

If you contact us, use this reference:



Department
for Work &
Pensions

Office stamp

www.gov.uk

Telephone:

Textphone:

Date:

Extra amount for Severe Disability Premium

You may be able to get extra money with your Income Support, Jobseeker's Allowance or Employment and Support Allowance because

- you or your partner are getting the standard or enhanced rate of the daily living component of Personal Independence Payment or Armed Forces Independence Payment
- you or your partner are getting the middle or highest rate of the care component of Disability Living Allowance, or
- your partner is getting Attendance Allowance.

We call this extra money a Severe Disability Premium. Before we can decide if you can get this, we need some more information.

We are writing to you because

- you have recently claimed benefit
- you have recently changed address
- we need to check if your circumstances have changed.

When we receive this completed form we will decide if we can pay the Severe Disability Premium.

What to do now

Please answer the questions on this form.

Some of the questions are about Carer's Allowance. Carer's Allowance is a social security benefit to help people who look after someone who gets

- Attendance Allowance, or
- Constant Attendance Allowance, or
- Personal Independence Payment, or
- Disability Living Allowance, or
- Armed Forces Independence Payment.

Send the form back to us as soon as you can. Use the envelope we have sent you. It does not need a stamp.

Where to get help and advice

For more information about your claim, get in touch with us. Our phone number and address are at the top of this letter.

Extra amount for Severe Disability Premium continued

About you

Does anyone get Carer's Allowance or Universal Credit Carers element for looking after you?

Their full name

Their address

Their daytime phone number

No

Yes Please tell us about the person who looks after you.

Postcode

Code	Number
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Has anyone claimed Carer's Allowance or claimed the Carer's Element of Universal Credit for looking after you, but has not yet been paid?

Their full name

Their address

Their daytime phone number

Their National Insurance (NI) number

No

Yes Please tell us about the person who has claimed.

Postcode

Code	Number
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<input type="text"/>							
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Are you certified blind or severely sight impaired?

No

Yes

Do you live with a partner?

We use *partner* to mean

- a person you live with who is your husband, wife or civil partner, or
- a person you live with as if you are a married couple.

No Go to **About other people who live with you.**

Yes Go to the next question **About your partner.**

Extra amount for Severe Disability Premium continued

About your partner

Does your partner get

- Attendance Allowance, or
- Constant Attendance Allowance, or
- the care component of Disability Living Allowance, or
- the daily living component of Personal Independence Payment or an
- Armed Forces Independence Payment?

No

Yes

If they get Disability Living Allowance, please tell us if the care component is at the highest, middle or lower rate.

Highest rate Middle rate Lower rate

If they get Personal Independence Payment or Armed Forces Independence Payment, please tell us if the daily living component is at the standard or enhanced rate.

Standard rate Enhanced rate

Does anyone get Carer's Allowance or Universal Credit Carers element for looking after your partner?

No

Yes

Please tell us about the person who looks after your partner.

Their full name

Their address

Postcode

Their daytime phone number

Code	Number
------	--------

Has anyone claimed Carer's Allowance or the Universal Carers element for looking after your partner, but has not yet been paid?

No

Yes

Please tell us their full name.

Is your partner certified blind or severely sight impaired?

No

Yes

Extra amount for Severe Disability Premium continued

About other people who live with you

Does anyone live with you?

Do not include anyone who

- only shares a bathroom, toilet, hall or stairway with you
- lives with you in a care home or nursing home.

No Go to **About where you live.**

Yes Please tell us about them below and on the next page.

If more than 3 people live with you, use a separate sheet of paper to answer these questions.

	Person 1	Person 2	Person 3
Their surname	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to you For example, son, aunt, tenant, landlord, lodger, none.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do they get Attendance Allowance or Constant Attendance Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do they get the care component of Disability Living Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If Yes , what rate of care component is paid?	Highest rate <input type="checkbox"/> Middle rate <input type="checkbox"/> Lower rate <input type="checkbox"/>	Highest rate <input type="checkbox"/> Middle rate <input type="checkbox"/> Lower rate <input type="checkbox"/>	Highest rate <input type="checkbox"/> Middle rate <input type="checkbox"/> Lower rate <input type="checkbox"/>
Do they get the daily living component of Personal Independence Payment or Armed Forces Independence Payment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If Yes , what rate of the daily living component is paid?	Standard <input type="checkbox"/> Enhanced <input type="checkbox"/>	Standard <input type="checkbox"/> Enhanced <input type="checkbox"/>	Standard <input type="checkbox"/> Enhanced <input type="checkbox"/>
Their age	<input type="text"/>	<input type="text"/>	<input type="text"/>
If they are under 18, tell us their date of birth.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Extra amount for Severe Disability Premium continued

About other people who live with you continued

	Person 1	Person 2	Person 3
<p>Do they receive Child Benefit for anyone aged 16 to 19 who live with you?</p> <p>If No, are they:</p> <ul style="list-style-type: none"> ● a parent ● orphaned, estranged or living away from their parents ● your foster child ● a refugee learning English or has limited leave to remain in the country ● a disabled student. 	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>If Yes, Please tell us which applies</p> <input type="text"/>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>If Yes, Please tell us which applies</p> <input type="text"/>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>If Yes, Please tell us which applies</p> <input type="text"/>
<p>Are they certified blind or severely sight impaired?</p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p>
<p>Do they pay you or your partner any money for rent?</p> <p>If Yes, how much?</p> <p>How often?</p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>£ <input type="text"/></p> <p>Every <input type="text"/></p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>£ <input type="text"/></p> <p>Every <input type="text"/></p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>£ <input type="text"/></p> <p>Every <input type="text"/></p>
<p>Do they pay you or your partner any money for food?</p> <p>If Yes, how much?</p> <p>How often?</p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>£ <input type="text"/></p> <p>Every <input type="text"/></p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>£ <input type="text"/></p> <p>Every <input type="text"/></p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>£ <input type="text"/></p> <p>Every <input type="text"/></p>
<p>Do you or your partner pay them any money for rent?</p> <p>If Yes, how much?</p> <p>How often?</p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>£ <input type="text"/></p> <p>Every <input type="text"/></p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>£ <input type="text"/></p> <p>Every <input type="text"/></p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>£ <input type="text"/></p> <p>Every <input type="text"/></p>

Extra amount for Severe Disability Premium continued

About other people who live with you continued

Did a charity or any other organisation arrange for them to live with you?

If the council arranged it, tick **No**.

If **Yes**, do you pay for this service?

	Person 1	Person 2	Person 3
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

About where you live

Do you share the rent or jointly own the property with other people? Include any close relatives.

If you need to tell us about more than two people, please use a separate sheet of paper.

Are they related to you?

When did you start to pay the rent or mortgage together?

Was this the date you first started to live in the property?

No Go to the **Declaration**.
Yes Please tell us their full name.

No
Yes

No
Yes

Declaration

I declare that the information I have given on this form is correct and complete as far as I know and believe.

I understand that if I knowingly give false information, my benefit may be stopped and I may be liable to prosecution or other action.

I understand that I must promptly tell the office that pays my benefit of anything that may affect my entitlement to, or the amount of, that benefit.

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
- any other benefit I have claimed
- any other benefit I may claim or be awarded in the future

Your signature

Date