

Disability Law Service

Offering free, confidential legal advice and
representation for disabled people

Disability Living Allowance

A guide to completing Disability
Living Allowance Application Forms

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Introduction

The aim of this factsheet is to give you a better understanding of how you can answer some of the questions in the Disability Living Allowance application form. You will also find this factsheet easier to understand if you read the Guide to Disability Living Allowance Factsheet. This guide starts by advising you how to prepare for completing a form. Then we show you how to answer key questions and finally there are some important points of information which may be of interest.

Where can you find a DLA form?

You can get a claim form from the local benefit office or by phoning 0800 882200. The claim form takes about a week to arrive but will be date stamped from the date of request. Your claim will be taken from this date provided you return the form within 6 weeks from the date of request.

Preparing to complete the claim form

Things to remember before filling out the form

Filling in benefits' forms can be a nightmare and it sometimes seems as though the forms are designed in such a way as to make it as difficult as it can be. The following tips may make filling in the Disability Living Allowance forms a bit easier.

- **Always keep in mind why you are filling in the form**, i.e. to give a picture of your care and mobility needs.
- **Ask for the help of an outsider** who knows you. Remember, you may take for granted all the help that is needed or that you require.
- **Keep a detailed diary** of all the problems you have and care you receive. The diary should include headings relevant to the DLA form and should act as

a memory prompt to time/distances and other kinds of information that can be easy to forget.

- **Have a trial run.** Yes, this will be exhausting! However, it will allow you to plan the most appropriate responses in the relevant places/sections. Once you get your brain into the DLA way of thinking you may come up with more descriptive, succinct phrases, better examples, etc.
- **Keep a copy!** This has a number of benefits, such as providing all the information relevant to your claim should you need to appeal or ask for a review. It will also be handy when the benefit award period ends and your claim will be renewed, since you have to fill in a renewal form giving almost the same information all over again.
- **Access additional help.** Local Citizen's Advice Bureaux, advice services, other professionals, e.g. your carer, social workers, pediatrician, teacher, therapist, psychiatric nurse etc. They could help with structuring and writing out your form. Check this out with them in advance to ensure they are in a position to help.
- **Always use your own words and those experiences** which you can personally relate to your own situation.
- Do not be put off by the **Additional Section**. This form is looking for information on the kinds of activities you/your child would be able to do if you had the help you need.
- Don't worry if you have a **strained relationship with your GP** – you can ask that they do not see the form or be contacted for further information.
- **Do follow the guidelines** and add any extra sheets with further information if you want. Compare it to an application form where a lot of information serves to give a fuller picture. Always refer back to your answers to previous questions when giving more information to ensure you do not contradict yourself on any points. Also, if you have any additional sheets, these must have your name and reference number (National Insurance number or Child Benefit number) on them. If in doubt, put on the appropriate date of birth.

Filling in the DLA claim form

The section below does not refer to specific page numbers on the claim form. You will also note that it does not refer to specific questions. The reason for this is that the DWP keep changing the form so instead we have listed each of the areas of questions that they ask you in the order that they are listed on the present form. The suggestions are meant to be used as a rough guide that will assist you in thinking of problems you have but would not normally realise because you may be too used to dealing with them.

1. Getting around outdoors

This section is about the higher rate of the Mobility Component. When looking at your mobility needs, think about:

- How far can you walk before you are in severe discomfort?
- How far can you walk before you have to rest? Why do you stop?
- How long do you need to rest before continuing?
- How do you feel when walking, e.g. do you feel breathless or unsteady on your feet?
- How long does it take to cover the distance?
- Do you need to use any aids, e.g. walking stick?
- What effect does walking have on your health?
- Does your ability to walk vary from day to day?

When estimating how far you can walk, remember that it is only the distance you can manage without severe discomfort that counts, even if you can force yourself to go further despite the pain.

2. Having someone with you when you are outdoors

This section is about the lower rate Mobility Component. Even if you are physically able to walk you need to think about:

- Do you need someone with you to support you or to make sure you are safe in case you fall?
- Are you able to see obstacles in your path?
- Are you able to judge the speed that cars are travelling?
- Do you have a tendency to walk into traffic without looking first?
- Are you likely to get lost, confused, or disorientated?
- Do you hear noises or have hallucinations that distract you when out walking?
- Do you experience anxiety and panic attacks or phobias?

Remember, even if you do not try to go out to unfamiliar places on your own, you must think about what would happen if you did. It is not what you actually do that counts but the underlying needs that you have.

3. Getting out of bed in the morning and into bed at night

This and the remaining sections are mainly relevant to the Care Component.

You may have difficulty and find it easier if you were helped to:

- get your legs out of bed if your joints have stiffened overnight;
- get into a standing position because getting up unaided causes pain and discomfort;
- steady yourself when up and standing e.g. if you are light headed or dizzy when you first get up;
- get into bed if you have difficulty raising your legs.

4. Help with your toilet needs

Even if you are not incontinent you may still need help to get to the toilet in time and to get in and out of bed. You may also need help getting on and off the toilet. If you use a commode, are you able to empty and clean it yourself?

5. Washing, bathing and looking after your appearance

When having a bath or a wash you may need someone to help you because you get pain and discomfort or find it difficult to:

- get your legs over the sides of the bath to get in or out and/or to lower yourself in or raise yourself out;
- raise your arms to wash your hair;
- wash all over because of problems you have bending or stretching;
- hold the soap if you have limited grip in your hands;
- dry yourself because of problems you have bending and stretching;
- cut fingernails or toenails because you cannot grip the scissors comfortably, or bend to reach your feet; undress and dress before and after washing;

You may need someone to watch over you because:

- you are unsteady on your feet and liable to slip when you are in the bath or when getting in or out;
- the effort required to bathe yourself could risk making your condition worse;
- you would slip into the water if you were to have a fainting bout which could have serious consequences.

You may only bathe when someone comes to help but a daily bath might help your condition and mean you get less pain and discomfort. Therefore you need help to bathe 7 days a week.

6. Getting dressed or undressed

You may find it difficult if you get pain and discomfort when you:

- bend your arms to put on a blouse, shirt or coat or reach behind to fasten bras;
- raise your arms to put on slips or pullovers;
- bend down to put on shoes, stockings, underwear etc.;
- try to cope with buttons, zips or other fasteners if you have problems gripping.

You may need someone around to help when you are dressing to:

- prevent stumbles or falls if you do not have good balance;
- put out your clothes if you have difficulty seeing and finding them, selecting the colours or types you would like to wear.

7. Moving about indoors

Things to think about include:

- Getting out of chairs. Do you suffer from pain or discomfort in your back or legs which make it difficult to manage alone?
- Are you unsteady on your feet because of dizziness or breathing difficulties?
- Walking around indoors. Do you need to hold onto furniture or use a walking stick or zimmer frame to get around?
- Going up or down stairs. Do you need somebody with you to support your weight or to help you to keep your balance?
- If you use a wheelchair, do you need somebody to push you or to help you to get in and out of it?

8. Falls or stumbles

This section is relevant to both the Mobility and Care components. Things to think about include:

- Have you had any falls?
- How frequent are they?
- Have you experienced any injuries as a result of falling?

- Do you need help to get up after a fall?
- Do you have poor balance?
- Have falls been prevented because someone was around to help you?
- Are you only able to avoid falls by not moving around?

9. At mealtimes

You may need help with: cutting up food; holding cutlery; locating the food on your plate; cleaning up if you drop or spill food or drink; eating and drinking.

10. Help with medical treatment

If taking medicines you may need help:

- remembering to take the right medicine at the right time, and taking the right dosage;
- reading the labels on containers;
- handling small tablets or getting tops off bottles;
- reaching injection sites; applying creams or lotions.

You may also need help with things such as physiotherapy, massage and use of inhalers. You should consider the likely effect if you failed to take the correct dosage at the right time.

11. Communicating with other people

Communicating can include speaking, hearing, reading, writing, and understanding other people. 'Seeing' and 'Hearing' count as bodily functions and any help you need with these counts as attention. People with mental health difficulties or learning difficulties may also need help with communication.

12. Help you need when you go out during the day or in the evening

Even if you rarely go out this section gives you the chance to explain the things you would like to do if you had help. It includes things like visiting friends, social activities, visiting shops, pubs, cinema, or places of worship.

The help you need has to be in connection with your bodily needs, but this can include things like seeing, e.g. if you need somebody to read for you or guide you in unfamiliar places, or any help needed to get you ready to travel to and from a particular place.

Help needed with social activities in your own home can also be included in this section, e.g. reading, playing cards, watching TV or video.

13. Someone keeping at eye on you

This section is about the 'supervision' condition for the Care Component. There are separate sections for daytime and night time. Even if you do not need physical care and attention you may still qualify if you need continual supervision during the day, or somebody to be awake at night for a 'prolonged period' (at least 20 minutes) or at 'frequent intervals' (at least 2–3 times). This section is particularly relevant to people with mental health difficulties or learning difficulties. It is also relevant for people who have problems with seeing and hearing.

You should consider any activities that require somebody else to be on hand in case of accidents.

14. Dizzy spells, blackouts, fits, seizures or something like this

If you have falls, fits or fainting bouts you may have difficulty: getting up from the floor because of restricted movement in your joints, or because the exertion needed to do this causes severe breathing difficulties and could make your condition worse, putting your health and safety at risk; letting someone know

that you are in 'trouble' so that you could be left for a considerable length of time before help arrives.

If you have epilepsy, consider the amount of warning you get before the fit and any help you need in 'coming to' afterwards. You should also think about whether you are likely to injure yourself or anybody else during the fit or seizure.

15. The way you feel because of your mental health

This is the only section dealing specifically with mental health although in most of the other sections there is a question about whether you need someone to tell, remind, or encourage you to perform particular activities. Try to explain the nature of your illness and the way it affects you, e.g.:

- Do you get anxious and panicky if left on your own?
- Do you hear voices or experience disturbing thoughts?
- Do you become aggressive?
- Are you likely to harm yourself or somebody else?
- Do you become easily confused?
- Do you find it difficult to concentrate?
- Do you neglect your personal hygiene?
- Do you find it difficult to cope with changes in your routine?

16. Preparing a Cooked meal for yourself

This section is about the lowest rate of the Care Component. You can get the lowest rate if you are unable to prepare and cook a main meal for yourself. You need to think about preparing a meal from raw ingredients using a conventional cooker. Heating up tinned or frozen food, or using a microwave, does not count as cooking.

Preparing a meal means being able to:

- plan what to have to eat including putting in the right amount of seasoning etc.;
- get food from the cupboard or opening tins etc.;

- get the cooking times right and doing things in the right order;
- lift, carry, wash, peel and chop fresh vegetables, meat etc.;
- use taps to fill a saucepan;
- use a cooker including lighting the gas, opening or closing the oven door and turning the heat up and down;
- put the ingredients of the meal into pans and stir them, check whether or not they are properly cooked and seasoned, lift hot pans from the cooker including straining them;
- bend to put things into or get things out of the oven; dish up the meal.

Even if you are physically able to cook a meal you may still qualify if you have problems with concentration and memory which makes it difficult to complete the process.

17. When you are in bed

This section is about the night time care needs. It includes help with things such as:

- turning over in bed or getting into a comfortable position;
- changing sheets or nightclothes, e.g. if you experience incontinence or night sweats;
- getting your bedclothes back on the bed if they fall off;
- taking or supervising medication;
- watching over you because you could harm yourself.

18. More about the way your illnesses or disabilities affect you

This section gives you the opportunity to describe any problems that have not been covered in the previous sections. If your condition varies a lot from day to day you should describe how your need for care and attention varies. Remember, it is the amount of help you need that matters, not what you actually receive.

19. When your problems started

To qualify for DLA your problems must have existed for at least three months and be likely to last for at least another six months. These time limits do not apply to people who are terminally ill.

20. Statement from the person who knows you best

This section can be completed by your partner, friend, or carer and not necessarily a professional person such as a doctor or therapist. The most important consideration is that the person should know you well.

21. Additional information you may find useful

People who are terminally ill

There are special rules which apply to people who may not have longer than six months to live because of an illness. Getting paid under these special rules means you automatically get paid the higher rate of the Care Component whether or not you need any help. You do not need to have required help for the last six months. Claims are also dealt with more quickly. There is a special section in the claim pack to apply under these special rules. You do not automatically qualify for the Mobility Component and will need to fill in this section if you have problems walking.

Claiming for children

You can claim DLA on behalf of disabled children under the age of 16 and a different form is used. The same rules apply but with some important exceptions: The Mobility Component can only be paid for children aged three or over for the higher rate, or five or over for the lowest rate. The Cooking Test does not apply to children under 16. There is an additional condition for children under 16. You have to be able to show that the child needs substantially more care than a non-disabled child of the same age. This can sometimes make it difficult for young children to qualify because all young children need a certain amount of care from a parent.

Legal Disclaimer

Although great care has been taken in the compilation and preparation of this work to ensure accuracy, DLS cannot accept responsibility for any errors or omissions. All information provided is for education / informative purposes and is not a substitute for professional advice. Any organisations, telephone numbers and links to external web-sites have been carefully selected but are provided without any endorsement of the content of those sites.

For further advice on these matters please contact:

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