

Full name

National Insurance (NI) number

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

Personal Independence Payment

Award Review - How your disability affects you



Department
for Work &
Pensions

Full name

National Insurance number

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

Your PIP may stop if we don't get your form and your supporting information back or you don't contact us by

Personal Independence Payment (PIP) is about **how** your health condition or disability affects you.

When we last looked at your claim we looked at all the information available to us to decide whether you could carry out 12 activities and the help you needed to do them.

We gave you points for each activity to work out the level of PIP to award you.

This form will help us to check if the level of PIP we gave you then, still applies now.

How to complete your Award Review

- Step 1 - Remove** the letter and information sheet from the front of this form. Keep them safe and use the information sheet to help you fill in this form.
- Step 2 - Read** this form and the information sheet. Read through the form fully before you fill it in. If you've still got your last award letter, read it again to remind you how we previously assessed your needs.
- Step 3 - Complete** this form. Answer all the questions in this form. Use the information sheet to help you. Remember to **sign the declaration**.
- Step 4 - Collect** your supporting information. It's your responsibility to send copies of supporting information with this form to help us understand how your health condition or disability affects you now. The information sheet and this form give you examples of what you should send us.
- Step 5 - Return** your completed form and copies of your supporting information in the envelope provided. Make sure the address shows through the window.

--

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

Section 1 - Read and sign the Declaration

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.

Signature

--

Date

	/		/	
--	---	--	---	--

Print your name here

--

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

Your preferred phone number

--

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

Section 2 - About your health condition or disability

Although it's your responsibility to send supporting information, occasionally we may ask the main health professional who knows about your condition for information. This may be your GP, hospital consultant or a specialist nurse. Please provide their details below.

Name

Profession

Address

Postcode

Surgery telephone including dialling code

Giving us your consent to obtain further information

If we do need to contact one of your health professionals, or other people or organisations that support you for more information, we need your consent to do this.

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 our 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?**

Yes ☐

No ☐

You can withdraw your consent at any time by calling us on **0800 121 4433**.

Section 2 - About your health condition or disability continued

Tell us below about any **current health conditions or disabilities** you have:

- include existing conditions **and** any new conditions since we last looked at your award
- tell us approximately when each one started

Health condition or disability	Approximate start date
Example: diabetes	March 2017

What medication are you currently taking?

Medication	Dosage	Frequency
Example: Aspirin	500mg	Once a day

If you have a copy of your **current repeat prescription**, send this to us as part of your supporting information. **DO NOT** send factsheets or leaflets about your medications.

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

Section 3 - How your health condition or disability affects you

This section asks you to tell us about any changes in **how** you carry out the 12 PIP daily living or mobility activities since we last looked at your award. Also use this section to tell us if things have stayed the same.

If the effects of your health condition can change for example during the day, day by day or from week to week, please include as much detail as you can in your answers.

You need to answer **all** the questions and the information sheet can help you with this.

Remember to send us supporting information that tells us **how** your health condition or disability affects you now. Examples of the types of information you should send are on the information sheet.

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

1. Preparing food and cooking

Tell us if something has changed and approximately when.
Tell us how you manage this activity now, including the use of any aids that you need.
Tell us about any changes to the help you need or the help you get from another person.

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

Section 2 - About your health condition or disability continued

Tell us about any treatments, therapies or surgery since we last looked at your award

Name of treatment, therapy or operation	When did you have it or when will it start?	How often did or will you have it?
Example: Physiotherapy	April 2016	Once a week

Tell us about any hospital admissions since we last looked at your claim, also tell us about any future hospital stays you already know about

Reason for admission	Admission Date	Discharge Date
Example: Hip replacement surgery	10th May 2016	31st May 2016

If you have copies of your **hospital discharge papers** or **treatment plans** for example, send these to us as part of your supporting information.

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

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

4. Washing and bathing

Tell us if something has changed and approximately when.
Tell us how you manage this activity now, including the use of any aids that you need.
Tell us about any changes to the help you need or the help you get from another person.

5. Managing toilet needs or incontinence

Tell us if something has changed and approximately when.
Tell us how you manage this activity now, including the use of any aids that you need.
Tell us about any changes to the help you need or the help you get from another person.

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

2. Eating and drinking

Tell us if something has changed and approximately when.
Tell us how you manage this activity now, including the use of any aids that you need.
Tell us about any changes to the help you need or the help you get from another person.

3. Managing treatments, taking medication and monitoring your health condition

Tell us if something has changed and approximately when.
Tell us how you manage this activity now, including the use of any aids that you need.
Tell us about any changes to the help you need or the help you get from another person.

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

6. Dressing and undressing

Tell us if something has changed and approximately when.
Tell us how you manage this activity now, including the use of any aids that you need.
Tell us about any changes to the help you need or the help you get from another person.

7. Speaking to people, hearing and understanding what they say and being understood

Tell us if something has changed and approximately when.
Tell us how you manage this activity now, including the use of any aids that you need.
Tell us about any changes to the help you need or the help you get from another person.

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

8. Reading and understanding signs, symbols and written words

Tell us if something has changed and approximately when.
Tell us how you manage this activity now, including the use of any aids that you need.
Tell us about any changes to the help you need or the help you get from another person.

9. Mixing with other people

Tell us if something has changed and approximately when.
Tell us how you manage this activity now, including the use of any aids that you need.
Tell us about any changes to the help you need or the help you get from another person.

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

10. Making decisions about spending and managing your money

Tell us if something has changed and approximately when.
Tell us how you manage this activity now, including the use of any aids that you need.
Tell us about any changes to the help you need or the help you get from another person.

11. Planning and following a route to another place

Tell us if something has changed and approximately when.
Tell us how you manage this activity now, including the use of any aids that you need.
Tell us about any changes to the help you need or the help you get from another person.

12. Moving around

How far can you walk?

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

Less than 20 metres

☐

Between 20 and 50 metres

☐

Between 50 and 200 metres

☐

200 metres or more

☐

Do you need to use an aid or assistance from another person to help you walk (tick the boxes that apply to you).

No

☐

I sometimes need an aid

☐

I always need an aid

☐

I sometimes need assistance

☐

I always need assistance

☐

Tell us how you manage this activity now, including the use of any aids that you need.

Tell us about any changes to the help you need or the help you get from another person.

The Motability Scheme

The Motability Scheme allows disabled people to lease a car, scooter or powered wheelchair in exchange for all or some of their mobility payments.

If you're eligible to join the Motability Scheme would you like us to post you information about the help they can offer you? We won't share your personal details with Motability.

Yes

☐

No

☐

If you decide you don't want to receive information about Motability in the future, please contact us on **0800 121 4433**.

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

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.

Section 4 – Final checklist

Now please check you've completed all the form – tick the boxes when you have:

1	Signed your declaration on page 2 .	Yes ☐
2	Answered all the questions on pages 3 to 13 .	Yes ☐
3	Included photocopies of supporting information with this form.	Yes ☐

- please send this form and your supporting information to us in the envelope provided. On the back of this form you will see the address to return it to
- place it in the envelope provided so that the address shows through the window. It doesn't need a stamp
- remember to include your supporting information

What happens next

We may call you if we've got any questions about the information you give us on this form.

We will write to you if we need you to attend a face-to-face consultation with a health professional.

We will write to you when we've made our decision on your award.

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.

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

Please return the completed form to this address

Put the completed form in the envelope provided, making sure the address shows through the envelope window. The envelope doesn't need a stamp unless you live outside the United Kingdom.. If you've access to the internet, you can get information about Personal Independence Payment by going to the Personal Independence Payment website at **www.gov.uk/pip**

Please return the completed form to this address



**Freepost RTEU-LBGX-HJUX
Personal Independence Payment 9
Post Handling Site B
Wolverhampton
WV99 1AG**

Put the completed form and any information we have asked for in the envelope provided, making sure the address shows through the envelope window. The envelope does not need a stamp. If you have access to the internet, you can get information about Personal Independence Payment by going to the Personal Independence Payment website: www.gov.uk/pip

