

A guide on how to complete Attendance Allowance forms

What is Attendance Allowance?

Attendance Allowance is extra money from the government for older people who have a longer-term disability or health condition which affects their ability to look after their personal care or keep themselves safe. You do not have to have or need a Carer to claim Attendance Allowance.

Attendance Allowance is not means-tested. You won't be asked about your income or savings when applying and it is also tax-free. If it is awarded, you'll have full control over it and can spend it as you like. It can help with the extra costs of having a disability or health issue.



If you have reached state pension age, you can apply for Attendance Allowance. There are 2 rates:

- Lower rate – if you have care or supervision needs during the day **or** night
- Higher Rate – if you have care or supervision needs during the day **and** night.

To request an application form call the Department for Work and Pensions (DWP) Attendance Allowance helpline on **0800 731 0122**. Your payments will be backdated to the date you phoned, as long as you return the form in 6 weeks. You can also complete the form online, but this will need to be printed off and posted to the Attendance Allowance Unit and you'll only be paid from the date that the DWP receive the form. <https://www.gov.uk/attendance-allowance/how-to-claim>

The form can be a bit daunting at first sight but please don't be put off by it! Using this guide will make it a lot easier for you.

There could be more money you're entitled to

Being awarded Attendance Allowance may mean you, or someone that cares for you, could become eligible for extra money like Pension Credit, Carer's Allowance, Council Tax reduction or a discount, Housing Benefit and Warm Home Discount. It could increase your

existing entitlement or mean you become entitled for the first time. **Why not ask us for a full benefits check?**

Applying for someone else

You might need to apply for Attendance Allowance for someone else, for example if they're too ill to fill in the form or if they don't have the 'mental capacity' to make decisions. It's okay to fill in the form for someone if they can sign it themselves.

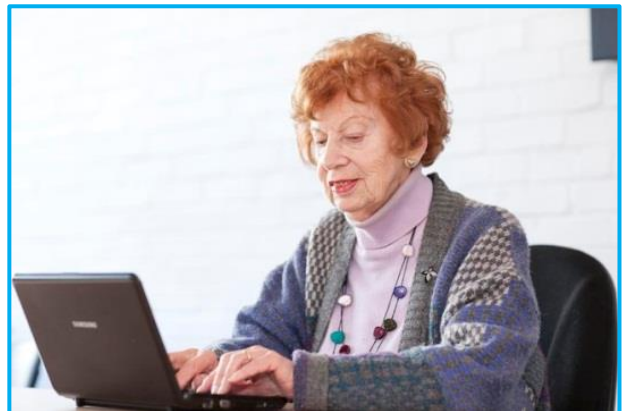
If they can't sign the form you'll need to have the legal right to do it for them. You can sign the form for them if you:

- are an appointee
- have power of attorney that lets you manage their benefits
- are a deputy

You'll need to get the legal right if you want to apply for Attendance Allowance on behalf of someone who can't sign the form themselves. This can take a while, so it's best to do this as soon as possible so you don't delay the Attendance Allowance claim.

Completing the form

When completing the Attendance Allowance form, remember to think about the help that you need and not just the help that you get. You do not have to be physically receiving any care to qualify.



You will need to state how you manage different tasks within your daily routine so you should think in terms of what difficulties you have. Describe what help you need as well as any help that you get. If you live alone you may not get any help but this does not mean that you would not benefit from help - so think about the help you ideally need and put this in the form.

A person called a Decision Maker at the DWP's Attendance Allowance Unit in Wolverhampton will assess your claim. The Decision Maker is not a medical expert, so don't assume they'll know about your condition. It's important you give as much information as possible on the form about how much help you need. They will look at your form to see how you cope with daily and weekly tasks. This includes washing, bathing, dressing, moving around indoors, managing medication, getting in/out of bed etc. They also look at whether you need prompting, supervising, reminding or motivating to complete these tasks.

You'll need to explain why you have difficulties and which illnesses or disabilities affect your ability to complete the task. Some tasks may not be a problem in themselves, but your level of mobility may prevent you from completing them quickly, repeatedly, easily or safely. If you can only do certain tasks with pain or difficulty, or if someone must remind you to do them, it's very important that you state this on the form.


You might feel like you're repeating some of your answers. It's fine to write about the same thing again if it's relevant to more than one question. This helps to show the Decision Maker how often these things affect you.

Try and consider the bigger picture when answering questions on the form. Don't just look at whether you can complete a task, look at how you complete it, the process from start to finish, how long it takes, and whether you need to use any aids or adaptations to assist you. You may perform some tasks differently to how you used to do them. Write how you have adapted the way you perform the task so you are able to cope.

Don't think that any detail is too small to include, for example you should tell them if doing the tasks:

- is painful for you
- takes you a long time
- puts you or someone else in danger (including risk of falls)
- makes you feel breathless
- makes you unsteady





It may be worth keeping a diary of your needs for at least a week before you fill in the form, as it can help to give you a good idea of your care needs and the help you need with different tasks/activities.

There is a diary template attached to the end of this document which you can use.

Sections of the Form

Details of your illnesses and disabilities

You will need to list your conditions/health issues on the form – make sure you include them all! Say how long you have had these conditions (an approximate length of time is ok). The Decision Maker is mainly interested in issues you have had for 6+ months as you need to have had your problems for at least 6 months in order to meet the eligibility criteria. Attaching a recent prescription list to the form will save you having to write down all your medications at Question 14, but you will still need to list all your illnesses, conditions and disabilities.

Medical Professionals (other than your GP)

You can give details of any medical professionals (such as hospital doctors, consultants, district nurse, occupational therapist, physiotherapist) that you have seen in the past 12 months. If you have seen more than one then you can put their details in the Extra Information section at Question 61. It would be a good idea to include copies of any reports you have received from these medical professionals.

Please do not include appointment confirmation letters and only send copies of any reports as the DWP will not return them.



At Question 18 you can sign to give consent for the DWP to contact the medical professionals you have given the details of. This is highly recommended as they may be able to provide information to support your application.



Medical reports, tests and other supporting evidence

There is space to write in any recent health-related tests you've had. Even if you haven't had the results yet, or the result was simply 'ongoing monitoring of my condition' you can still include it.

It's helpful to send in supporting documents from medical professionals, or other people involved in your care, with your application. These could be a discharge summary, a consultant's report or a care plan. If it is likely to take extra time obtaining these supporting letters, explain on the form that you will forward them when you get them. Your GP may provide you with copies of letters if you tell them you are applying for Attendance Allowance. If you include any extra documents you should make a note of them in Question 63, at the end of the form, to ensure they are not overlooked!

A carer, friend or relative could complete the section at the end of the form '[Statement from someone who knows you](#)' to show another perspective and reinforce the difficulties you have explained in the form. You don't have to get someone to fill it in but it's best if you do. It can be anyone who knows about your illness or disability and how it affects your ability to do personal tasks. If you're able to, it's best to get a healthcare professional to complete this section for you.

Aids, equipment and adaptations

If you use any equipment to help you look after yourself then make sure you include these in the form, even if they are small. Examples could include:

- Walking aids such as a walking stick, walking frame, rollator, mobility scooter or wheelchair
- Grab rails/extra bannisters
- Perching stool
- Hearing aid
- Dosette box (medication organiser)
- Lifeline
- Chair or bed risers
- Stairlift
- Bathroom equipment such as a bath hoist, bath/shower seat, raised toilet seat, toilet frame, commode, bed pan or bottle
- Incontinence pads or mattress pads
- Smaller items such as grabbers, electric can openers, long-handled shoe horns, magnifying glasses etc



If you have any difficulty using the equipment make this clear. For example *“my stick helps keeps me steady but walking is still painful”* or *“the extra bannister helps me up and down stairs but I struggle to grip it and still worry about falls”*.

Question 26 asks when your care needs started. Try not to worry about being too exact with the date

as the Decision Maker will be aware that there is not always a specific date that your care needs started and that most people decline over time. As long as this date is more than 6 months ago, and therefore meets the eligibility criteria, there will be no problems.

Your care needs during the day

Questions 27 to 39 ask you about how you manage with various daily tasks. These questions are only referring to how you manage the tasks during the day. At this point do

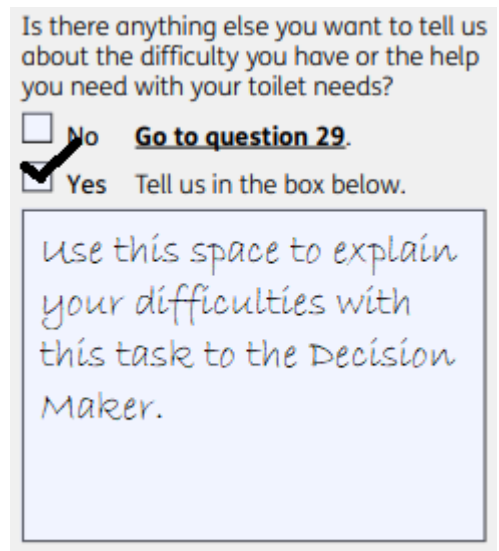
not include any details of any difficulties you have at night as there is a whole section for that further on in the form.

Ensure that you thoroughly read the questions and consider your answers before ticking 'Yes' or 'No'. Depending on the question, you will then need to either tick as to whether you have difficulty or need help with the tasks or give an estimate of the number of times you have this difficulty or need help.

At the end of each question there is a box that asks you if there is anything else you want to tell them about the difficulties/help you need to complete this task. If you have ticked 'Yes' to a question then you need to complete this box with an explanation as to why you ticked 'Yes'.

When you write your answers you should include some, or all, of the following:

- What difficulty you are having with a particular activity
- What condition is causing the difficulty
- The help that you need
- How long the activity takes you to complete
- How often you have the difficulty or need the help
- An example of your difficulty in completing the activity



Is there anything else you want to tell us about the difficulty you have or the help you need with your toilet needs?

No **Go to question 29.**

Yes Tell us in the box below.

Use this space to explain your difficulties with this task to the Decision Maker.

The Decision Maker makes their decision based mainly on what is written on the form and any medical documents that you provide. It is key to put in as much detail as possible. Use extra paper if there is not enough space and ensure you write your name and National Insurance number on any loose pages. Clearly spell out your difficulties and do not assume the decision maker will be able to read between the lines.

Here are some examples of the kind of information that the Decision Maker would find useful in your answers:

Getting in and out of bed

- Due to my angina, I have to sit on the edge of my bed for a few minutes in order to steady myself and catch my breath before I can get to my feet.
- I have to use my walking frame for support in order to get to my feet due to the arthritis in my legs.
- Because my balance is poor, I can't stretch out if my bedclothes fall off as I fear I may fall out of bed.
- Due to the arthritis in my arms and legs I struggle to sit up in bed because this is very painful.
- I am depressed and not motivated to do anything and I need a lot of encouragement to get out of bed each day.
- Because my legs are weak, I need to have something to help lever myself to my feet.
- Due to my osteoporosis my mobility is very poor and I need someone to help me off the bed and onto my feet.



Help with toilet needs

- The water retention in my feet means I can only walk very slowly and 3-4 times a week I do not reach the toilet on time.
- My arthritis makes it difficult to undress myself in order to use the toilet, push the flush handle or turn the taps to wash my hands. I always need help with these tasks.
- Because I can't see, someone needs to check whether I have washed and cleaned my hands properly after using the toilet.
- After using the toilet/commode, I need help to put my clothes back on as the pain in my back means that I cannot bend down far enough myself.



Washing, bathing and looking after your appearance

- My arthritis means I need help to shave, wash my hair and check my appearance. Without help these activities are slow and painful; it can take me up to an hour and I am exhausted afterwards.
- Due to the pain in my neck and shoulder I am unable to lift my arm high enough to brush my hair.
- My bad back means I cannot step into, or out of, the bath or shower unassisted.
- Most days I feel too depressed to bother with washing unless someone encourages me and checks that I have done it.
- My mobility and balance are poor and I need to sit while washing my face or brushing my teeth.
- Due to my tremors I am unable to shave, so I need someone to do this for me.



Getting dressed or undressed

- The pain in my back and legs means I have difficulty bending to get clothes out of cupboards and drawers. Someone has to help me.
- Chronic asthma means I become very breathless and therefore have to rest between putting on or removing each item of clothing. It can take me half an hour or longer.
- My severe rheumatism means I need help to fasten buttons, zips and laces as it is too painful to do it myself.
- My hands are contorted due to arthritis and therefore I can't grip fastenings to do them up.
- A few times a week I am in too much pain to want to get dressed unless someone encourages me to.



- Due to confusion they don't wear the appropriate clothing (for example, not enough clothing on cold days or too many layers on a warm day), I have to lay out their clothing for them.
- Most days I am too depressed to want to get dressed, I need a lot of encouragement.
- Their dementia means that they sometimes soil their clothes and don't understand why they need to change and need this explaining to them. Sometimes they refuse and need verbal and physical encouragement.

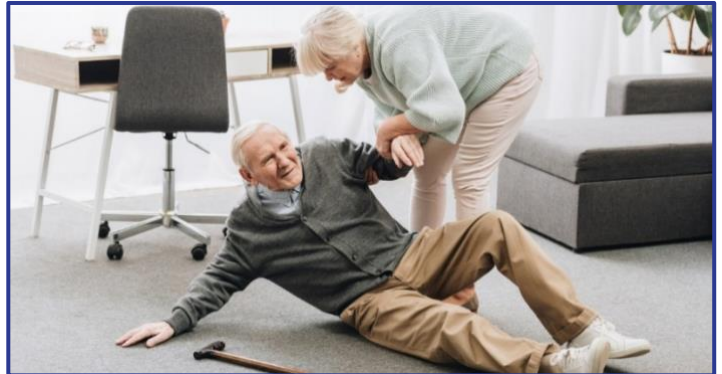
Moving about indoors

- I have very weak legs and can only climb the stairs by putting both feet on each step rather than on alternate steps.
- My arthritis means I can get very stiff sitting in a chair and need to rock to gain the momentum to get to my feet.
- I am very unsteady on my feet and need to hold onto the walls and furniture otherwise I will fall.
- I suffer from chronic arthritis and also get extremely breathless. When I climb the stairs, I need to take a break halfway and sit on them.
- I suffer from dizzy spells and experience them when getting to my feet or trying to go upstairs.
- I get very depressed and often don't want to do anything. I need encouragement to get up or move around.
- I have to use my walking frame to get around the house, but when at the local shopping centre I have to use a mobility scooter.
- I cannot manage stairs. I have a stairlift at home and use lifts when I am in other buildings. If there are no lifts I cannot access the building.



Falls and Stumbles

- I have to walk very slowly and hold onto things. I tend to shuffle when I walk. This causes me to stumble frequently.
- I have poor circulation which often results in numbness in my legs causing me to fall.
- I suffer from high blood pressure, which causes dizzy spells resulting in falls.
- My deteriorating eyesight means I knock into things and this also affects my balance causing me to stumble or fall.
- When I fall, I don't have enough strength to pick myself up and need to call for help.
- When I fall, I have to crawl to a sturdy object that I can pull myself up on. Ideally, I need a lifeline to call for help.



Eating, drinking and cutting up food

- The trembling in my hands, due to Parkinson's, makes it difficult to eat and drink without spilling. I have to use a cup with two handles.
- Due to my blindness, I need someone to check I am clean after meals.
- Since my stroke, I am unable to use my left side and need someone else to pre-cut my meals.
- The rheumatoid arthritis in my hands makes it difficult to grip cutlery, cut food, open packaging and hold cups for drinking.
- Due to my depression, I have no motivation to eat and need to be encouraged daily to have regular meals.
- Due to their short-term memory loss they forget whether they have eaten and need supervision.
- Due to their dementia they need constant reminding to drink otherwise they become dehydrated.



Taking medication and medical treatments

- Due to my deteriorating sight I am unable to read the labels and need someone to set out the correct medication for me.

- My short-term memory loss means I need to be reminded several times a day to take my medication.
- My fingers are deformed due to arthritis and I have trouble opening medicine bottles or blister packs.
- Due to my mobility problems I am unable to get myself to my physiotherapy appointments and need someone to take me.
- Someone has to order my medication into a Dossett box for me otherwise I forget to take it.



Communicating with other people

- I cannot see to read, answer letters or fill in forms. Someone must read them for me and write the reply.
- I can't hear and rely on sign language to communicate so I cannot use the phone or hear the doorbell.
- My speech is slurred due to a stroke and I have difficulty being understood when talking to anyone who does not know me well.
- My deafness means I have problems trying to communicate with unfamiliar people and therefore often have problems asking for help when needed.
- As a result of short term memory loss, they find it difficult to hold a conversation because they forget the topic of conversation and start talking about something else.
- Due to mental illness, they would find it difficult to cope in unfamiliar surroundings and with unfamiliar people.
- Due to my medication I am often very drowsy and find it difficult to concentrate on what people are saying to me.
- I have to wear an oxygen mask for large portions of the day due to my asbestosis, this makes it very difficult to answer the phone or talk to people as I get very breathless and have difficulty talking.



Hobbies, interests, social or religious activities

What would you do or would like to do?	What help do you need or would you need from another person to do this?	How often do you or would you do this?
Watching films/TV	Due to their dementia, they cannot remember how to operate the TV, so I have to do it for them.	Several times a day
Gardening	Due to the pain in my back, I am no longer able to do my gardening and pay someone else to do it for me as I enjoys my garden.	Once a week
Knitting	I am no longer able to do this as my carpel tunnel is so bad.	Daily
Bowling	I am now unable to lift the bowling ball so someone has to lift it onto the frame for me so I can aim and roll it down the alley.	Once a month
Going out	Due to my mobility problems and frequent falls, I am no longer able to go out unsupervised for any reason.	Several times a day

Supervision

- Due to my frequent falls caused by my vertigo, I need to have someone within shouting distance in case I fall. I have a lifeline that I use when my partner goes shopping once a week.
- I have problems with my blood pressure which makes me lightheaded when I stand up. Sometimes I get dizzy and fall so I need someone to keep an eye on me.
- I forget to eat regularly; sometimes I forget to drink. I need someone to prompt me to do these things.
- Their dementia means that they are not aware of common dangers and they often leave the hob on.
- If I didn't have carers coming in twice a day to help me wash, dress and eat then I wouldn't be able to do these things and would end up neglecting myself.
- Due to my mental health issues, I frequently think about harming myself and need someone with me to ensure that I don't.
- We have now bought a tracker watch for my relative as their Alzheimer's has caused them to wander off before.

- They can become very confused at times which can lead them to become aggressive or very emotional, so they need someone familiar there to calm them down.

Care needs during the night

- I sleep on four pillows to keep upright in bed as this helps ease the breathing problems caused by my asthma.
- Due to the pain caused by my osteoarthritis I have a lot of trouble getting to sleep. I am often woken by the pain if I change position in my sleep.




- Due to my muscular dystrophy I am unable to turn myself over in bed when I need to and I have to wake my partner to do this for me.
- I sometimes get very confused and forget things. I don't always realise when the bedclothes fall off the bed, and therefore do not pull them back on. I need someone to do this for me.
- Due to my mobility and balance problems I have a commode by my bed at night. I am not able to empty or clean this myself because of my arthritis.

Supervision at night

- I get confused and don't always know what time of day or night it is. About 5 times a week I will make seemingly random phone calls to my family at unusual hours if someone isn't with me to provide reassurance.
- Each night I need to get up to go to the toilet. My wife has to listen out to make sure I get there and back to bed safely.
- I hear voices which upsets me. I need to have someone I know tell me everything is ok.

What happens next?



We highly recommend keeping a photocopy of your completed Attendance Allowance form in case you need to refer to it later when completing a renewal claim or for an appeal. Please post your form (no stamp or postcode needed) to:

FREEPOST

DWP Attendance Allowance


Once your claim has been received by the DWP it will be assessed and processed. This can take 12 weeks or more. However, any benefit awarded will be backdated to either the date on your claim form or the day the DWP received it.

The decision is based mainly on the application form and supporting documents you submit. Sometimes the DWP will contact your GP or other professional named in the form for further information. Face-to-face assessments are extremely rare.

Once a decision has been made you will receive a letter from the DWP confirming your entitlement. This will also explain how you can challenge the decision if you are unhappy with it.

For further information and assistance please contact:

Karen Arnold – Information and Advice Officer

 01795 532766

 IAenquiry@ageukfs.org.uk

<https://www.ageuk.org.uk/favershamandsittingbourne/our-services/information-and-advice/>


Age UK Faversham & Sittingbourne
The Old Fire Station
Crescent Road
Faversham
Kent ME13 7GU




Weekly Diary

Enter the amount of times you've needed help with the activities below:

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Getting out of bed							
Going to the toilet							
Washing and drying yourself							
Dressing or undressing							
Moving around indoors							
Getting up after falling or stumbling							
Cutting up food, eating or drinking							
Taking medication							
Communicating with others							
Doing hobbies or socializing							
Getting into bed							
Settling into sleep							
Turning over in bed							

 **During the Day**

 **During the night**
