

Personal Independence Payment

Award Review

How your disability affects you

QR code
required
include DRS
ref 10274



Logo required for
GB, Welsh and
NISSA versions

Full name

Pre populated with clientTitleFirstnameSurname

National Insurance number

Pre populated with claimant NINO

We know people’s lives can change making it easier or harder for people with a health condition or disability to do everyday things, so Personal Independence Payment (PIP) is awarded for a set time. This means we need to check to see if anything has changed.

For example, your needs may have changed, you may have had your home adapted, your medication or treatment may have changed or you may have worked out different ways to do things.

We need to ask about any changes in how your health condition or disability affects you since we last looked at your PIP claim **New BR (when date sent)** [on (latest issue date of the following notification letters 7001, 7002, 7003, 7006, 7015)].

This form is the easy way to tell us about any changes and help us get your PIP award right.

Please read this form, answer all the questions, and send it back to us.

Your PIP may stop if we don’t get your form back or you don’t contact us by <ContactUsDate>.

Please apply 9% shade and border

What to do next

(keep this heading with the table below)

Step 1	Read and sign the Declaration .
Step 2	Answer all the questions on this form.
Step 3	Return this form and copies of any supporting information in the envelope provided. Make sure the address shows through the window.

(Start from new page)

Step 1 Read the statement of consent and sign the Declaration

Please apply 9% shade and border

Giving us your consent to obtain further information

We're looking again at your PIP award. We may want to contact your GP, other people or organisations for information about your health condition or disability and how it affects you.

You don't have to agree to us contacting these people or organisations but if you don't, we may not have all the information we need when we make a decision about your PIP.

Do you agree that:

- we, or someone working on our behalf, may ask your GP, or other people or organisations, for this information and
- your GP, or other people or organisations, can give us, or someone working on our behalf, this information?

(Include yes and no boxes as per PIP2(UI))

You can withdraw your consent at any time by calling us on B243[0345 850 3322] B51[0300 123 9221].

Declaration

(keep heading above with the declaration text below and signature box)

GB DECLARATION

I agree that the information I give on this form is complete and correct.

I understand if I give wrong or incomplete information, my benefit may be stopped and I may be prosecuted or may have to pay a penalty.

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

NISSA 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 Personal Independence Payment of anything that may affect my entitlement to, or the amount of, that benefit.

I understand that the Department for Social Development 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.

Signature and date text and boxes as per PIP2

Print your name here text and box as per PIP2

Step 2

Please tell us what has changed for you

Please apply 9% shade and border

Changes to how your disability affects you
Helping us check we’ve got your PIP award right
Your PIP may stop if we don’t get your form back or you don’t contact us by <ContactUsDate>.

Think back to when your current PIP award began.

Please answer **all** the questions.

Has it got easier or harder to do the things you need to do every day in your life? Or have things stayed the same? Tick the box that applies to you.

If you answer **easier** or **harder** to a question, please give us more details. Tell us:

- what has happened
- when it happened
- how things are easier or harder for you

If you answer **no change** you can move on to the next question. You don’t need to give us more information.

If you need more space use a separate sheet of paper. Remember to write your name and National Insurance number on each sheet and tell us which questions your comments refer to.

1. Preparing food	Easier Place tick box	Harder Place tick box	No change Place tick box
What has happened?	From: To:		
How has this made things easier or harder in your life?			
Tell us if your needs change from day to day or throughout the day.			

2. Eating and drinking	Easier Place tick box	Harder Place tick box	No change Place tick box
What has happened?	From:	To:	
How has this made things easier or harder in your life? Tell us if your needs change from day to day or throughout the day			

3. Managing treatments or monitoring your health condition	Easier Place tick box	Harder Place tick box	No change Place tick box
What has happened?	From:	To:	
How has this made things easier or harder in your life? Tell us if your needs change from day to day or throughout the day			

3a. About your treatments, therapy or operations

Tell us about any private or NHS funded treatments or therapy you've had, you're currently having or that are planned for the future, for example:

name of treatment, therapy or operation

when you had or are having the treatment, therapy or operation

how often you have the treatment or therapy

3b. About your medication

Tell us about your current medication, including:

medication name

how often you take it and how much you take

any side effects from the medication

when you started taking the medication

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4. Washing and bathing	Easier Place tick box	Harder Place tick box	No change Place tick box
What has happened?	From: To:		
How has this made things easier or harder in your life? Tell us if your needs change from day to day or throughout the day			

5. Managing toilet needs or incontinence	Easier Place tick box	Harder Place tick box	No change Place tick box
What has happened?	From: To:		
How has this made things easier or harder in your life? Tell us if your needs change from day to day or throughout the day			

6. Dressing and undressing	Easier Place tick box	Harder Place tick box	No change Place tick box
What has happened?	From:	To:	
How has this made things easier or harder in your life? Tell us if your needs change from day to day or throughout the day			

7. Speaking to people, hearing and understanding what they say and being understood by others	Easier Place tick box	Harder Place tick box	No change Place tick box
What has happened?	From:	To:	
How has this made things easier or harder in your life? Tell us if your needs change from day to day or throughout the day			

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8. Reading and understanding signs, symbols and written words	Easier Place tick box	Harder Place tick box	No change Place tick box
What has happened?	From:	To:	
How has this made things easier or harder in your life? Tell us if your needs change from day to day or throughout the day			

9. Mixing with other people	Easier Place tick box	Harder Place tick box	No change Place tick box
What has happened?	From:	To:	
How has this made things easier or harder in your life? Tell us if your needs change from day to day or throughout the day			

10. Making decisions about money	Easier Place tick box	Harder Place tick box	No change Place tick box
What has happened?	From: To:		
How has this made things easier or harder in your life? Tell us if your needs change from day to day or throughout the day			

11. Planning and following a journey	Easier Place tick box	Harder Place tick box	No change Place tick box
What has happened?	From: To:		
How has this made things easier or harder in your life? Tell us if your needs change from day to day or throughout the day			

12. Moving around	Easier Place tick box	Harder Place tick box	No change Place tick box
What has happened?	From:	To:	
How has this made things easier or harder in your life?			
Tell us if your needs change from day to day or throughout the day			

12a. Tell us how far you can walk, taking into account any aids you use

To give you an idea of distance, 50 metres is approximately 5 buses parked end to end.

Please tick which box best describes how far you can walk.

(Include tick boxes for the 5 options as per question 14a on PIP2)

13. Is there anything else you think we should know about your health condition or disability? For example you may be waiting for adaptations to your home.

Step 3

Supporting information

Please apply 9% shade and border

If you have information that will help us understand how your disability affects your daily activities (daily living or mobility), please send a copy (not originals) to us when you return this form. We will not be able to send these back to you.

Sending us copies of any supporting information you have, may mean you don't need to attend a face-to-face consultation with a health professional.

(Place a tick symbol next to the following heading)

Information we want to see:

- prescription lists
- care plans
- reports or information from people like your doctors, nurses, social workers or counsellors

(Place a cross symbol next to the following heading)

Information we don't want to see:

- appointment letters
- information you've sent us before
- **B243**[anything more than 2 years old]

GB WORDING

How the Department for Work and Pensions collects and uses information

When we collect information about you we may use it for any of our purposes. These include dealing with:

- social security benefits and allowances
- child support
- employment and training
- financial planning for retirement
- occupational and personal pension schemes

We may get information about you from others for any of our purposes if the law allows us to do so. We may also share information with certain other organisations if the law allows us to. To find out more about how we use information, visit our website www.gov.uk/dwp/personal-information-charter or contact any of our offices.

NISSA WORDING

How we collect and use information about you

We, the Department for Social Development (DSD), collect information to deal with Social Security, Child Support, employment and training, housing and community development and urban regeneration (redeveloping towns, cities and villages). The information we collect about you depends on the type of your business with us, but we may use the information for any of these purposes.

We may check information about you with other information we may have. We may get information about you from other people and certain other organisations. We may give information to certain other organisations, as allowed by the law, to:

- check that the information is accurate
- prevent or detect crime
- protect public funds in other ways, and

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- use in research or statistics

These other organisations include other government departments, authorities who deal with Housing Benefit and private-sector bodies (such as banks) that may lend you money. We will not give information about you to anyone outside our department unless the law allows us to.

The Department for Social Development is the Data Controller for the purposes of the Data Protection Act. If you want to know more about what information we have about you, or the way we use your information, please contact us. You can contact any of our offices and ask them to provide a copy of the DSD Information Charter. Or you can find a copy of the Information Charter on our website at **www.dsdni.gov.uk/publications**

(keep heading with bullets below)

What happens next

- We will look at your form and any information you've sent us to check your PIP award
- We will write to you when we've made our decision
- We may call you if we've any questions or need more information. Our number may show on your phone as a withheld number
- We will write to you if we need you to attend a face-to-face consultation with a health professional
- You don't need to contact us unless you've other changes you need to tell us about

(keep the para below on the same page as the phone number box)

Please tell us your telephone or mobile number so we can call you if we need to.

My phone number is:

(Include the phone box options from PIP.1007 [PIP1])