



Department  
for Work &  
Pensions

If you get in touch with us tell us this reference  
number **XXXXXX**

Our address

A A U  
Disability Living Allowance DLA65+  
Mail Handling Site A  
Wolverhampton  
WV982AH

Mr **Leslie Palmer**  
Address **13 Stone Park**  
**Brandon**  
**Bradford**  
**BD12 8PL**

Our phone number **0800 731 0122**

If you have a  
textphone **0800 731 0317**

Website: [www.gov.uk](http://www.gov.uk)

Date

Dear **Mr Palmer**

### **We need some more information**

Thank you for asking us to look at your Disability Living Allowance again.

You asked us to look at your claim again on **xxxxxx**.

### **What we have sent with this letter**

With this letter we have sent you a DLA434(Adult) or a DLA434(Child). This is a form called **'Disability Living Allowance looking again at a claim for a person aged 16 or over/child under 16'**. This form will tell us more about the help you need now.

We have sent you this form because you have told us that there has been a change in the help you need.

### **What we want you to do**

Please fill in the form and send it back to us by **XXXX**. You can use the envelope we have sent you. It does not need a stamp.

Please also fill in the part of this letter called **'Your reply'** and sign and date the declaration at the bottom of page 5.

Please send this letter back to us with form DLA434(Adult) or DLA434(Child).

If you want to send us any more evidence about your disability, please send it to us with this letter and form.

### **About your entitlement**

At the moment you are entitled to the AWARD Details of Disability Living Allowance for help with getting around from DATE and you are not entitled to Disability Living Allowance for help with personal care.

### **About looking again at the decision made on your claim**

If anything about your disability changes at all, please tell us about it straight away. Some changes can make a difference to how much money you can get and how long you can get it for.

When we look again at the decision made on your claim, we may look at the whole of the decision and not just the part you have asked us to look at.

### **What happens next**

When the completed form is returned, we will look again at your entitlement to benefit. We will send you the decision as soon as possible.

If you do not return the claim pack we will take no further action.

### **Help and advice**

Disability Living Allowance Helpline is set up to answer customer enquiries.

Please get in touch with them if you:

- want to ask about anything in this letter, or
- want to know more about Disability Living Allowance

If English is not your first language and you want to talk to the Disability Living Allowance Helpline in another language, or you require communication support, please let them know. They will arrange to talk to you through an interpreter or a sign language interpreter.

The phone number and address are at the top of the front page of this letter.

To make sure you receive a good standard of service from the Disability Living Allowance Helpline, our Managers may monitor or record telephone calls without warning.

If you need to get in touch please tell them:

- the reference number at the top of the front page of this letter,
- the number of this letter. This is **DBD420**.

If you want to know more about other social security benefits you can:

- get in touch with your local Jobcentre Plus or Pension Centre or
- get in touch with an advice centre like a Citizens Advice Bureau.

You will find their phone number and address in the telephone book.

We would welcome any comments, good or bad, about our standard of service. Please write to the Customer Service Manager at the address at the top of the front page of this letter.

Yours sincerely

AO

■ **Your reply**

Please tick the box that applies to you and give us the information that we need.

**What do you want us to look at again?**

☐

The part of the allowance for help with getting around.

Please fill in form DLA434(Adult) or DLA434(Child).

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The part of the allowance for help with personal care.

Please fill in form DLA434(Adult) or DLA434(Child).

☐

Something else. Please tell us what you want us to look at.

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Please tell us in the space below why you want us to look at your claim again.

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**Customer Name: -**  
**NINO: -**  
**Benefit: - Disability Living Allowance**  
**Section: - A A U**

If you are asking us to look at your claim from an earlier date than  
DATE, please tell us why you did not contact us sooner.

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■ **Declaration**

- **I declare**  
that the information I have given on this letter is correct and  
complete.

**Sig nat ure**

*[Signature]*

**Date**

*[Date]*