



We have many different ways we can communicate with you.

If you need braille, British Sign Language, a hearing loop, translations, large print, audio or something else please contact us.

Our contact details are:

- Phone: **0800 121 4600**
- Textphone: **0800 121 4523**
- Relay UK: **18001 then 0800 121 4600.**

If you live in Wales and want this form in Welsh call **0800 328**

We received the request for this claim form on:

We will treat the claim as made on this date if you return it by the date in the next box.

Please send the claim form back by:

Allow a few days for the claim form to reach us by post. If it will not reach us by this date, it is important to explain the delay at **question 89**.

About filling in this form

What you need to do:

- use this form to claim Disability Living Allowance for a child under 16
- before you fill in this claim form, please take a few minutes to read the information booklet that comes with this form. It contains important information and helps explain some of the questions we ask you and why we are asking them
- please complete this form carefully. Please fill it in using a pen with **black ink**
- if you have difficulty filling in this form, ask for help. You can ask a relative, friend or someone at an advice centre to help you but **you must sign the form yourself, if you can**
- please answer all the questions as fully as possible, and send us all the documents we have asked for. If you do not give us all the information we ask for, it may delay your claim. For more information on what evidence you need to send to us, please see **page 7** of the information booklet.

Special rules

We have special rules for children who are nearing the end of life and are not expected to live longer than another 12 months.

To find out more about special rules, please read **page 5** of the information booklet.

01	Are you claiming for a child under the special rules?
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No **Go to question 2**

Yes You do not need to answer the care questions which are **questions 54 to 72.**



To help us deal with the claim as quickly as possible, it is important you send us an SR1 form about the child's medical condition. You can get the form from the child's doctor or specialist. You will not have to pay for it. The doctor's receptionist, a nurse or a social worker can arrange it for you.

If you have not got an SR1 form by the time you have filled in the claim form, send the claim form anyway. If you wait the child's payments could be delayed. Send the SR1 form as soon as you can or ask your doctor or specialist to send it to us for you.

About the child

Please use BLOCK CAPITALS when completing the child's names.

02	Their surname or family name
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03	All their other names in full
-----------	--------------------------------------

04	Any other names the child has had
-----------	--

05	Their National Insurance (NI) number
-----------	---

This is the same as their Child Reference number. See page 8 of the notes.

06	Their date of birth
-----------	----------------------------

DD/MM/YYYY

07	Their sex
-----------	------------------

Male

Female

08	Their home address
-----------	---------------------------

Where the child normally lives

Postcode

09	Their nationality
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For example, British, Spanish, Turkish

10 If the child is a Swiss or European Economic Area (EEA) national, were they living in the United Kingdom (UK) before 1 January 2021?

UK is England, Scotland, Wales and Northern Ireland

No

Yes

Do not know

11 Does the child normally live in England or Wales?

No We will contact you about this.

Yes

12 Has the child moved from Scotland to live in England or Wales since 1 July 2021?

No Go to question 15

Yes

13 What date did the child move to live in England or Wales?

DD/MM/YYYY

14 Is the child getting or have they made a claim for Child Disability Payment?

No

Yes

15 Has the child moved from another country in the last 3 years to live in Great Britain (GB)?

GB is England, Scotland and Wales

No Go to question 17

Yes

16 What date did they arrive in GB?

DD/MM/YYYY

17 Please tell us the child's Passport Number, if known

About going abroad

18 Has the child been abroad in the last 3 years?

Abroad means spending time overseas out of Great Britain (GB). GB is England, Scotland or Wales. For example, travelling frequently for holidays or to visit family and friends overseas.

No **Go to question 19**

Yes

Please tell us about all the times the child has been abroad in the last 3 years. If you do not, it will delay your claim.

Date they left GB	Date they arrived back in GB	Where they went?	Why they went?
DD/MM/YYYY	DD/MM/YYYY		

If there is not enough space, please tell us at **question 89** 'More information'. If you need to use a separate sheet of paper, please write the child's full name and National Insurance (NI) number on each sheet of paper and sign and date each sheet that you use.

About benefits from a European Economic Area state or Switzerland

19 Is the child's parent or guardian getting any pensions or benefits from a European Economic Area (EEA) state or Switzerland?

No

Yes

Do not know

If you have answered Yes or Do not know, we will contact you about this.

20 Is the child's parent or guardian working in or paying insurance to an EEA state or Switzerland?

By insurance we mean work contributions, like UK National Insurance

No

Yes

Do not know

If you have answered Yes or Do not know, we will contact you about this.

About time in a hospital, hospice, residential school or other similar accommodation

21 Is the child currently in a hospital?

No **Go to question 22**

Yes

Please tell us the date they went in
DD/MM/YYYY

Please tell us the full name and address
of the hospital.

Postcode

Phone number of the hospital.

Why did they go in?

Is the NHS paying the costs for
their stay?

No

Yes

22 Has the child had any overnight
stays at a hospice, residential
college or similar accommodation in
the last 12 months?

For example, a residential care home,
boarding school or similar accommodation

No **Go to question 23**

Yes

Please tell us the date they went in and
the date they came out.

DD/MM/YYYY

In

Out

Please tell us the full name and address
of the accommodation.

Postcode

Phone number of accommodation, if
you know it

Tell us about any other stays within the
last 12 months at **question 89**.

Did any of the following pay any of the
costs towards them living there?

Local authority

Health authority

Government department

Name of authority or department

NHS

None of these

About the child's health professionals or specialist support

To help us understand how the child's health condition or disabilities affect their day-to-day life, we may contact the child's health professionals for more information about their difficulties.

For example, a hospital doctor, consultant, nurse, occupational therapist, physiotherapist, educational psychologist, social worker or support worker. This will help us make a decision on your claim more quickly.

23	<p>Has the child had or are they due to have any assessments by a health professional or specialist to help diagnose, manage or monitor their health condition or disabilities?</p> <p>By 'health professional assessments' we mean: audiogram, MRI scan, speech therapy, cognitive development or IQ test or something else</p> <p style="margin-left: 20px;">No <u>Go to question 24</u></p> <p style="margin-left: 20px;">Yes</p> <p>Tell us if the child is waiting for an assessment appointment.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Date and type of test</th> <th style="width: 40%;">What did the test show?</th> <th style="width: 30%;">Are they waiting for results</th> </tr> </thead> <tbody> <tr> <td>Example June 2016 eyesight test.</td> <td>They needed to see a hospital doctor</td> <td style="text-align: center;"> <input type="checkbox"/> No <input type="checkbox"/> Yes </td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: center;"> No Yes </td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: center;"> No Yes </td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: center;"> No Yes </td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: center;"> No Yes </td> </tr> </tbody> </table>	Date and type of test	What did the test show?	Are they waiting for results	Example June 2016 eyesight test.	They needed to see a hospital doctor	<input type="checkbox"/> No <input type="checkbox"/> Yes			No Yes			No Yes			No Yes			No Yes
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		No Yes																	
		No Yes																	
		No Yes																	
		No Yes																	

24 Do you have any letters or assessment reports about the child's health conditions or disabilities?

These may be from health professionals or specialists who help the child manage their health condition or disabilities. For example, doctors, health visitors or occupational therapists and councillor or support workers.

No **Go to question 25**

Yes

Tell us what reports you have. For example, educational psychologist's report or Certificate of Vision Impairment (CVI). Please do not include things like appointment letters or general information about the child's condition like fact sheets or information from the internet.

It is important you send us this information as it will help us make a decision on your claim more quickly. Please do not send original copies as we cannot return them.

25 Does the child have any health professionals, who are not their GP, who supports them with their health condition or disabilities?

No **Go to question 26**

Yes

Health professional's name in full

Their relationship to the child?

For example, neurologist or physiotherapist

Their address, in full

Postcode

A phone number we can contact them on, if you know it

The child's hospital record number. You can find this on their appointment card or letter

Which condition or disability did they see the child about?

What date did the child last have contact with them about their health condition or disabilities?

DD/MM/YYYY

If the child has any other health professionals, who are not their GP, please tell us at **question 89** 'More information'

About the child's GP

26 Child's GP's name

If you do not know the GP's name, tell us the name of the surgery or health centre

27 Surgery address in full

Postcode

28 Surgery phone number, if you know it

29 Tell us the date the child last had contact with their GP about their health condition or disabilities

DD/MM/YYYY

About the child's nursery, school and educational or specialist needs

30 Name of the school or nursery the child attends

31 Address in full

Postcode

32 Please tell us the name of someone we can contact at the school if we need more information

For example, a teacher or support worker who knows the child well

33 A phone number we can contact them on, if you know it

34 Their email address, if you know it

35 Is this a mainstream school?

No

Yes **Go to question 37**

36 Is this a specialist school?

For example, a specialist school that gives support to children with learning difficulties or disabilities

No

Yes

What type of school is it?

If the child needs help under School Action or School Action Plus, the teacher will provide a report to the local authority about the child's difficulties. If more support is agreed, the local authority will complete an assessment and provide a report or statemented plan.

37 Does the child have any of the following reports, plans or statements?

Please tick all the boxes that apply

Educational Health Care Plan (EHCP)

Individual Education Plan (IEP)

Individual Behaviour Plan (IBP)

A letter, note in lieu or a statement of Special Educational Needs from the local authority

Co-ordinated Support Plan (CSP)

I am waiting to hear about one of the above

The child does not have any of the above reports, plans or statements

If you have any of the above reports or statements, please send us a copy. It may help us to make a decision on your claim more quickly. Please **do not send originals** as we cannot return them.

More information from someone who knows the child

38 **Is there anyone else who knows the child and can tell us about their difficulties?**

As well as filling in this form, it may help us to understand the child's difficulties by providing additional information from someone who knows the child. This should tell us:

- how the child's health conditions or disabilities affect their daily living and moving around, or
- information about any support they may provide for the child.

This can be filled in by someone who supports you or who helps care for the child. For example, a health professional, a social worker, teacher or carer.

No **Go to question 39**

Yes **Please ask them to fill in their statement and then they must fill in the declaration on page 11.**

This statement is about:

Their date of birth

DD/MM/YYYY

If there is not enough space, please use the 'More information' box at **question 89**. If you need to use a separate sheet of paper, please write the child's full name and National Insurance (NI) number on each sheet of paper and sign and date each sheet that you use.

The person who knows the child and filled in the statement box on page 10 must sign to declare the information they have given us about the child is true.

Signature

Name

Please use block capitals.

Date

DD/MM/YYYY

Job or profession

Phone number

Include the dialling code.

Full address

Postcode

Relationship to child

If applicable.

When did you last see the child?

DD/MM/YYYY

39 **Sharing information about the child's health condition**

The Department for Work and Pensions (DWP) or approved healthcare professionals that work for DWP, might need more information about the child's health condition and how it affects them.

They might ask for relevant information from the child's doctor, or any other relevant professional you tell them about.

Do you give consent for the child's doctor or other relevant professionals to give DWP more information about their health condition?

Yes – information about the child's health can be shared with DWP or the healthcare professionals that work for them.

No – information about the child's health cannot be shared with DWP or the healthcare professionals that work for them.

How DWP uses this information

DWP uses this information to:

- process your claim
- make a decision on your claim, or any mandatory reconsideration or appeal you make.

The law allows DWP to get, keep and use this information.

The child's doctor (or other relevant professionals you tell DWP about) need your consent to give information to DWP. If you give your consent, this lets them know that they are legally allowed to share this information with DWP.

DWP can lawfully ask the child's doctor, hospital consultant or other relevant professionals for information about their health condition and how it affects them.

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 4600** and say you want to give or withdraw your consent.

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

I have read and understood how DWP uses information.

Signature

Date

DD/MM/YYYY

About the child's health condition or disabilities

40 Please tell us about the child's health condition or disabilities:

- a health condition or disability may be a physical, sight, hearing, speech, learning or developmental or a mental-health difficulty. If they do not have a diagnosis, still tell us about their difficulties. For example, if they have difficulty learning new things and you do not know why, put 'learning difficulty'
- when we ask 'how long' we mean when did the difficulties start. Tell us when the health condition or disabilities started affecting their day-to-day life, not the date of diagnosis
- treatment may be medications such as tablets, creams or injections and therapies like speech, occupational or play, physiotherapy or counselling
- how often they have each treatment and for how long. The label on the child's medication has the name, dose and how often to take it.

If you have a spare up-to-date prescription list send it to us with this claim form.

Health condition or disability	How long have they had it?	What treatment do they have for it?	How often do they have treatment?
Example 1 ADHD.	Problems started aged 4.	Cognitive behaviour therapy. Ritalin 30 Milligrams (mg).	One hourly session a week. One tablet a day.
Example 2 Eczema.	About 1 year.	Promethazine 5mg. 1% Hydrocortisone cream. E45 Emollient bath oil.	One before bed. 3 times a day. Daily.
Example 3 Visually impaired.	From birth.	Play therapy.	Every day.

If you need more space to tell us about their health condition or disabilities, please tell us at **question 89** 'More information'.

41 Does the child use, or have they been prescribed or had an occupational health assessment for any aids or adaptations?

Aids such as hand rails, perching stools, walking sticks or wheelchairs.

No **Go to question 42**

Yes

Tell us about:

- aids used at home, at school or anywhere else
- aids or adaptations they have been assessed for or are waiting for
- what help they need to use it. This could be supervision, prompting or assistance.

See **page 8** of **information booklet**.

Aids and adaptations	What help do they need to use the aid or adaptation	Was this aid or adaptation prescribed by a healthcare professional? For example, an occupational therapist or assessment.
Example of aid: Picture Exchange Cards	Prompting to use cards to communicate	<input type="checkbox"/> No <input type="checkbox"/> Yes
Example of adaptation: Hand rails	No help needed	<input type="checkbox"/> No <input type="checkbox"/> Yes
		No Yes
		No Yes
		No Yes
		No Yes
		No Yes
		No Yes

If you need more space to tell us about their aids or adaptation, please continue at **question 89** 'More information'.

42 When the child needs help

We understand the help a child needs can vary from day to day or week to week.

To make the right decision, we need to know if the help the child needs is the same on most days or if the help they need changes from day to day.

Does the child's needs stay the same on the majority of the days or does it change from day to day?

majority of days

changes from day to day

Tell us how their needs change from day to day.

For example:

- every 3 to 4 weeks they have a couple of good days
- they need more looking after when their health condition or disabilities get worse, 2 or 3 times a year, or
- they have treatment 3 times a week that affects their health condition or disabilities and they need more assistance or supervision the day after.

About the child's mobility needs

Mobility can only be awarded to a child from age 3. If the child is under 3, please go to **question 54**.

We need to know about any difficulties the child has with standing and moving around. This could be due to a cognitive, learning or physical health condition or disability.

We do not pay Disability Living Allowance for a child having a particular health condition or disability, but for the impact it has on them.

When making decisions on entitlement to Disability Living Allowance, we look at the child's ability to stand and then move on a reasonably flat surface.

43 Can the child physically walk?

No **Go to question 51**

Yes

44 Does the child have any difficulties with standing and moving around due to a health condition or disability?

For example:

- difficulty with how far they can walk
- how long it takes them
- their walking speed: very slow, slow, normal
- the way they walk. Such as: limp, altered gait
- refusal to walk or displaying behaviours that risks harm to themselves or others.

No **Go to question 49**

Yes

45 How far can they walk without having severe discomfort and how long does it take them?

This means the total distance they can walk before they need to stop and rest or cannot move any further because it would cause severe discomfort or distress. This may include:

- short stops and rests to catch their breath or reduce their pain, or
- cannot move any further as it will cause behavioural distress.

See **page 9** of **information booklet**.

How far can they walk?

over 200 metres (218 yards)

51 to 200 metres (56 to 218 yards)

50 metres (55 yards or less)

a few steps

How long does it take them?

more than 5 minutes

3 to 4 minutes

1 to 2 minutes

less than a minute

46 Please tell us about their walking speed

Tick the box that best describes the way they walk

Normal – they can walk at the same speed as other similar children who do not have a health condition or disability.

Slow – it would take them twice the amount of time to walk the same distance as other similar children who do not have a health condition or disability.

Very slow – they cannot keep up with other similar children who do not have a health condition or disability.

47 Please tell us about the way they walk

Tick the box that best describes the way they walk.

They walk normally

They walk with a limp

They shuffle

They drag their leg

They walk with one leg or both feet turned inwards

They walk on their toes

They have a poor balance

They have times when they are unable to walk

They refuse to walk or display distressed behaviours that affects their ability to walk

Something else

Please tell us about this

48 Does the child have any other difficulties either during or after standing and moving around that affects their health?

For example, dizziness, anxiety, breathlessness, tiredness or pain. For example, walking can cause bleeding into the ankle joints.

No **Go to question 49**

Yes

Please tell us about this

49 Do they need guidance or supervision most of the time when they walk outdoors?

See **page 10** of **information booklet**

No **Go to question 50**

Yes

Can they find their way around places they know?

No

Yes

Can they ask for and follow directions?

No

Yes

Can they walk safely next to a busy road?

No

Yes

Can they cross a road safely?

No

Yes

Can they understand common dangers outdoors?

No

Yes

Do they regularly become anxious, display distressed behaviours, show confusion and become disorientated?

No

Yes

Do they regularly display unpredictable behaviour?

No

Yes

Do they regularly need physical restraint?

No

Yes

50 Do they fall due to their health condition or disability?

No **Go to question 51**

Yes

Tell us the number of falls each month

When they fall, can they get up without help or assistance?

No

Yes

Have they had injuries from the falls needing hospital treatment?

No

Yes

51 When did the child's mobility needs start?

Normally, the child can only get the mobility part of DLA if they have needed help for more than 3 months.

Please tell us the date their mobility needs started.

If you cannot remember the exact date, tell us roughly when this was.

DD/MM/YYYY

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. Parents and carers can join the scheme on behalf of a child aged 3 and above.

52 If the child is eligible for help from Motability, would you like us to send you information about the help they can offer?

We will not share any 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 4600** to let us know.

More information about their mobility needs

53 Tell us anything else we need to know about their difficulties with standing and moving around or how their needs change from day to day.

If you need more space, please continue at **question 89** 'More information'.

About the child's care needs

If you are claiming under special rules, for a child who is nearing the end of life, please go to **question 73**.

We need to know about any difficulties the child has with their daily living care needs due to a cognitive, learning or physical health condition or disability.

When making decisions on entitlement to Disability Living Allowance, we look at the child's ability to manage their day to day care needs and activities. We do not pay Disability Living Allowance for a child having a particular health condition or disability, but for the impact it has on their everyday life.

About help needed during the day

Daytime is any time before the child's parents or carer goes to bed.

For example:

- the child wakes up at 7am and goes to bed at 8pm
- the child's parents get up at 7am and go to bed at 11pm
- daytime would be 7am till 11pm. Any help needed after 11pm would count as help during the night.

54 **Does the child need encouragement, prompting, or assistance to settle in bed during the day?**

Such as:

- waking up
- lifting their legs into or out of bed
- sitting up from lying down, or
- settling in bed ready to go to sleep.

See **page 11** of **information booklet**.

No **Go to question 55**

Yes

Tell us how often they need help each day and how long it takes each time. If they do not need help for a certain activity, please write '0'.

How often each day do they need encouragement, prompting or assistance to help them get out of bed?

How many minutes does this take each time?

How often each day do they need encouragement, prompting or assistance to help to get into bed?

How many minutes does this take each time?

How often each day do they need encouragement, prompting or assistance to help settle in bed?

How many minutes does this take each time?

If you need to tell us more information about their daily living or care needs, tell us at **question 72.**

55 Do they need encouragement, prompting or assistance to manage their toilet needs?

This means:

- being able to get on or off a standard toilet and
- emptying their bowel or bladder, including if they use a collecting device such as a bucket, bottle or catheter
- cleaning themselves after using the toilet.

See **page 12** of **information booklet**.

No **Go to question 56**

Yes Tick the boxes that apply.

They need encouragement, prompting or assistance to:

go to the toilet

manage clothes

get on and off the toilet

wipe and clean themselves

wash and dry their hands

manage a catheter, ostomy or stoma

manage nappies or pads

If you need to tell us more information about their care needs or how their needs change from day to day, tell us at **question 72**.

For example, they have pain or become distressed.

56 Do they need encouragement, prompting, or assistance to help move around indoors, use stairs or get into or out of a chair during the day?

A chair is any type of chair including a wheelchair.

This means:

- moving from one place to another
- using stairs
- getting into, sitting in, and getting out of a chair.

Indoors is in their home, a friend's home, school, college, or anywhere else inside.

See **page 13** of **information booklet**.

No **Go to question 57**

Yes Tick the boxes that apply.

They need encouragement, prompting or assistance to:

go up and down one step

go upstairs

go downstairs

move around safely

get into or out of a chair

sit in a chair

If you need to tell us more about their care needs or how their needs change from day to day, tell us at **question 72**.

For example, they bump into furniture and doors.

57 Do they need encouragement, prompting, or assistance with washing, bathing, showering and cleaning themselves during the day?

This means:

- getting in and out of a bath or shower
- washing their hair
- drying themselves
- using soap
- using a toothbrush
- checking their appearance.

See **page 14** of **information booklet**.

No **Go to question 58**

Yes

Tell us how often they need help each day and how long it takes each time. If they do not need help for a certain activity, please write '0'.

How often each day do they need prompting or assistance to wash or bathe?

How many minutes does this take each time?

How often each day do they need prompting or assistance to clean their teeth?

How many minutes does this take each time?

How often each day do they need encouragement, prompting or assistance to wash their hair?

How many minutes does this take each time?

How often each day do they need encouragement, prompting or assistance to get in or out of the bath?

How many minutes does this take each time?

How often each day do they need encouragement, prompting or assistance to get in or out of the shower?

How many minutes does this take each time?

How often each day do they need encouragement, prompting or assistance to clean themselves in the bath or shower?

How many minutes does this take each time?

How often each day do they need encouragement, prompting or assistance to dry themselves after a bath or shower?

How many minutes does this take each time?

How often each day do they need encouragement, prompting or assistance to check their appearance?

How many minutes does this take each time?

If you need to tell us more information about their daily living or care needs, tell us at **question 72**.

58 Do they need encouragement, prompting, or assistance to dress and undress during the day?

This means:

- choosing the right clothes for the weather or activity
- choosing clean clothes
- putting clothes on in the correct order
- moving their arms or legs to put clothes on or take them off.

This is any dressing or undressing except when using the toilet.

See **page 15** of **information booklet**.

No **Go to question 59**

Yes

Tell us how often they need help each day and how long it takes each time. If they do not need help for a certain activity, please write '0'.

How often each day do they need encouragement, prompting or assistance to dress?

How many minutes does this take each time?

How often each day do they need encouragement, prompting or assistance to undress?

How many minutes does this take each time?

How often each day do they need encouragement, prompting or assistance to manage zips, buttons, or other fastenings?

How many minutes does this take each time?

How often each day do they need encouragement, prompting or assistance to choose appropriate clothes?

How many minutes does this take each time?

If you need to tell us more information about their daily living or care needs, tell us at **question 72**.

59 Do they need encouragement, prompting, or assistance to eat and drink during the day?

Such as:

- remembering when to eat
- cutting food into pieces
- putting food and drink in their mouth
- chewing and swallowing food and drink.

See **page 16** of **information booklet**.

No **Go to question 60**

Yes

Tell us how often they need help each day and how long it takes each time. If they do not need help for a certain activity, please write '0'.

How often each day do they need encouragement, prompting or assistance to eat?

How many minutes does this take each time?

How often each day do they need encouragement, prompting or assistance to use a spoon?

How many minutes does this take each time?

How often each day do they need encouragement, prompting or assistance to cut up food on their plate?

How many minutes does this take each time?

How often each day do they need encouragement, prompting or assistance to drink using a cup?

How many minutes does this take each time?

How often each day do they need encouragement, prompting or assistance to be tube or pump fed?

How many minutes does this take each time?

If you need to tell us more information about their daily living or care needs, tell us at **question 72**.

60 Do they need encouragement, prompting, or assistance with managing their medication or monitoring or managing any treatments carried out at home during the day?

Such as:

- monitoring pain, blood sugar and oxygen levels
- reminding or supervision to take medication
- removing medication from the blister packs
- home treatments such as physiotherapy and home dialysis.

See **page 17** of **information booklet**.

No **Go to question 61**

Yes

Tell us how often they need help each day and how long it takes each time. If they do not need help for a certain activity, please write '0'.

How often each day do they need encouragement, prompting or assistance to take the correct medication?

How many minutes does this take each time?

How often each day do they need encouragement, prompting or assistance to know when to take their medication?

How many minutes does this take each time?

How often each day do they need encouragement, prompting or assistance to manage their therapy?

How many minutes does this take each time?

How often each day do they need encouragement, prompting or assistance to remind them of when to do their therapy?

How many minutes does this take each time?

If you need to tell us more information about their daily living or care needs, tell us at **question 72**.

61 Do they have difficulty seeing?

This includes when using their glasses or contact lenses.

See **page 17 of information booklet**.

No **Go to question 62**

Yes

Are they certified as severely sight impaired or sight impaired?

If they are certified they will have been examined at a hospital or eye clinic.

A Certificate of Vision Impairment (CVI) will have been sent to the local social services department. You will have been given a copy.

If they are certified, please send us a copy of the CVI. Please do not send originals as we cannot return them.

Certified severely sight impaired
Go to question 62

Certified sight impaired

Can they see computer keyboard keys or large print in a book?

No

Yes

Can they see a TV and follow the actions to a story?

No

Yes

Can they see the shape of furniture in a room?

No

Yes

Can they recognise someone's face across a room?

No

Yes

Can they recognise someone across a street?

No

Yes

If you need to tell us more information about their daily living or care needs, tell us at **question 72**.

62 Do they have difficulty hearing?

This means hearing sounds or someone speaking when using their hearing aid.

See **page 18 of information booklet**.

No **Go to question 63**

Yes

Have they had an audiology test in the last 6 months?

No

Yes

If you send us a copy of the report it may help us make a decision on your claim more quickly. Please do not send originals as we cannot return them.

Can they hear a whisper in a quiet room?

No

Yes

Can they hear a normal voice in a quiet room?

No

Yes

Can they hear a loud voice in a quiet room?

No

Yes

Can they hear a TV, radio or CD but only at a very loud volume?

No

Yes

Can they hear a school bell or car horn?

No

Yes

If you need to tell us more information about their daily living or care needs, tell us at **question 72**.

63 Do they have difficulty speaking?

This means the ability to say words out loud and talk clearly.

See **page 19** of **information booklet**.

No **Go to question 64**

Yes

Can they speak clearly in sentences?

No

Yes

Can they put words together to make simple sentences?

No

Yes

Can they speak single words?

No

Yes

Can they communicate using speech with someone they know?

No

Yes

Can they communicate using speech with someone they do not know?

No

Yes

If you need to tell us more information about their daily living or care needs, tell us at **question 72**.

64 Do they have difficulty and need help communicating?

This means:

- understanding what is being said to them and answering questions
- telling people how they feel
- giving and following instructions.

See **page 20** of **information booklet**.

No **Go to question 65**

Yes

Do they use any of the following to communicate?

Tick all that apply

Writing

British Sign Language (BSL)

Lip reading

Using hand movements, facial expressions and body language

Makaton

Signed Supported English (SSE)

Signed English (SE)

Finger spelling

Picture Exchange Communication System (PECS)

Tadoma

If they use another form of communication that has not been listed, please tell us.

Can they communicate with someone they know?

No

Yes

Can they communicate with someone they do not know?

No

Yes

If you need to tell us more information about their daily living or care needs, tell us at **question 72**.

65 Do they have fits, blackouts, seizures, or something similar?

This means epileptic, non-epileptic or febrile fits, faints, absences, loss of consciousness and 'hypos' (hypoglycaemic attacks).

See **page 21** of **information booklet**.

No **Go to question 66**

Yes

Tell us what type they have and what happens:

Do they have any warning before a fit, blackout or seizure?

No

Yes

Sometimes

Can they recognise a warning and tell an adult?

No

Yes

Sometimes

Can they recognise a warning and take the appropriate action?

No

Yes

Sometimes

Have they had a serious injury in the last 6 months because of a fit, blackout or seizure?

No

Yes

Are they at risk of harm to themselves or others after a fit, blackout or seizure?

No

Yes

How many days on average does this happen each month?

How many fits do they have on average on these days?

How many nights on average does this happen each month?

How many fits do they have on average on these nights?

Have they had an episode of status epilepticus in the past 12 months?

This is where there is persistent epileptic activity for more than 30 minutes, or they have several seizures without becoming conscious between each seizure.

No

Yes

If you need to tell us more information about their daily living or care needs, tell us at **question 72**.

66 Do they need to be supervised during the day to keep them safe?

This means they need someone to keep an eye on them because of how they feel or behave, or how they react to people, changing situations and things around them.

See **page 22 of information booklet**.

No **Go to question 67**

Yes

Can they recognise and react to common dangers?

No

Yes

Can they cope with planned changes to daily routine?

No

Yes

Can they cope with unplanned changes to daily routine?

No

Yes

Do they regularly feel anxious or panic?

No

Yes

Do they regularly become upset or frustrated?

No

Yes

Do they regularly harm themselves or others?

No

Yes

Do they regularly feel someone may harm them?

No

Yes

Do they regularly become verbally abusive or display distressed behaviours that can cause harm to themselves or others?

No

Yes

Do they regularly act impulsively?

No

Yes

Do they regularly become overwhelmed or distressed?

For example, they may lose their awareness of where they are or what they are doing?

No

Yes

If you need to tell us more information about their difficulties or how their needs change from day to day, tell us at **question 72**.

67 Do they need extra help with their development?

This means any extra help they need to improve their understanding of how to behave and react to people, situations and things around them.

See **page 22** of **information booklet**.

No **Go to question 68**

Yes

Do they need help to understand the world around them?

No

Yes

Do they need help to recognise their surroundings?

No

Yes

Do they need help to follow instructions?

No

Yes

Do they need help to play with others?

No

Yes

Do they need help to play on their own?

No

Yes

Do they need help to join in activities with others?

No

Yes

Do they need help to behave appropriately?

No

Yes

Do they need help to understand, react and respond to other people's behaviour?

No

Yes

If you need to tell us more information about their difficulties or how their needs change from day to day, tell us at **question 72**.

68 Do they need encouragement, prompting or assistance at school or nursery?

See **page 23** of **information booklet**.

No **Go to question 69**

Yes

Do they need encouragement, prompting or assistance to go to and use the toilet?

No

Yes

Do they need encouragement, prompting or assistance to safely move between lessons?

No

Yes

Do they need encouragement, prompting or assistance to change into different clothes for physical education and other school activities?

No

Yes

Do they need encouragement, prompting or assistance to eat meals?

No

Yes

Do they need encouragement, prompting or assistance to take medicine or manage their therapy?

No

Yes

Do they need encouragement, prompting or assistance to communicate?

No

Yes

What extra help do they need with their learning?

What is their behaviour like at school or nursery?

How do they usually get to and from school or nursery?

If you need to tell us more information about their daily living or care needs, tell us at **question 72**.

69 Do they need encouragement, prompting or assistance to take part in hobbies, interests, social or religious activities?

See **page 24** of **information booklet**.

No **Go to About help needed during the night**

Yes

Tell us:

- what they do or would do if they had help
- what help they need or would need to do this
- how often they do it or would do it if they had the help, and
- how long they need or would need help each time.

At home

Activity	Help needed	How often?	How long each time?
Example Art	Encourage to get art supplies. Motivate to keep interested. Help to wash hands afterwards	2 times a week	One hour

When they go out

Activity	Help needed	How often?	How long each time?
Example Swimming	To get changed, to get in and out of the pool, to dry themselves	Once a week	45 minutes

About help needed during the night

Night is when everyone in the house is in bed.

For example, the child goes to bed at 8pm.

The child's parents or carer goes to bed at 11pm.

Night would start at 11pm.

Any help needed before 11pm would count as help during the day.

See **page 24** of **information booklet**.

70 Due to a health condition or disability do they wake and need assistance or supervision during the night?

No **Go to question 71**

Yes

Tell us how often they need help, how long it takes each time and how many nights per week they need help. If they do not need help for a certain activity, please write '0'.

On average how many nights each week do they need encouragement, prompting or assistance to get into, get out of or turn in bed?

How many minutes does this take each time?

How many times a night do they need the help?

On average how many nights each week do they need encouragement, prompting or assistance to get to and use the toilet, manage nappies or pads?

How many minutes does this take each time?

How many times a night do they need the help?

On average how many nights each week do they need encouragement, prompting or assistance to have treatment?

How many minutes does this take each time?

How many times a night do they need the help?

On average how many nights each week do they need encouragement, prompting or assistance to settle or re-settle?

How many minutes does this take each time?

How many times a night do they need the help?

On average how many nights each week do they need supervision because they are unaware of danger or may harm themselves or others?

How many minutes does this take each time?

How many times a night do they need the help?

On average how many nights each week do they need supervision because they may wander about?

How many minutes does this take each time?

How many times a night do they need the help?

On average how many nights each week do they need supervision because they have behavioural problems?

How many minutes does this take each time?

How many times a night do they need the help?

If you need to tell us more information about their daily living or care needs, tell us at **question 72**.

Additional information about care needs

71 What date did the child's difficulties with their care needs start?

DD/MM/YYYY

If you cannot remember the exact date, tell us roughly when this started.

Normally, the child can only get the care part of Disability Living Allowance if they have needed help for more than 3 months.

More information about their daily living and care needs

72 Tell us anything else we need to know about their difficulties with their daily living and care needs or how their needs change from day to day.

If you need more space please continue at **question 89** or use a separate piece of paper. Please put the child's name, National Insurance (NI) number and date of birth on any extra pieces of paper you send us.

About you

Use this page to tell us about yourself, not the child.

73 Your surname or family name

74 All other names in full

Title

For example, Mr, Mrs, Miss, Ms

75 Your date of birth

DD/MM/YYYY

76 Your National Insurance number

77 Your address, if different to the child's

Postcode

78 If you live in Wales do you want us to communicate with you in Welsh?

No

Yes

79 Your contact details

Email address

Telephone number

If you have speech or hearing difficulties do you want us to contact you by textphone?

No

Yes

What is your textphone number?

80 What is your relationship to the child?

81 What is your nationality?

About Income Support

82 Are you getting or waiting to hear about Income Support?

No

Yes

83 Is anyone within your household getting or waiting to hear about Income Support?

No

Yes

Please tell us their name

Their National Insurance number

Their relationship to you

How we pay you

Please tell us your account details

You must read **pages 25 and 26** of the **information booklet** before you fill in the account details.

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

84 Name of the account holder

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

85 Full name of the bank or building society

86 Sort code

Tell us all 6 numbers, for example 12-34-56.

— — —

87 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.

88 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.

More information

89 Tell us anything else you think we should know about the child's day to day difficulties. If you are sending this form back after the second date on the front page, explain why here.

If you need more space continue on a separate piece of paper. Please put the child's name, National Insurance (NI) number and date of birth on any extra pieces of paper you send us.

Declaration

Please read and sign the declaration.

By submitting this claim you agree that:

- the information you have given is complete and correct and
- while you are getting Disability Living Allowance for a child you will report changes to your and the child's circumstances straight away by calling **0800 121 4600**.

If you give wrong or incomplete information, or you do not report changes straight away, you may:

- be prosecuted
- need to pay a financial penalty
- have the child's Disability Living Allowance reduced or stopped
- be paid too much Disability Living Allowance and have to pay the money back
- if we pay you less than we should, we may pay you the money that we owe you.

I understand that the Department for Work and Pensions may use the information which it has now or may get in the future to decide whether I am entitled to:

- the benefit I am claiming for the child
- any other benefit I have claimed
- any other benefit I may claim or be awarded in the future.

This is my claim for Disability Living Allowance.

Signature

Print your name here

Date

DD/MM/YYYY

Checklist

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

You have included full details for anyone else you have seen about the child at **question 25**

You have included full details of your GP at **question 26**

The person who completed **question 38** has signed the declaration on **page 11**

You have ticked the relevant box about sharing information at **question 39**, and signed the statement about how DWP uses information

The person whose details are in **About You** on **page 35** is the person who signs the consent and declaration on **page 38**

You have given us any extra information at **question 89**

If your claim is going to be late getting to us, you have told us the reason at **question 89**

What to do now

Send the claim form and your supporting documents back to us straight away in the envelope we have sent you. Make sure you add the child's name and National Insurance number on any supporting documents you send to us.

If you do not have the envelope, please send the completed form to:

Freepost DWP DLA Child

If you are waiting for some information, do not delay returning your form.

Only send copies of up-to-date supporting information you already have as we cannot return any originals.

Do not send a CD, DVD, memory stick or any type of electronic media, as we cannot access these.

Please do not include things like appointment cards or general information about the child's condition like fact sheets or information from the internet.

More information

Treating people fairly

We are committed to the Equality Act 2010 and treating people fairly. To find out more about this law, search 'Equality Act' on www.gov.uk

Call charges

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

How DWP 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

DWP social media channels

The official social media accounts in use by the Department for Work and Pensions (DWP) are:



www.youtube.com/dwp



www.facebook.com/dwp



www.x.com/dwpgovuk



www.instagram.com/dwpgovuk



www.linkedin.com/company/dwp

DWP British Sign Language (BSL) videos



www.youtube.com/dwpsign