

# Your Attendance Allowance Guide



*Supporting independent living*

For more information visit:

[www.communityagentsessex.org.uk](http://www.communityagentsessex.org.uk)

To arrange a free visit call:

**08009 775858 or 01376 574341**

Alternatively you can email: [enquiries@caessex.org.uk](mailto:enquiries@caessex.org.uk)

# Contents

Overview .....	3 - 4
Terminal illness	
Getting the form	
Filling in the form .....	5 - 6
Before you start	
Answer guidance	
Step-by-step question guide .....	7
About your illnesses or disabilities and treatment or help you get. ....	8 - 10
Help with your care needs during the day.....	11- 16
Help with your care needs at night.....	17 - 18
Time spent elsewhere.....	19
Your benefits and payment.....	19
Supporting information .....	19
Declaration.....	20
Checklist and form completion .....	20
Appeals Process .....	20

## Overview

Attendance Allowance helps with extra costs if you have a disability severe enough that you need someone to help look after you. To qualify for attendance allowance you have to evidence that you need help because of your disability; it does not matter whether any help is actually being provided. Many people who live alone qualify for attendance allowance.

It's paid at 2 different rates and how much you get depends on the level of care that you need because of your disability.

The rates are:

- low rate - if you have care or supervision needs during the day OR night
- High rate if you have care or supervision needs during the day AND night.

It is not 'means tested' so you won't be asked about your income or savings. The following is the eligibility criteria:

- aged 65 or over
- you have a physical disability (including sensory disability, for example blindness), a mental disability (including learning difficulties), or both
- your disability is severe enough for you to need help caring for yourself or someone to supervise you, for your own or someone else's safety
- meet residence conditions – have been in Great Britain for at least 2 of the last 3 years
- you have needed that help for at least 6 months (unless you're terminally ill)

A successful claim may entitle you to other benefits such as extra Pension Credit or reduction in council tax. You can find out about your benefit entitlement online on websites such as <https://www.turn2us.org.uk/> or speak to your local community Agent for guidance.

The Attendance Allowance form is available in multiple formats such as braille, large print or audio CD if required, you can request this through the helpline.

### Terminal illness

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If you are terminally ill and not expected to live for more than 6 months, you can apply under special rules. This means they will aim to process your claim faster. If you are claiming under special rules you must tick the box under section 12 or 13.

There is no qualifying period for how long you've had your illness and if you're eligible, you'll automatically get the higher rate of Attendance Allowance. You will still need to complete parts of the Attendance Allowance form (the form indicates which parts) but you must also ask a doctor or other healthcare professional for form DS1500 - they'll either fill it in and give the form to you or send it directly to DWP

## Getting the form

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You can get a copy of the form on the website:

<https://www.gov.uk/government/publications/attendance-allowance-claim-form>

For more online guidance visit: <https://www.gov.uk/attendance-allowance/how-to-claim>

Or by calling the Attendance Allowance helpline.

Telephone: 0800 731 0122 / Textphone: 0800 731 0317

Monday to Friday, 8am to 6pm

## Filling in the form

### Before you start

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Gather together some documents to help you fill in the form, you will need:

- Your National Insurance number – this can be found on your National Insurance number card or letters from the Department for Work and Pensions.
- Name and address anyone who helps you due to your illnesses or disability, eg carer, support worker, friend or family member.
- The Name and address of your GP and surgery and details of when you last saw them.
- Details of any medication you take (you can attach a copy of an up-to-date prescription list to the form to save you from writing them all down)
- Details of any consultant/hospital appointments and tests you've had in the last 12 months. (You can attach copies of your consultant letters to the form for information).
- Your hospital record number (if known, this may be on your appointment card or letters)
- Name, address and dates of stay in a hospital, care home or similar place.

The form can be filled in by a friend or carer on your behalf if needed. In this case the form should still be filled in in first person for example "I have difficulty with..." as you will still be signing the form to declare the information is correct and accurate.

Where someone does not have mental capacity (for example through dementia) the form can be filled in as third person (for example "my dad has difficulty ...")

### Answer guidance

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It is a good idea to detail any issues you have with the listed difficulties in the text box and relate them to your illnesses or disabilities. Be detailed in your answers and don't worry about repeating yourself in different categories, decisions are made on the information you give so it's best to give a full story. You can continue in section 50, extra information or on separate pages if needed, just write your name and NI number at the top of the page. Remember to write, 'continued from section...' so they can link it back to the relevant question.

Be honest and realistic about your abilities, consider what it's like on a bad day as well as your good days. Think about the motions you go through to complete a task.

You may find it useful to keep a record over a 24 hour period (or more) of anything you've found difficult or needed help with and how many times during the day or night you needed that help. This is especially useful for the 'night' questions where it will ask you how many times each night you've needed assistance with certain things and for how long. You may also find it useful to note any aids or adaptations you used during this time, for example you may have used your grab rail in the bathroom to assist you or a magnifier to help you read,

maybe you have special cutlery you use to eat. Information about aids and adaptations is requested in section 25

A sample of types of examples you could use:

My arthritis makes it difficult for me to grip the taps to turn them, it also causes me pain to bend, I use a rail to get in and out of the bath and a bath board to sit on while I wash.

I have COPD and get very breathless, due to this I find getting dressed difficult I need to take a 10 minute break in between items of clothing and this can wear me out for the day.

I am unable to wash and dress due to issues with my joints and mobility due to Parkinson's disease, I have a carer come in daily to help me to wash, dress and they make me breakfast.

I have depression and do not feel motivated to get up and wash in the morning, my sister calls me to motivate me to get out of bed and get myself breakfast. The majority of the week I don't feel like getting dressed so I tend to spend the day on the couch.

## Step-by-step question guide

### 1-11. About you

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This section is for your personal information and all sections need to be filled in.

### 12. Special rules

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If the person claiming qualifies for 'special rules' due to a progressive or terminal illness this section should be completed. Ensure you read the guidance detailed in section 12 and follow the guidance on which parts of the form you need to complete.

If you are filling in the form and signing on behalf of someone under special rules ensure you tick the box in section 13.

### 13. Signing the form for someone else

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This form can be filled in for someone else if the person claiming has difficulties reading or writing but they must check they agree with what is written and sign the declaration (section 51) themselves.

You can sign for the person claiming if any of the listed conditions apply. If you have paperwork of authority they will need to see this before they can process the claim, this can either be sent via post or taken into a local job centre where they can put it on the system for you.

If you are claiming under special rules ensure to tick the claim box in this section.

If you are requesting to be appointed to act on the claimants behalf you will need to enter your personal details here.

## **About your illnesses or disabilities and treatment or help you get.**

### **14. Your illnesses and disabilities**

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Here you should list all of your illnesses and disabilities including any sensory issues or mental health problems you may have to support your claim. You will also need to record approximately how long you have had the illness or disability.

If you have any medication for these you can either list them here or include a current up-to-date prescription list to save you time.

If you are undergoing any other treatment types you will need to list those here, such as physiotherapy, counselling, chemotherapy etc.

### **15. Other medical professionals you see about your illness or disabilities**

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This section is for details about anyone other than your GP who is involved with helping you in regards to your illnesses and disabilities. This could be a consultant who sees you in the hospital or a nurse that visits you at home, a councillor or other mental health professional or physiotherapist or audiologist etc.

You should be able to find their name and contact details on the top of any letters or your appointment card from the service, this may also include your hospital record number but don't worry if you can't find this.

You should also write approximately how often you see them, for example every 6 months, or every week and when you last saw them.

You can fill in details of one professional in this section, if you have more you can either add them in section 50, Extra Information, or on a separate sheet, if you continue on a separate sheet make sure to write your name and National Insurance number on the top.

### **16. Other people who help you because of your illness or disabilities**

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This section is for the details of anyone else who may help you because of your illnesses and disabilities,

Some examples would be:

- A carer helping you on a daily basis with washing and dressing
- A friend who helps you with shopping or cleaning once a week
- A family member who lives with you and provides support



- A support worker

If you do not have anyone helping you tick 'no' and go to question 17.

## **17. About your GP**

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This section is for the name and contact details of your GP and/or surgery. It will also ask you when you last saw your GP because of your listed illness or disabilities.

## **18. Consent to contact others**

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This section is asking for consent to contact your GP or other people/organisations who are involved with you to gather supporting information for your claim. Read the text carefully before ticking one of the boxes, signing and dating the section.

## **19. Reports regarding your illness or disability**

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This section is not mandatory, but if you do have any reports or a care plan etc. from one of the professionals who help you because of your illness or disability you can send a copy with your claim as supporting information.

## **20 – 21. Medical information**

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This section is for further information about your illnesses and disabilities:

- Are you on a waiting list for Surgery
  - ▶ What date were you put on the waiting list?
  - ▶ What is the surgery for?
  - ▶ When is the surgery planned for, if known?
- Have you had any tests for your illnesses or disabilities
  - ▶ What date did you have the test and what type of test was this
  - ▶ What were the results of the test

Tests could include blood tests, ECG, sight or hearing tests, x-ray etc.

You only need to put in your most recent one, so if you have a sight test every 6 months you only need to put the date of your latest test, you can add they are recurring 6 monthly if you like.

If you run out of room you can continue on section 50, extra information, or on a separate page.

## 22 – 24. Information about your accommodation

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These sections are for further information about your housing situation to create a clearer picture of your needs and difficulties.

- What type of accommodation do you live in?
- Where is there a toilet in your home?
- Where do you sleep in your home?

## 25. Aids and adaptations

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This section is for you to describe any aids or adaptations that you use. It may help to keep a log over a short period of time or imagine your day and think about what tasks you complete and how you complete them.

Below are some examples, but there may be many items you use throughout the day or week?

Do you use a walking stick, walking frame or crutches to help you get around?

- Do you have grab rails in the bathroom to assist you?
- Do you use special equipment to help you get dressed or washed?
- Do you have anything set up to remind you to complete tasks?
- Do you have a Care-line installed?
- Do you have a stair lift or riser recliner chair?
- Do you have an adapted car, or special car seat to help you get in and out?
- Do you have equipment that another person helps you to use?

Filling the table out

- **Column 1.** Write the type of aid or adaptation in the first column
- **Column 2.** Tick the column if this aid or adaptation has been prescribed to you by a health care professional
- **Column 3.** Explain how this helps you
- **Column 4.** Do you have any difficulty using this aid or adaptation? Do you need help to use it?

## 26. When your care needs started

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This section is for the date when your care needs started, this can be an estimate. To qualify for attendance allowance it should be shown that you have needed help with care needs for a minimum of 6 months (unless you claim under the special rules – see earlier). In some instances when the form is submitted less than 6 months since the care needs began the DWP may approve the award but delay the first payment until the 6 month point is reached.

## Help with your care needs during the day

### 27. Getting in and out of bed

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- Do you find it difficult getting in or out of bed due to joint issues?
- Do you find it difficult getting in or out of bed due to sensory issues, such as eyesight problems?
- Do you get breathless or dizzy and need to rest?
- Do you use any equipment to assist you?
- Does this cause you pain or discomfort?
- Does someone need to assist you up or down?
- Do you lack motivation to get up or go to bed?
  - ▶ Is this due to your mood or because you find it difficult to do?
- Do you have a distorted sense of time due to dementia or confusion?
  - ▶ Do you need prompting to get up or go to bed?

### 28. Toileting needs

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- How do you get to the toilet?
  - ▶ Can you walk there unaided?
  - ▶ Do you have to hold onto furniture or walls?
- Do you find it difficult getting to, or using the, the toilet due to sensory issues, such as your eyesight issues?
- Do you need to go to the toilet an excessive number of times due to a medical condition?
- Do you use a commode?
- Do you need incontinence pads? Or do you have a catheter?
- Do you remember to go to the toilet?
- Do you manage to get to the toilet on time?
- Do you need equipment, eg. a toilet frame or rails, to help you get on or off the toilet?
- Do you have any issues turning the taps or flushing the toilet?
- Do you have any difficulty dressing or adjusting clothes after using the toilet?
- Are you able to wash your hands without assistance? Or without difficulty?
- Do any of these tasks take you a long time to complete?

### 29. Washing, bathing, showering or looking after your appearance?

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- Do you have difficulty looking after your appearance?
  - ▶ Do you need help, or do you find it difficult to complete your normal care routine? This could include brushing your hair, brushing your teeth, shaving, putting on make-up, cutting your finger or toe nails.
  - ▶ Do you get breathless carry out these tasks?

- ▶ Do you need equipment to carry out these tasks?
- Bathing and Showering
  - ▶ Do you have difficulty getting in or out of the bath or shower?
  - ▶ Do you need equipment to assist you with this?
  - ▶ Does anyone assist you with this?
  - ▶ Do you struggle with washing any particular parts of your body or hair?
  - ▶ Do you have trouble turning on the bath taps or the shower?
  - ▶ Do you find it difficult using the bath or shower, or getting washed due to sensory issues, such as your eyesight or hearing issues?
  - ▶ Do you find it hard to dry yourself properly?
  - ▶ Would you have more showers or baths if you had support with this task?
  - ▶ Do you need someone to just “be present” when showering in case of a fall?

### 30. Dressing and undressing

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- Do you have any difficulties getting dressed or undressed?
  - ▶ For example struggling to fasten buttons, zips or bra clasps due to arthritis, or trouble gripping items.
  - ▶ Difficulties in bending to put socks or tights on?
  - ▶ Having a certain way of dressing e.g. leaning against a bed or chair?
  - ▶ Difficulties stretching to pull a jumper or t-shirt over your head?
  - ▶ Doing this causes you breathlessness due to a condition?
  - ▶ Lack of motivation to do this due to Mental Health or pain and discomfort?
- Do you have difficulty choosing appropriate clothing? Maybe due to memory problems, confusion or sight issues.
- Do you need to change your clothes throughout the day for any reason? E.g. incontinence
- Do you have trouble putting on or removing your footwear?
  - ▶ For example unable to bend to take them off?
  - ▶ Difficulties gripping your footwear to remove them?
  - ▶ Difficulties with buckles or shoe laces?
  - ▶ Doing this causes you breathlessness due to a condition?
  - ▶ Lack of motivation to do this due to Mental Health or pain and discomfort?

### 31. Moving around indoors

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- Do you find walking around indoors difficult?
  - ▶ Do you use any equipment, such as a frame or wheeled walker?
  - ▶ Do you find it difficult getting around due to sight impairment?
  - ▶ Do you feel unsteady on your feet? Do you hold onto walls or furniture to steady yourself?
  - ▶ Do you find you shuffle your feet? Or walking causes you discomfort?
  - ▶ Do you get breathless moving around?
- Do you find it difficult going up or down stairs?

- ▶ Do you have any equipment to help you use the stairs? Such as a stair lift or rails?
  - ▶ Do you have a certain way of using the stairs e.g. on your bottom or stopping half way etc?
  - ▶ Do you get breathless using the stairs?
  - ▶ Do you have someone help you to use the stairs?
  - ▶ Do you find it difficult navigating the stairs due to sight impairment?
- Do you find it difficult getting in or out of a chair or wheelchair?
    - ▶ Do you have a riser recliner chair that assists you to get in and out more easily? Or do you use any other equipment to help you?
    - ▶ Do you get breathless getting in or out of a chair or wheelchair?
    - ▶ Do you have someone help you to get in or out of a chair or wheelchair?

### 32. Do you fall or stumble?

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- Give examples of when you have fallen or stumbled and what caused this; did you hurt yourself when you fell?
- When did you last have a fall?
- Do you struggle to raise yourself to standing following a fall?
- Have you been told you are at risk of falls?
- Do you have issues with balance or dizziness?
- Do you use any equipment to assist you?

### 33. Eating and drinking

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- Do you have difficulty eating or drinking?
  - ▶ Do you use any special equipment?
  - ▶ Do you have a special diet? Supplement drinks or a softer food diet?
  - ▶ Do you find it hard cutting up food?
  - ▶ Do you find it hard to grip cutlery or tend to drop food?
  - ▶ Do you find it hard to chew your food?
  - ▶ Do you find it hard to swallow?
  - ▶ Does your eyesight make it hard for you to eat or drink?
- Do you have difficulty concentrating or motivating yourself to eat or drink?
  - ▶ Do you remember to eat and drink regularly?
  - ▶ Do you need reminding to eat and drink?
  - ▶ Do you find you don't have an appetite?
  - ▶ Do you worry about drinking or eating due to health issues or incontinence?

### 34. Taking medication

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- Do you remember to take your medication as prescribed?
- Do you remember which medications you have, their doses and uses?

- Do you find it hard to take your medication due to medical conditions, for example joint issues, swallowing issues, weakness, shaking.
- Do you get side-effects from your medications?
- Do you find it hard to administer your own eye drops?
- Do you have a blister pack, medication dispenser or reminder to assist you to take your medication as prescribed?
- Do you have someone administer or prompt you with your medication?
- Do you need help applying medical lotions or creams?
- Do you remember your appointments for treatments or therapy? Do you need prompting for these?
- Do you need encouraging to attend your therapy or treatment appointments due to lack of motivation?

## 35. Communication

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This question asks that you answer as if using your normal aids, such as glasses or a hearing aid. So, for example, if you have a hearing impairment and that is your only communication problem, but your hearing aid assists you with all these issues you would say no, you do not need help.

- Do you have difficulty understanding people you do not know well?
  - ▶ Do you have a learning disability that affects you being able to understand people, or for them to understand you?
  - ▶ Do you have a mental health issue that affects you being able to understand people, or for them to understand you?
  - ▶ Do you have a speech impediment that affects you being able to understand people, or for them to understand you? Is this due to a stroke or other medical condition?
  - ▶ Do you have a hearing impairment that makes communication difficult even with a hearing aid?
  - ▶ Do you have sight impairment that makes communication difficult even using glasses?
  - ▶ Do you have a speech impediment that affects you being able to understand people, or for them to understand you?
- Do you have trouble concentrating or remembering things?
  - ▶ Do you have to make a lot of notes or have someone remind you about things?
  - ▶ Do you have a medical condition that makes it difficult for you to remember things, such as dementia?
  - ▶ Do you have a mental health condition that affects your ability to concentrate or remember things?
- Do you have trouble using the phone?
  - ▶ Do you have difficulty pressing the buttons on the phone?
  - ▶ Do you have difficulty seeing the buttons on the phone?
  - ▶ Do you find it hard to pick up the receiver or hold it to your ear for a length of time?

- ▶ Do you find it hard to hear people, even with a hearing aid, or for them to understand you on the phone?
- ▶ Do you use a big buttoned telephone, or any equipment to help you use the phone?
- ▶ Does it take you a lot of time to reach the phone so people have normally hung up before you reach it?
- Do you have difficulty reading letters, filling in forms, replying to mail?
  - ▶ Do you have a sensory issue, such as eyesight problems, that affects your ability to do the above?
  - ▶ Do you have a learning disability or mental health condition that affects your ability to do the above?
  - ▶ Do you lack motivation to complete the above?
  - ▶ Have you got a medical condition, such as arthritis, that makes holding a pen or gripping the forms difficult?
  - ▶ Do you need assistance to complete the above tasks? Why is this?
  - ▶ Do you need equipment to complete the above tasks?
- Can you ask for help when you need it?

### 36. Days you've needed help

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- How many days in a week do you need assistance with any of the above tasks?

### 37. Hobbies, interests, social or religious activities

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- Do you have any hobbies, interests, social or religious activities that you do **at home** and need help to do? This could include things you would like to do currently but can't due to you needing assistance and not having anyone to assist.
  - ▶ This could include jigsaws, puzzle books, reading, watching television, using a dvd and / or cd player or craft activities.
- Do you have any hobbies, interests, social or religious activities you **go out** to do and need help with?
  - ▶ This could include exercise classes, a walk in the park, local groups or clubs, going to a religious gathering, family meals etc.

### 38 and 39. Needing supervision

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- Do you have any disabilities that require someone to keep an eye on you?
- Is it unsafe for you to be left alone as you wander and get lost or put yourself in danger? Do you become forgetful or confused at times?
  - ▶ Maybe forgetting to carry out everyday activities without prompting.
  - ▶ Are you at risk of dangers such as leaving the kettle or oven on.
  - ▶ Are you at risk of hurting yourself or others

- Do you feel vulnerable? Do you feel re-assured when there are people to assist you?
- Are there times you cannot be left alone, maybe due to medical issues such as fits or feeling anxious when left alone? Do you feel re-assured when there are people to assist you?
- Do you have any mental health issues such as depression, hearing voices or negative thoughts that disrupt your thinking and leave you or others at risk?

This could be something that someone close to you does naturally and you don't think of as 'supervision', check the list and see if there are any risks that affect you that someone assists with.



## Help with your care needs at night

### 40-41. Assistance at night

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- Examples of assistance you may need at night include using equipment such as a special raised pillow or bed rails.
- Do you have difficulty getting comfortable or turning over? Does this cause you pain?
- Do you fall out of bed at night?
- Do you get good night's sleep? If not, what are the reasons for this?
  - ▶ Do you wake up due to pain or discomfort?
  - ▶ Do you wake needing assistance with toileting?
  - ▶ Do you have to wake during the night to take medications?
  - ▶ Do you ever wake during the night and need to re-arrange or change the bedclothes?
  - ▶ Do you ever give up trying to sleep and start your day at an inappropriate or unusual time?
- Do you need assistance with anything else during the night? such as getting a drink or changing position
- Do you use a commode by your bed at night? Do you need help to empty or clean this?
- How many nights in a week do you need assistance with any of these things?

### 42-43. Do you usually need someone to watch over you?(at night)

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This is for someone who needs another person to be awake to watch over them at night or be on alert to assist during the night.

- Are you aware of common dangers and risks? Do you need someone to keep an eye on you to keep you or others safe?
  - ▶ Are you at risk of falls so need monitoring when you get up to use the bathroom in the night? Do you have a pendant alarm for this?
- Can you become confused or disorientated, frightened or aggressive at night?
  - ▶ Have you ever, or are you at risk, of wandering out of the house at night and put yourself in danger?
  - ▶ Do you make random calls in the middle of the night if someone isn't there to re-assure you?
- Do you have any mental health issues such as depression, hearing voices or negative thoughts that disrupt your thinking and leave you or others at risk?
- How many days during the week do you need someone to watch over you?

### 44. Help with care needs.

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In this box you can explain how often you have 'good' and 'bad' days.

Use this to detail anything about your difficulties or help you need that you don't think has been explained elsewhere in the form or anything else you want them to be aware of.

## Time spent elsewhere

### 45-46 About time spent in hospital, a care home or a similar place

This section is for you to detail any hospital, care home, respite placement, hospice etc.

- you are in now,
- or have stayed in in the past 6 weeks.

## Your benefits and Payment

### 47. Constant Attendance Allowance

Tick the appropriate boxes

### 48. How we pay you

Provide details of the account you would like any benefits to be paid into. This is usually the account into which your pension is paid.

## Supporting Information

### 49. Statement from someone who knows you

This is not a mandatory section so if you cannot find someone to fill this in you don't need to delay your claim.

It can be useful to help give evidence to your case. It could be a friend or relative, or a professional, such as your social worker, district nurse or someone else who knows your disabilities and difficulties.

A GP could fill this in but they often do not have time to complete these forms and often are not aware of your day to day struggles at home.

### 50. Extra Information

Use this section to detail anything you feel they need to know about your claim.

## Declaration

### 51. Declaration

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- Please read the declaration and sign and date if you agree.
- If someone else has filled in this form on your behalf, you, as the person claiming attendance allowance, must still sign the form so make sure you have read it through and agree with what's written.
- The checklist will ensure you have filled in all needed information for your claim.

## Checklist and form completion

### 52. Document List

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Detail any supporting documentation you are sending with your form. A recent prescription is particularly helpful.

## Appeals Process

If your AA claim is not approved or you do not agree with the rate awarded and you can ask the DWP to review their decision, this is called 'mandatory reconsideration'. You can call or write to them explaining why you disagree with their decision and reasons and they will look over your application again. This should be done within one month from the date on the letter.

If you have missed the one month deadline you can still ask for a mandatory reconsideration but you will need to add details of why your application is late. The DWP can refuse a late application but you could still appeal at tribunal within thirteen months.

Please be aware that challenging an Attendance Allowance decision could mean you end up with less AA than you were originally awarded, or nothing at all.