



Department  
for Work &  
Pensions

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

# We need some more information for Disability Living Allowance

This publication is available in Welsh.

## About the child

1 Surname or family name

Any other surnames  
the child has had

All other names in full

2 Child reference number

You can find this on letters we  
have sent you.

3 Date of birth

(day/month/year)

4 Full address where the child lives

Postcode									

## About you

5 Daytime phone number

Please include the dialling code.

Mobile phone number,  
if different

If you have speech or hearing difficulties and want us to contact you by  
textphone, please tick this box.

☐

Textphone number

## Special rules

### 6 Are you claiming for the child under the special rules?

The special rules apply to children who have a progressive disease and are not expected to live longer than another 6 months.

**Yes** ☐ Please continue below.      **No** ☐ Go to question 7.

Make sure you:

- complete all the questions on the form that apply to you, or the child you are claiming for, **apart from questions 26 to 43**
- answer **questions 16 to 25** if there has been a **change** in the child's walking difficulties.

To deal with the claim as quickly as possible it is important you send a DS1500 report about the child's medical condition with the claim. You can get the report from the child's doctor or specialist. You won't have to pay for it and the child doesn't have to see the doctor. The doctor's receptionist, a nurse or a social worker can arrange it for you.

If you have not got a DS1500 report by the time you have filled in the claim form, send the form straight away. If you wait the child could lose money. Send the DS1500 report as soon as you can.

#### **Getting DLA under the special rules means:**

- the child gets the care part of DLA at the highest rate
- they get paid straight away unless they are in a hospital, residential care home, boarding school or similar place
- we deal with the claim more quickly.

**You must still tell us about any changes that may affect how much money the child gets.**

We ask about people involved in the child's care and may contact them before we make a decision.

They don't decide if the child can get DLA.

**7 In the last 12 months, has the child seen anyone apart from their GP about their illnesses or disabilities?**

For example, a hospital doctor, consultant, nurse, occupational therapist, physiotherapist, educational psychologist, social worker or support worker.

**Yes** ☐ Tell us below who they have seen.

**No** ☐ Go to question 8.

**If they see or have recently seen more than one professional, tell us the other professionals' details at question 44 Extra information.**

**Name**

For example, Mr, Mrs, Miss, Ms, Dr.

**Profession or specialist area**

**Full address**

For example, health centre, hospital, office or their place of work.

Postcode									

**Phone number**

Include the dialling code.

**The child's hospital record number**

You can find this on their appointment card or letter.

**Which illness or disability do they see the child about?**

**When did they last see the child about their illness or disability?**

8

**When did the child last see their GP about their illness or disability?**

/ /

**Has the child's GP changed since the last claim?**

Yes

☐

Please continue below.

No

☐

Go to question 9.

**Name of the child's GP**

If you don't know the GP's name, tell us the name of the surgery or health centre.

**Full address**

Postcode									

**Phone number**

Include the dialling code.

9

**Has the child had or are they waiting for tests to help diagnose, treat or monitor their illnesses or disabilities?**

For example, audiogram, MRI scan, cognitive development or IQ test, or something else.

Yes

☐

Tell us about it in the table below.

No

☐

Go to question 10.

Date and type of test	What did the test show?
<b>Example</b> June 2013 Eyesight test	They needed to see a hospital doctor

10

**Do you have any reports, letters or assessments to support the changes you have told us about?**

These may be from the people who treat or help them with their illnesses or disabilities. For example, doctors, health visitors or occupational therapists.

Yes

☐

Please continue below.

No

☐

Go to question 11.

**Tell us what reports you have.** For example, educational psychologist's report or Certificate of Vision Impairment (CVI).

**Send us a copy, if you can, as it may help us deal with your claim.**

Please send us the most up-to-date copies of your reports. Try not to send original copies as they cannot be returned.

**11** Has the child's school or nursery changed since the last claim?

**Yes** ☐ Please continue below.

**No** ☐ Go to question 12.

**Name of the school or nursery**

**Full address**

Postcode									

**Phone number**

Include the dialling code.

**Person we can contact**

For example, a teacher

**12** Does the child have, or are they waiting to hear about, an Individual Education Plan (IEP), Individual Behaviour Plan (IBP) or statement of Special Educational Needs (statement)? In Scotland the statement is called a Co-ordinated Support Plan (CSP).

If help is needed under School Action or School Action Plus, a teacher prepares the IEP or IBP stating the help needed. If more help is needed, the local authority may complete an assessment and issue a letter, Note in Lieu or statement.

**Yes** ☐ Please tick the boxes that apply.

**No** ☐ Go to question 13.

**Send us a copy, if you can, as it may help us deal with the child's claim.  
Tell us if you want us to return it to you.**

☐ They have an IEP or IBP.

☐ They have a statement, Note in Lieu, letter or CSP.

☐ I am waiting to hear.

## 13 Consent

We may want to contact the child's GP, or the people or organisations involved with the child, for information about the child's claim. This may include medical information. You do not have to agree to us contacting these people or organisations, but if you don't agree, we may be unable to make sure the child is entitled to the benefit you are claiming on their behalf.

We, or any health care professional working for an organisation approved by the Secretary of State, may ask any person or organisation to give them or us any information, including medical information, which we need to deal with:

- this claim for benefit, or
- any appeal or other request to reconsider a decision about this claim.

Please tick one of the consent options then sign and date below.

I agree to you contacting the people or organisations described in the statement above.

Yes

☐

No

☐

**Signature**

**Date**

**Please make sure you also sign and date the declaration at question 50.**

## About the child's illnesses or disabilities

14

List the child's illnesses or disabilities in the table below.

- **Illness or disability** may be a physical, sight, hearing, speech, learning or developmental difficulty, or a mental-health problem. If they don't have a **diagnosis**, tell us their difficulty. For example, if they have problems learning new things and you don't know why, put 'Learning problem'.
- **How long** may be from birth or the date the problem started. It is **not** the date of diagnosis.
- **Treatment** may be medicines such as tablets, creams or injections and things like speech, occupational or play therapy, physiotherapy or counselling.
- **How often** they have each treatment and for how long. The label on the child's medicine has the name, dose and how often to take it.

If you have a spare **up-to-date prescription list** send it to us with this form.

Illness or disability	How long have they had it?	What treatment do they have for it?	How often do they have treatment?
<b>Examples</b> ADHD	Problems started aged 4	Cognitive behaviour therapy Ritalin 30 milligrams (mg)	One hourly session a week One a day
Eczema	About one year	Promethazine 5 mg 1% Hydrocortisone cream E45 Emollient bath oil	One before bed 3 times a day Daily
Visually impaired	From birth	Play therapy	Every day

If you need more space to tell us about their illnesses or disabilities, please continue at question 44 **Extra information**.

## When the child needs help

We understand the help a child needs can vary from day to day or week to week.

To make the right decision, we need to know if the help the child needs is the same most of the time or varies.

**Tick the box below that applies to them.**

**The help they need:**

is the same most of the time

☐

varies

☐

**Tell us in the box below how their needs vary.**

For example:

- every 3 to 4 weeks they have a couple of good days
- they need more looking after when their condition gets worse, 2 to 3 times a year, or
- they have treatment 3 times a week and need more looking after the day after.

## What help the child needs

We ask about the child's illnesses or disabilities, the treatment they have, the difficulties they have with walking outdoors and the extra looking after they need.

Tell us about the help they need most of the time. You can use the box at the end of each question to tell us:

- about your tick box answers
- how their needs vary
- about aids or adaptations
- anything else you think we should know about the help they need.

When you see



use the **information booklet** to help you understand and answer the questions.

**The following questions ask about 'they'. This means the child you are claiming DLA for.**



## 16 Mobility

**Has the help the child needs to physically walk changed?**

This is for children **aged 3 and over**.

This means problems with how far they can walk, how long it takes, their walking speed, the way they walk, or the effort of walking and how this may affect their health.



Use page 2 of the **information booklet**.

**Yes**

☐

Please continue below.

**No**

☐

Go to question 23.

## 17 Can they physically walk?

Tick **No** if they cannot walk at all.

**Yes**

☐

Please continue below.

**No**

☐

Go to question 26.

## 18 Please tick the boxes that best describe how far they can walk without severe discomfort and how long it takes them.

This means the total distance they can walk before they stop and can't go on because of severe discomfort. This may include short stops to catch their breath or ease pain.

**We understand this can be difficult to work out.**

It may help to do the following when you are out walking with the child:

- Count the steps you take to see how far they have walked. If they walk 100 of your steps they have walked about 90 metres (100 yards).
- Check the time when you start and stop to see how long it takes.



Use page 2 of the **information booklet**.

**They can walk:**

over 200 metres (218 yards)

☐

51 to 200 metres (56 to 218 yards)

☐

50 metres (55 yards) or less

☐

a few steps

☐

**It takes them:**

more than 5 minutes

☐

3 to 4 minutes

☐

1 to 2 minutes

☐

less than a minute

☐

**19** Please tick the box that best describes their walking speed.

**Normal** This means they can easily keep up with friends.

☐

**Slow** This means they can only keep up with friends with a lot of effort.

☐

**Very slow** This means they can't keep up with friends.

☐

**20** Please tick the box that best describes the way they walk.

**They:**

walk normally

☐

walk with a limp

☐

shuffle

☐

drag their leg

☐

walk with one or both feet turned inwards

☐

walk on their toes

☐

have poor balance

☐

If they have other difficulties with the way they walk, tell us below what they are.

**21** Does the effort of walking seriously affect their health?

For example, walking can cause bleeding into the knee and ankle joints.

**Yes** ☐ Tell us below how their health is affected.

**No** ☐ Go to question 22.

**22** If you want to tell us why you have ticked the boxes, how their needs vary, the aids they use or anything else you think we should know, use the box below.

For example, they have more pain or tiredness if they walk too far the day before.

**23** Has the help the child needs with guidance or supervision when they walk outdoors changed?

This is for children **aged 5 and over**.

This means extra help from someone to guide or supervise them to get around outdoors in places they don't know well.



Use page 3 of the **information booklet**.

**Yes** ☐ Tick the boxes that apply. **No** ☐ Go to question 24.

**Can they:**

**Yes**

**No**

find their way around places they know?

☐☐

ask for and follow directions?

☐☐

walk safely next to a busy road?

☐☐

cross a road safely?

☐☐

understand common dangers outdoors?

☐☐

**Do they regularly:**

**Yes**

**No**

become anxious, confused or disorientated?

☐☐

display unpredictable behaviour?

☐☐

need physical restraint?

☐☐

refuse to walk?

☐☐

**24** Do they fall due to their disability?

**Yes** ☐ Please continue below.

**No** ☐ Go to question 25.

Tell us the number of falls each month

**They:**

**Yes**

**No**

can get up without help

☐☐

have had injuries needing hospital treatment

☐☐

**25** If you want to tell us why you have ticked the boxes, how their needs vary or anything else you think we should know, use the box below.

For example, they are frightened by loud noises and behave without thinking about danger.

**If you are claiming under the special rules, go straight to question 6.**

## Care

**During the day includes the evening before everyone in the house is in bed.**

Example

A child gets up at **7am** in the morning and goes to bed at **8pm**. The parents also get up at **7am** but go to bed at **11pm**. Day time would start at **7am** and end at **11pm**. Any help needed between **7am** and **11pm** would count as help during the day.

**26 Has the help the child needs with care during the day changed?**

By 'care' we mean 'looking after' the child.



Use page 4 of the **information booklet**.

**Yes**

☐

Please continue below.

**No**

☐

Go to question 43.

**27 Do they need encouragement, prompting, or physical help to get into or out of or settle in bed during the day?**

This means waking up, lifting their legs into or out of bed, sitting up from lying down or settling in bed ready to go to sleep.



Use page 5 of the **information booklet**.

**Yes**

☐

Please continue below.

**No**

☐

Go to question 28.

Tell us how often they need help each day and how long it takes each time.

**They need encouragement, prompting or physical help to:**

**How often each day?**

**How long each time?**

wake up

minutes

get out of bed

minutes

get into bed

minutes

settle in bed

minutes

**If you want to tell us why they need help, how their needs vary, the aids they use or anything else you think we should know, use the box below.**

For example, they may need to follow a set routine to go to or get out of bed.

**28** Do they need encouragement, prompting, or physical help to go to or use the toilet during the day?

This means going to the toilet, managing their clothes, getting on and off the toilet, using the toilet, cleaning themselves and coping with continence care.



Use page 6 of the **information booklet**.

**Yes** ☐ Tick the boxes that apply. **No** ☐ Go to question 29.

**They need encouragement, prompting or physical help to:**

- |                                    |                          |
|------------------------------------|--------------------------|
| go to the toilet                   | <input type="checkbox"/> |
| manage clothes                     | <input type="checkbox"/> |
| get on and off the toilet          | <input type="checkbox"/> |
| wipe themselves                    | <input type="checkbox"/> |
| wash and dry their hands           | <input type="checkbox"/> |
| manage a catheter, ostomy or stoma | <input type="checkbox"/> |
| manage nappies or pads             | <input type="checkbox"/> |

**If you want to tell us why you have ticked the boxes, how their needs vary, the aids they use or anything else you think we should know, use the box below.**

For example, they experience pain and become distressed.

**29** Do they need encouragement, prompting, or physical help to move around indoors, use stairs or get in or out of a chair during the day?

A chair is any type of chair including a wheelchair.

This means moving from one place to another, using stairs, getting into, sitting in, and getting out of a chair. Indoors is in their home, a friend's home, school, college, or anywhere else inside.



Use page 7 of the **information booklet**.

**Yes**

☐

Tick the boxes that apply.

**No**

☐

Go to question 30.

**They need encouragement, prompting or physical help to:**

go up and down one step

☐

go upstairs

☐

go downstairs

☐

move around safely

☐

get into or out of a chair

☐

sit in a chair

☐

**If you want to tell us why you have ticked the boxes, how their needs vary, the aids they use or anything else you think we should know, use the box below.**

For example, they bump into furniture and doors.

**30 Do they need encouragement, prompting, or physical help to wash, bath, shower and check their appearance during the day?**

This means getting in and out of a bath or shower, washing their hair, drying themselves, using soap, using a toothbrush and checking their appearance.



Use page 8 of the **information booklet**.

**Yes** ☐ Please continue below.

**No** ☐ Go to question 31.

Tell us how often they need help each day and how long it takes each time.

**They need encouragement, prompting or physical help to:**

**How often  
each day?**

**How long  
each time?**

have a wash

minutes

clean their teeth

minutes

wash their hair

minutes

get in or out of the bath

minutes

get in or out of the shower

minutes

clean themselves in the bath or shower

minutes

dry themselves after a bath or shower

minutes

check their appearance

minutes

**If you want to tell us why they need help, how their needs vary, the aids they use or anything else you think we should know, use the box below.**

For example, when they are in the bath they need telling repeatedly what to do and how to do it.



**31** Do they need encouragement, prompting, or physical help to dress and undress during the day?

This means choosing the right clothes for the weather or activity, choosing clean clothes, putting clothes on in the correct order, moving their arms or legs to put clothes on or take them off. This is any dressing or undressing except when using the toilet.



Use page 9 of the **information booklet**.

**Yes** ☐ Please continue below. **No** ☐ Go to question 32.

Tell us how often they need help each day and how long it takes each time.

**They need encouragement,  
prompting or physical help to:**

**How often  
each day?**

**How long  
each time?**

dress

minutes

undress

minutes

manage zips, buttons or other fastenings

minutes

choose appropriate clothes

minutes

**If you want to tell us why they need help, how their needs vary, the aids they use or anything else you think we should know, use the box below.**

For example, they follow a set routine that takes a long time.

**32 Do they need encouragement, prompting, or physical help to eat and drink during the day?**

This means getting food into their mouth, chewing, swallowing, using cutlery, cutting up food, holding a cup, getting it to their mouth and drinking.



Use page 10 of the **information booklet**.

**Yes** ☐ Please continue below. **No** ☐ Go to question 33.

Tell us how often they need help each day and how long it takes each time.

**They need encouragement, prompting or physical help to:**

**How often each day?**

**How long each time?**

eat

minutes

use a spoon

minutes

cut up food on their plate

minutes

drink using a cup

minutes

be tube or pump fed

minutes

**If you want to tell us why they need help, how their needs vary, the aids they use or anything else you think we should know, use the box below.**

For example, they can't see what food is on the plate.

**33 Do they need encouragement, prompting, or physical help to take medicine or have therapy during the day?**

Taking medicine includes tablets, injections, eye drops, knowing what to take, how much to take and when to take it.

Having therapy includes blood sugar testing, peak flow checks, physio, oxygen, speech, play and behaviour therapy, knowing what to do, how much to do and when to do it.



Use page 11 of the **information booklet**.

**Yes** ☐ Please continue below.

**No** ☐ Go to question 34.

Tell us how often they need help each day and how long it takes each time.

**They need encouragement, prompting or physical help to:**

**How often each day?**

**How long each time?**

take the correct medicine

minutes

know when to take their medicine

minutes

do their therapy

minutes

know when to do their therapy

minutes

**If you want to tell us why they need help, how their needs vary, the aids they use or anything else you think we should know, use the box below.**

For example, they become angry with their condition and refuse to take their medicine.

### 34 Do they have difficulty seeing?

This means when using their aids like glasses or contact lenses.



Use page 12 of the **information booklet**.

**Yes** ☐ Please continue below. **No** ☐ Go to question 35.

#### Are they certified severely sight impaired or sight impaired?

If they are certified they will have been examined at a hospital or eye clinic.

A Certificate of Vision Impairment (CVI) will have been sent to the local social services department. You will have been given a copy.

If they are certified, please send us a copy of the CVI. Tell us if you want us to return it.

Certified severely sight impaired ☐ Go to question 35.

Certified sight impaired ☐ Tick the boxes that apply.

#### They can see:

computer keyboard keys or **large print** in a book

**Yes**

**No**

☐☐

a TV and follow the actions to a story

☐☐

the shape of furniture in a room

☐☐

#### They can recognise:

**Yes**

**No**

someone's face across a room

☐☐

someone across a street

☐☐

**If you want to tell us more about the boxes you have ticked, how their needs vary, the aids they use or anything else you think we should know, use the box below.**

For example, they have difficulty seeing in poorly lit places like a cinema.

**35** Do they have difficulty hearing?

This means hearing sound or someone speaking when using their hearing aid.



Use page 13 of the **information booklet**.

**Yes**

☐

Tick the boxes  
that apply.

**No**

☐

Go to question 36.

**Have they had an audiology test in the last 6 months?**

**Yes**

☐

**No**

☐

If you send us a copy of the report it may help us deal with the child's claim.  
Tell us if you want us to return it.

**They can hear:**

**Yes**

**No**

a whisper in a quiet room

☐☐

a normal voice in a quiet room

☐☐

a loud voice in a quiet room

☐☐

a TV, radio or CD but only at a very loud volume

☐☐

a school bell or car horn

☐☐

**If you want to tell us more about the boxes you have ticked, how their needs vary, the aids they use or anything else you think we should know, use the box below.**

For example, they can't hear things if there is a lot of background noise.

**36 Do they have difficulty speaking?**

This means the ability to say words out loud and talk clearly.



Use page 14 of the **information booklet**.

**Yes**

☐

Tick the boxes  
that apply.

**No**

☐

Go to question 37.

**They can:**

**Yes**

**No**

speak clearly in sentences

☐☐

put words together to make simple sentences

☐☐

speak single words

☐☐

**They can communicate using speech:**

**Yes**

**No**

with someone they know

☐☐

with someone they don't know

☐☐

**If you want to tell us more about the boxes you have ticked, how their needs vary, the aids they use or anything else you think we should know, use the box below.**

For example, they get embarrassed about the way they talk and will only speak to people they know.

**37** Do they have difficulty and need help communicating?

This means passing on information, asking and answering questions, telling people how they feel, giving and following instructions.



Use page 15 of the **information booklet**.

**Yes**

☐

Tick the boxes that apply.

**No**

☐

Go to question 38.

**To communicate they use:**

**Yes**

**No**

writing

☐☐

BSL (British Sign Language)

☐☐

lip-reading

☐☐

hand movements, facial expressions and body language

☐☐

Makaton

☐☐

If they use another form of communication, tell us below what it is. This could be Sign Supported English (SSE), Signed English (SE), Finger Spelling, Picture Exchange Communication System (PECS), Tadoma or something else.

**They can communicate:**

**Yes**

**No**

with someone they know

☐☐

with someone they don't know

☐☐

**If you want to tell us more about the boxes you have ticked, how their needs vary, the aids they use or anything else you think we should know, use the box below.**

For example, they may be at risk as they don't understand a warning.

**38 Do they have fits, blackouts, seizures, or something similar?**

This means epileptic, non-epileptic or febrile fits, faints, absences, loss of consciousness and 'hypos' (hypoglycaemic attacks).



Use page 16 of the **information booklet**.

**Yes** ☐ Please continue below.

**No** ☐ Go to question 39.

Tell us what type they have  
and what happens

**They:**

**Yes**

**No**

can recognise a warning and tell an adult

☐☐

can recognise a warning and take appropriate action

☐☐

have no warning

☐☐

have had a serious injury in the last 6 months because of a fit,  
blackout or seizure

☐☐

display dangerous behaviour after a fit, blackout or seizure

☐☐

**Tell us:**

the number of days affected each month

days

how many fits they have on these days

the number of nights affected each month

nights

how many fits they have on these nights

**Have they had an episode of status epilepticus in the past 12 months?**

This is where there is persistent epileptic activity for more than 30 minutes, or they have several seizures without becoming conscious between each seizure.

**Yes**

☐

**No**

☐

**If you want to tell us more about the boxes you have ticked, how their needs vary, the aids they use or anything else you think we should know, use the box below.**

For example, they become distressed and need reassurance.



**39 Do they need to be supervised during the day to keep safe?**

This means they need someone to keep an eye on them because of how they feel or behave, or how they react to people, changing situations and things around them.



Use page 17 of the **information booklet**.

**Yes** ☐ Tick the boxes that apply. **No** ☐ Go to question 40.

**Can they:**

**Yes**

**No**

recognise and react to common dangers?

☐☐

cope with planned changes to daily routine?

☐☐

cope with unplanned changes to daily routine?

☐☐

**Do they regularly:**

**Yes**

**No**

feel anxious or panic?

☐☐

become upset or frustrated?

☐☐

harm themselves or others?

☐☐

feel someone may harm them?

☐☐

become verbally or physically aggressive or destructive?

☐☐

act impulsively?

☐☐

have tantrums?

☐☐

**If you want to tell us why you have ticked the boxes, how their needs vary or anything else you think we should know, use the box below.**

For example, they behave without thinking about dangers or how it will affect others.

**40** Do they need extra help with their development?

This means any extra help they need to improve their understanding of how to behave and react to people, situations and things around them.



Use page 18 of the **information booklet**.

**Yes** ☐ Tick the boxes that apply. **No** ☐ Go to question 41.

**They need help to:**

understand the world around them

☐☐

recognise their surroundings

☐☐

follow instructions

☐☐

play with others

☐☐

play on their own

☐☐

join in activities with others

☐☐

behave appropriately

☐☐

understand other people's behaviour

☐☐

**If you want to tell us why you have ticked the boxes, how their needs vary or anything else you think we should know, use the box below.**

For example, they may have difficulty making friends.

**41** Do they need encouragement, prompting or physical help at school or nursery?



Use page 19 of the **information booklet**.

**Yes**

☐

Tick the boxes that apply.

**No**

☐

Go to question 42.

**They need encouragement, prompting or physical help to:**

**Yes**

**No**

go to and use the toilet

☐☐

safely move between lessons

☐☐

change into different clothes for PE and other school activities

☐☐

eat meals

☐☐

take medicine or do their therapy

☐☐

communicate

☐☐

**What extra help do they need with learning?**

**What is their behaviour like at school or nursery?**

**How do they usually get to and from school or nursery?**

**If you want to tell us more about the boxes you have ticked, how their needs vary, the aids they use or anything else you think we should know, use the box below.**

For example, they have one-to-one help from a teaching assistant.

**42** Do they need encouragement, prompting or physical help to take part in hobbies, interests, social or religious activities?



Use page 20 of the **information booklet**.

**Yes** ☐ Please continue below. **No** ☐ Go to question 43.

**Tell us:**

- what they do or would do if they had help
- what help they need or would need to do this
- how often they do it or would do it if they had the help, and
- how long they need or would need help each time.

**At home**

Activity	Help needed	How often?	How long each time?
<b>Example</b> Art	Encouragement to get paints, brushes and paper. Motivate to keep interested. Help to wash hands afterwards.	2 times a week	One hour

**When they go out**

Activity	Help needed	How often?	How long each time?
<b>Example</b> Swimming	To get changed, to get in and out of the pool, to dry them.	Once a week	45 minutes

**Night is when everyone in the house is in bed.**

Example. A child goes to bed at **8pm** and the parents go to bed at **11pm**. Night starts at **11pm**. Any help needed before **11pm** would count as help during the day.

**Has the help the child needs during the night changed?**

**Yes** ☐ Please continue below. **No** ☐ Go to question 44.



Use page 21 of the **information booklet**.

**Do they wake and need help at night, or need someone to be awake to watch over them at night?**

**Yes** ☐ Please continue below. **No** ☐ Go to question 44.

Tell us how often each night they need help and how long it takes each time.

**They need encouragement, prompting or physical help to:**

**How often each night?**

**How long each time?**

get into, get out of or turn in bed

minutes

get to and use the toilet, manage nappies or pads

minutes

have treatment

minutes

settle

minutes

**They need watching over because they:**

**How often each night?**

**How long each time?**

are unaware of danger and may harm themselves or others

minutes

may wander about

minutes

have behavioural problems

minutes

**If you want to tell us why they need help or watching over, how their needs vary, the aids they use or anything else you think we should know, use the box below.**

For example, they don't sleep regular hours each night.

## Extra information

44

**44 > Tell us anything else you think we should know about.**

For example, the child has left the country, is in hospital, a hospice a residential college or is in local authority care, foster care or a similar place.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

If you need more space, continue on a separate piece of paper. Please put the child's name and reference number on any extra pieces of paper you use.

## When their needs started

45

**45) When did the child start to need the amount of help you have told us about?**

If you can't remember the exact date, tell us roughly when this was.

/ /

**If this date is more than 4 months ago, tell us why you didn't let us know sooner.**

[illegible]

## About tax credits

**46** Is anyone within your household getting or waiting to hear about Child Tax Credit?

No

☐

Yes

☐

Please tell us their name:

Their National Insurance number:

--	--	--	--	--	--	--	--	--

Their relationship to you:

**47** Is anyone within your household getting or waiting to hear about Working Tax Credit?

No

☐

Yes

☐

Please tell us their name:

Their National Insurance number:

--	--	--	--	--	--	--	--	--

Their relationship to you:

## About Income Support

**48** Are you getting or waiting to hear about Income Support?

No

☐

Yes

☐

**49** Is anyone within your household getting or waiting to hear about Income Support?

No

☐

Yes

☐

Please tell us their name:

Their National Insurance number:

--	--	--	--	--	--	--	--	--

Their relationship to you:

## What to do now

Check you have filled in all the questions that apply to the child you are claiming for.

Read pages 22 to 24 of the **information booklet** about how we collect and use information and for help and advice about other benefits.

Make sure you have **signed the consent** question 13.

**List below all the documents you are sending with this form.** For example, a prescription list, medical report or a statement of Special Educational Needs. Try to send copies rather than the original documents, because we cannot return them.

**Now read and sign the declaration below.**

### 50 Declaration

Please return the signed form straight away. If we do not receive the form by the date requested in the covering letter, we will make a decision on the information available. This could result in any benefit being suspended or stopped.

**I declare** 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.

**Signature**

**Date**

/ /

**Print your name here**

**Send the form and the documents listed above** back to us straight away in the envelope we have sent you. It doesn't need a stamp. You can send more information to us at any time.