



Carer's Allowance

Claim form

- Use this form to claim Carer's Allowance.
- Please read the Notes that came with the claim pack before you fill in the form.
- The form must be filled in by you, the carer, not the person you look after.
- Please fill in this form with BLACK INK and in CAPITALS.
- Please answer all of the questions and send us all the documents we ask for.
- Contact us if you cannot fill in this form or send us the documents we ask for. Any benefit you may be entitled to may be delayed.



This form is available in **large print** or **braille**. Please ring **0345 608 4321**.

If you have speech or hearing difficulties, you can contact us by textphone on **0345 604 5312**.

Our **textphone** service does not receive messages from mobile phones.

Calls to 0345 numbers cost no more than a standard geographic call, and count towards any free or inclusive minutes in your landline or mobile phone contract.

About you – the carer

Please answer the questions on this form in BLOCK CAPITALS.

Title, for example
Mr, Mrs, Miss, Ms.

Surname or family name

All other names in full

All other surnames or family
names you have used or have
been known by

National Insurance (NI)
number

Letters		Numbers						Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

You can get this from your NI number card, letters about benefits, payslips or form P60. If you do not tell us your NI number, this could delay any benefit you may be entitled to.

Statement on behalf of the person you look after

The person you look after needs to know if you are claiming Carer's Allowance as this may affect some of their benefits.

There are 3 statements in this section. One of them must be signed. The questions will help you decide who needs to sign.

Can the person you look after sign a statement?

No

☐

If the person you look after is unable to sign **Statement 1** because of a health condition, a disability, or because they are under 16, someone who acts for them can sign on their behalf. Please go to **Statement 2** on **page 10**.

Yes

☐

Please ask them to read the notes below, then to sign **Statement 1** below. Then go to **page 12**.

Notes for the person being looked after

If you get a severe disability premium with your income-based Jobseeker's Allowance, Income Support, income-related Employment and Support Allowance or Housing Benefit, you may no longer get that premium if we pay Carer's Allowance to your carer.

If your Pension Credit includes an extra amount for severe disability, you may no longer get that extra amount if we pay Carer's Allowance to your carer.

For more information about this, contact the office that deals with your benefit or entitlement.

This could also affect any reduction in Council Tax you may be entitled to. To find out more about it, please contact the Local Authority.

If we pay Carer's Allowance to your carer, your Personal Independence Payment, Disability Living Allowance, Attendance Allowance, Constant Attendance Allowance or Armed Forces Independence Payment will not be affected.

Statement 1

I understand that the carer named on **page 1** is making a claim for Carer's Allowance and that this may affect some of my benefits.

I understand that you will look at details of my claim for Personal Independence Payment, Disability Living Allowance, Attendance Allowance, Constant Attendance Allowance or Armed Forces Independence Payment as part of their claim for Carer's Allowance.

Please tick one of the following boxes.

I can confirm that the carer named on **page 1** looks after me for at least 35 hours a week.

☐

I cannot confirm that the carer named on **page 1** looks after me for at least 35 hours a week.

☐

If you have ticked this box, please tell us why on **page 10**.

Signature

Date

Statement 1 continues on **page 10**.