcare professional that supports you**

**62** Do you have an agreement with the local authority to repay any of the costs?

Do not know

No

Yes

**63** Tell us the name of the local authority, health authority, education authority or charity that is paying

## The main healthcare professional that supports you

Please tell us about the healthcare professional who can best tell us about your health condition or disability and how it affects you. For example:

- GP
- hospital doctor
- consultant, or
- specialist nurse.

<b>64</b>	<b>What is their job?</b>	<input type="text"/>
<b>65</b>	<b>What is their name?</b>	<input type="text"/>
<b>66</b>	<b>Address</b> For example, the address of the health centre, surgery or hospital where they work.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>
<b>67</b>	<b>Phone number</b> Include the dialling code.	<input type="text"/>

## Further health or social care professional that supports you

Please tell us if there is another health or social care professional or someone else we can contact who can tell us about your health condition or disability. For example:

- community psychiatric nurse
- occupational therapist
- physiotherapist
- support worker
- social worker
- counsellor
- carer
- family member, or
- friend.

<b>68</b>	<b>Is there someone else we can contact to tell us about your health condition or disability?</b>	<input type="checkbox"/> No <b><u>Go to Consent</u></b> <input type="checkbox"/> Yes
<b>69</b>	<b>What is their job?</b>	<input type="text"/>
<b>70</b>	<b>What is their name?</b>	<input type="text"/>
<b>71</b>	<b>Address</b> For example, the address of the health centre, surgery or hospital where they work.	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>
<b>72</b>	<b>Phone number</b> Include the dialling code.	<input type="text"/>

## Consent

Sharing information about your health condition.

The Department for Work and Pensions (DWP) or approved healthcare professionals that work for DWP, might need more information about your health condition or disability and how it affects you.

They might ask, with your consent, for relevant information from your doctor, or any other relevant professional you tell them about. DWP can lawfully ask your doctor, hospital consultant or other relevant professionals for information about your health condition and how it affects you. This is because we are asking for the information to help us carry out our official social security functions.

You do not have to give your consent. If you do not, DWP will make a decision based on the information they have already, as well as any you give DWP yourself.

### If you change your mind

You can change your mind. You can do this by contacting **0800 121 4433** and say you want to give or withdraw your consent.

If you withdraw your consent, DWP cannot get information from your doctor or others named on the form.

**73 Do you give consent for your doctor or other relevant professionals to give DWP more information about your health condition or disability?**

- No, information about my health condition or disability cannot be shared with DWP or the healthcare professionals that work for them.
- Yes, information about my health condition or disability can be shared with DWP or the healthcare professionals that work for them.

**74 I have read and understood how DWP uses information**

Your signature

Date

DD/MM/YYYY

## How we pay you

We ask for your account details before we decide on a claim so we can pay you straight away if you qualify for benefit. This does not guarantee that you will get Personal Independence Payment.

**You must read the information in the letter we sent with this form before you fill in the account details.**

### Please tell us the account details

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 are not sure about the details, ask the bank or building society.

#### 75 Name of the account holder

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

#### 76 Name of the bank or building society

#### 77 Sort code

Please tell us all 6 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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#### 78 Account number

Most account numbers are 8 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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#### 79 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 a mix 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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## Special Rules for End of Life

Only answer **questions 80 to 84** if you are claiming under the Special Rules for End of Life.

You may be able to get the mobility component of Personal Independence Payment if you have difficulty moving or need help getting around.

It is important that you send us an SR1 form to support your claim if you have not sent one for your PIP claim or any other benefit in the last 12 months. The SR1 is a report about your medical condition. You will not have to pay for it. You can ask the doctor's receptionist, a nurse or a social worker to arrange it for you. You do not have to see the doctor. Your doctor or specialist can send it to us for you.

**80** Are you going to send us an SR1 to support your claim?

- Do not know
- No
- Yes

Do not wait until you have got the SR1. Please continue with your claim. It will be helpful if you send the SR1 back to us within the next 5 days.

### About getting around

**81** Do you need someone else to plan any journey for you that you wish to take?

- No
- Sometimes
- Yes

**82** Do you have difficulties following the route of a familiar journey?

For example, do you need:

- another person with you
- an assistance dog, or
- aids, such as a white stick?

- No
- Sometimes
- Yes

**83** Do you have difficulty walking short distances of up to 50 metres?

This is about the length of 5 buses.

- No
- Sometimes
- Yes

**84** Do you have difficulty walking short distances of up to 20 metres?

This is about the length of 2 buses.

- No
- Sometimes
- Yes

We may contact the health and social care professional you have told us about for more information about your claim.

**Go to The Motability Scheme**

## The next stage of claiming

### If you have not claimed under the Special Rules for people nearing the end of life.

The next stage of claiming Personal Independence Payment will start when we send you another form through the post so you can tell us how your condition affects you. You need to fill in the form and send it back to us.

If you think you will need any help or support to fill in the form, contact a local support organisation as soon as possible to arrange help.

#### 85 Are you signing this form for yourself?

No

**Go to Disability Living Allowance (DLA)**

Yes

#### 86 Would you normally need someone to help you complete forms and understand letters?

No **Go to question 87**

Yes

Who will you ask to help you?

For example:

- a family member
- friend
- neighbour
- support worker, or
- local support organisation such as Citizens Advice and other similar advice organisations.

Please ask them to help you fill in the form as soon as possible.

#### 87 Do you have difficulty communicating with us?

This could be things like sending information to us or understanding information that we may send to you, due to your health condition or disability.

For example, you may have a condition such as:

- mental health condition
- behavioural condition
- learning disability
- developmental disorder, or
- dementia or other conditions affecting memory.

No

If your needs change, you can let us know at any time.

Yes



## Disability Living Allowance (DLA)

**88** Are you getting DLA, or have you ever been awarded DLA?

No **Go to The Motability Scheme**

Yes

PIP is a new benefit for you, and we will be asking you to send us any supporting information about how your condition affects you.

**89** Would you like us to also use any medical evidence we still hold from your previous DLA claim?

This evidence could be a report from:

- a GP
- hospital
- school, or
- other health or social care professional.

If you have had a medical examination for DLA we could use the report from the examining medical practitioner (EMP). If an Employment and Support Allowance report was used to support your DLA claim we could use this report.

No

We will just use the information that you send us with your form to help us make our decision. If DLA medical evidence is held, it may still be used at a future point during your claim.

Yes

We will obtain your DLA file and ensure any medical evidence we still hold is taken into account.

## The Motability Scheme

The Motability Scheme allows disabled people to lease a car, scooter or powered wheelchair in exchange for all or some of their mobility payments.

**90** If you are eligible to join the Motability Scheme would you like us to post you information about the help they can offer you?

We will not share your personal details with Motability.

No

Yes

If you decide you do not want to receive information about Motability in the future, please contact us on **0800 121 4433** to let us know.

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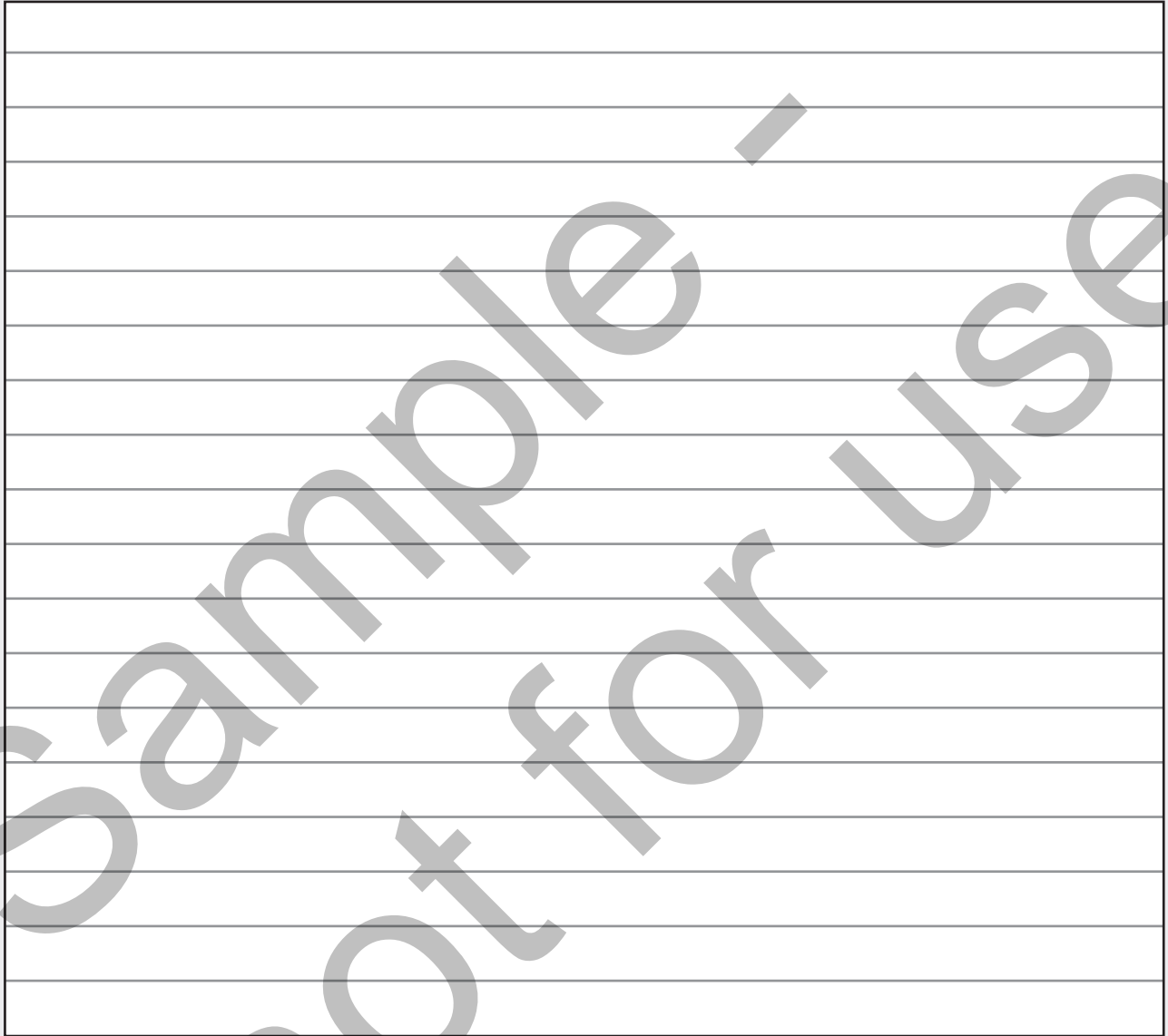
## Other information

**91 Please use this space to tell us anything else you think we might need to know**

If there is not enough space, please use a separate sheet of paper.

Make sure that you:

- put your full name and National Insurance number on each sheet of paper, and
- sign and date each sheet that you use.



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## What to do now

Check that you have answered all the questions that apply to you.

Read the information we sent with this form. It tells you about how we collect and use information and where to go for help and advice about this and other benefits.

Make sure you have signed the consent section on page 13.

Now read and sign the **Declaration**.

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## Declaration

We cannot pay any benefit until you have signed the declaration and returned the form to us. Please return the signed form straight away.

By signing this declaration, you agree:

- the information you have given is correct and complete
- to tell us about changes of circumstances straight away.

If the information you give us is wrong or incomplete, or you do not report changes straight away:

- we may stop or reduce your Personal Independence Payment
- you may be paid too much Personal Independence Payment and have to pay this back
- you may have to pay a financial penalty
- we may prosecute you.

<b>92</b>	<b>This is my claim for Personal Independence Payment</b>
	Signature
	<input type="text"/>
	Date
	DD/MM/YYYY
	<input type="text"/>

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## What happens next

If you are sent the claim form **How your disability affects you**, you will need to complete the form and return it with copies of supporting information that explains how your health condition or disability affects you carrying out day-to-day activities.

By supporting information, we mean things like:

- social care plans
- reports from health professionals
- prescription lists
- test results
- statements from carers or family members.

**Please only send copies, not originals.**

The date to return everything by will be printed on the front of the **How your disability affects you** form.

Arrange any help you need to complete the form or collect your supporting information now, because we may end your claim if it is not returned in time.

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## Returning the completed form

Please return the completed form to this address:

**Freepost RTEU-HBEC-RGTG  
Personal Independence Payment 1  
Mail Handling Site A  
Wolverhampton  
WV98 1AA**

Put the completed form in the envelope provided, making sure the address shows through the envelope window. The envelope does not need a stamp unless you live outside the United Kingdom.

If you have access to the internet, you can get information about Personal Independence Payment by going to the Personal Independence Payment website at [www.gov.uk/pip](http://www.gov.uk/pip)

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## 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:

- 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, go to

[www.gov.uk/dwp/personal-information-charter](http://www.gov.uk/dwp/personal-information-charter)

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## Checklist

**To make sure we have all the information we need to process this form, please check:**

- the consent page has been completed on page 13
- the person who has completed the form has signed the declaration on page 19