Help using this Veterans UK PDF form

About this form

- **You must download and save this form to your computer before using it**
- You can save data typed into this PDF form if you use the latest version of **Adobe Acrobat Reader**
- To download the latest version of Adobe Acrobat Reader free of charge go to the Adobe website
- This means that you do not have to complete this form in one session
- The form will not save in older versions of Adobe Acrobat Reader
- The form will not save in other pdf readers, for example Preview or Foxit on a PC

Emailing the form

- Email the form to: Veterans-UK@mod.gov.uk

Posting the form

- If you wish to post the form, please print after completion, and sign in black pen
- Post the form using the address given

We have been made aware of issues when using Apple products such as iPhone and iPad to complete this form.

You may be unable to save or re-open it due to updates to Apple products since this form was created.

Work is being undertaken to transform our forms and systems but until this is complete, we ask that you find an alternative device, if possible, or print the form and complete it by hand.

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Ministry of Defence

War Pension Constant Attendance Allowance

You may be able to get this allowance if:

- your War Pension is 80% or higher and
- you need personal help because of the conditions you receive a War Pension for.

Personal help could mean

- help with dressing, washing, shaving, eating, using the toilet, or something like this, or
- someone to keep an eye on you.

We do not count things like shopping, preparing meals, cooking or cleaning the house.

There are 4 different rates of allowance. The more help you need, the more allowance we can pay you. You can still get this allowance even if you do not pay the person looking after you.

Please answer the questions on the reply part of this letter, sign and date the declaration and return it to us as soon as possible.

War Pension Constant Attendance Allowance is normally paid from:

- the date your war pension started if you return this form within 3 months of the date on your decision letter.
- the date you asked for the form if your war pension has been in payment longer than 3 months.

Please note: If you do not return the completed form within 3 months of the date it was sent, we can only pay you from the date we receive it.

If you need help completing this form Veterans Services (VS) can help.

Our contact details are:

Veterans UK
Norcross
Thornton-Cleveleys
FY5 3WP
England

Telephone: **Veterans (UK only) Helpline 0808 1914 2 18**
Overseas Helpline: **+44 1253 866043**

Email: **veterans-uk@mod.gov.uk**

Website: **www.gov.uk/veterans-uk**

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Your reply

If you need to provide further information for any part of this form, please use page 11.

Part 1 - About you

National Insurance number

Title and Surname

Other names

Address

Postcode

Date of birth

Daytime phone number - including Area code

Your email address

Part 2 - About your doctor

(Please give these details even if you have not visited your GP recently, as we may still need to contact them to process your claim)

Doctor's surname and initials

Doctor's surgery address

Postcode

Surgery phone number – including Area code

We are aware that many hospital clinics routinely copy the patient into letters sent to their GP. If you have any clinic reports, imaging results, for example X Ray or MRI reports, that relate to your claimed condition(s), please include them with this form. Please include reports, if available, up to the most recent appointment. We will copy them and return the originals to you.

Part 3 - About medical treatment

Please tell us about any hospital treatment you may have had for the conditions that cause you to need personal help.

Hospital 1

Name of doctor or consultant

Hospital name and address

Postcode

Hospital record number

What type of treatment did you have

In-patient ☐ Out-patient ☐

Both ☐

Start	End

Conditions treated

If your name or address was different at the time of this treatment, please tell us below

Surname or Family name

All other names in full

Address where you lived

Postcode

Part 3 - About medical treatment - continued

Please tell us about any hospital treatment you may have had for the conditions that cause you to need personal help.

Hospital 2

Name of doctor or consultant

Hospital name and address

Postcode

Hospital record number

What type of treatment did you have

In-patient ☐ Out-patient ☐

Both ☐

Start	End

Conditions treated

If your name or address was different at the time of this treatment, please tell us below

Surname or Family name

All other names in full

Address where you lived

Postcode

If you are in hospital now

When did you go into hospital?

Name and address of hospital

Postcode

Hospital phone number - including Area code

Are you having treatment or surgery? Yes No

Please tell us about this

Part 4 – Fully or partially funded by local authority care home details

Have you been in a fully/partially funded local authority care home since the date of your claim? Yes No
Please go to Part 5

Please tell us the name and address of the care home

Postcode

Care home phone number - including Area code

Contact name

Date of admission

Date of discharge

Part 5 - About your attendance needs

During the day

Please complete this section if you need help during the day. Please tell us how many hours and minutes a day you need this help.

	Hours and minutes a day (HH:MM)
Getting out of bed and getting dressed	
Moving about indoors. For example, climbing stairs	
Washing, bathing or having a shower	
Shaving	
Using the toilet, commode or bottle	
Coping with incontinence of the bladder or bowel	
Taking tablets, having injections or other treatment	
Cutting up and eating food	
Getting undressed and getting into bed	
Other – please tell us about this in the space below	

Please tell us if you need someone to watch over you during the day because:

	Hours and minutes a day
You could hurt yourself or someone else	
You get confused or do not know when there is danger	
You have fits or blackouts	
You fall or stumble in a place you know well	
Other - Please tell us about this in the space below	

How many hours and minutes do you spend out of bed each day?

During the night

Please tell us if you need help during the night to:

	Nights a week	Times a night	Hours and minutes a night
Turn over or to get into the right sleeping position			
Change sheets or nightclothes			
Get to and use the toilet			
Cope with incontinence of the bladder or bowel			
Take tablets, have injections or other treatment			

Please tell us if you need someone to watch over you during the night, because:

You could hurt yourself or someone else			
You get confused or do not know when there is danger			
Other - please tell us about this in the space over the page			

Part 6 – About other benefits

Are you getting or waiting to hear about, the care component of Disability Living Allowance/Personal Independence Payment or Adult Disability Payment? ☐ Yes ☐ No

Are you getting or waiting to hear about, Attendance Allowance? ☐ Yes ☐ No

Do you have a carer who is getting Carer's Allowance? ☐ Yes ☐ No

Name of carer

Address

Postcode

Date of birth

National Insurance number

If you want to tell us anything else about your personal needs, please use this space

How the MOD collects and uses personal information

The Ministry of Defence (MOD) is committed to protecting the privacy and security of your personal data and the MOD Privacy notice explains your rights and provides information that you are entitled to under UK data protection legislation. It is important that you read this notice, together with any other privacy notice that may be provided when we collect or process personal information about you so that you are aware of how and why we are using such information. The MOD Personal information charter contains the standards you can expect when we ask for, hold, or share your personal information and your rights under the law.

Declaration

I confirm that the information I have given is accurate and complete to the best of my knowledge and belief.

I understand that the information and personal data I have provided on this form, and any information and personal data I provide subsequently may be:

- used by the MOD in connection with my claim, or any subsequent reconsideration, review or appeal, under the AFCS or the Service Pensions Order (SPO) or any other schemes administered by Veterans UK.

- passed to any organisation contracted to provide medical services to the MOD and any qualified medical practitioner asked by the MOD to provide specialist advice.

- passed to the Department for Work and Pensions.

- used by the MOD and its agents in connection with all matters relating to this or future claims, or subsequent reconsideration, review or appeal, under the AFCS or the SPO or other schemes administered by the Veterans UK, and other claims against the MOD, and by other Government Departments, which have a legitimate interest in this information for example, for the prevention and detection of crime.

I understand that

- I must immediately tell the MOD of anything that may affect my entitlement to, or the amount of, an award under the AFCS, a war pension, a supplementary allowance or any survivors' benefits paid under the SPO, or an award paid under any other scheme administered by Veterans UK, including any changes of address.

- If I knowingly give false information, I may be liable to prosecution.

In order to process your application

- the MOD and
- any doctor advising the MOD and
- any organisation contracted to provide medical services to the MOD and any doctor providing services to that organisation

maybe required to contact

- any doctor who has provided treatment and
- any hospital or similar place and
- anyone else who has provided treatment (such as a physiotherapist)

for copies of all medical records (including those in sealed envelopes) and any other information required to consider my claim, or any subsequent reconsideration, review or appeal, under the AFCS or SPO or any other schemes administered by Veterans UK.

Declaration - continued

And that the MOD may

disclose medical records, and any information about my claim, or any subsequent reconsideration, review or appeal, under the AFCS or SPO or any other schemes administered by Veterans UK, to any organisation contracted to provide medical services to the MOD and any qualified medical practitioner or consultant asked by the MOD to provide specialist advice. I also agree that the MOD may send copies of medical information obtained for the purpose of my claim, or any subsequent reconsideration, review or appeal, under the AFCS or the SPO or any other schemes administered by Veterans UK to my General Practitioner. I understand that the information will be retained by the MOD, either as a written record, or on a secure database, and may be used in future if it is necessary to reconsider or review my claim and any award made.

I agree

- to refund any sum paid as a result of this claim in the event that an overpayment is made for any reason.

Consent for email correspondence

Veterans UK is happy to conduct correspondence with customers via a nominated email address if that is their preference. There are some types of personal information we would not be able to include in an email correspondence which are listed below.

I authorise Veterans UK of the MOD to use email whenever possible in its correspondence with me via my nominated email address shown on the front of this claim form. **I** accept that the information may include my personal details excluding bank account numbers, national insurance number, medical details and any other information that could compromise my identity.

I understand that correspondence transmitted by email may be open to abuse because it is transmitting over an unsecured network. **I** accept that the MOD will not be liable for any loss, interception or unauthorised use of information transmitted this way. **I** am content for Veterans UK to correspond with me from the email address shown at the front of this claim form.

Do you wish to correspond by email? ☐ Yes ☐ No

Remember
You must sign this form yourself if you can, even if someone else has filled it in for you. If a representative who acts as Power of Attorney or Appointee for the claimant is signing this form, they must enclose evidence to show that they are the legal representative.

Signature

Date

Print name

For completion by MOD Veterans Services (MOD VS) or Authorised Agents only

Name of Department or Organisation

Signature

Your reference number

Official address stamp

Date of receipt of claimant's first contact with the MOD VS or Authorised Agent about this claim

Date claim form issued

Date completed claim form was received back by the MOD VS or Authorised Agent