l Office stamp	
L	-
Our direct di	ial number is
Code	Number
Textphone us	sers with speech or hearing difficulties call
Code	Number
If you get in	touch with us, tell us this reference number
Date	
	1 1

Review of appointment to act for Disability Living Allowance

As you know, you receive and administer the Disability Living Allowance for the child named below.

We are writing to review your role. We want to ensure the appointeeship is working well and that there are no issues we need to address.

■ About the child you are acting for

Surname	
Other names - in full	
National Insurance (NI) number	
Full address if different from above	
	Postcode

What to do now

- Please read the reminder of your responsibilities as an appointed person on the next page.
- Please then fill in Your reply and send it back to us within 2 weeks of the date on the front of this letter. Use the envelope we have sent you. It does not need a stamp.
- You do not need to do anything else. If we have any other questions, we will contact you.

A reminder of your responsibilities as an appointed person

You must always act in the best interests of the child. This means you must

- manage and spend any money from Disability Living Allowance in a way that best serves their interests
- tell the Department for Work and Pensions about any changes in their circumstances that could affect their entitlement to Disability Living Allowance. You can find a list of changes you must tell us about in the first letter we sent awarding the payment of Disability Living Allowance. We also send this list out every year with the letter telling you about the latest rates of Disability Living Allowance
- tell the Department for Work and Pensions if the child stops living with you
- not take a fee or any payment from their benefit for acting as an appointee
- tell us about any changes in your own circumstances which may affect your ability to act as an appointed person.

We will review your status as an appointed person if we think that you are not acting in the best interests of the person named above.

Your reply

Part 1 - About the child	l you are acting	for				
Surname						
Other names – in full						
National Insurance (NI) number						
Part 2 – Other informat	ion					
If you do not understand your res or would like to give us some info						
Phone number where we can	Code	Number				
contact you about the	couc	Number				
information above.						
Part 3 – Declaration						
I declare that the information I h ar as I know and believe.	ave given on this form	is correct and complete as				
I confirm that I have read and ur	•					
I declare that I am satisfied that						
person and will continue to do so	Tor us torig us I um um	app announ parasan				
	Tor as long as I am an	Date				
person and will continue to do so			1			