



Your guide to completing your
Attendance Allowance Form

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At first glance, the Attendance Allowance (AA) form may seem rather daunting, but try to remember that the decision maker at the Department of Work and Pensions (DWP) needs as much information as possible about the person making the claim to help them decide if they are eligible for AA. Most decisions about AA claims are based solely on what you say in the claim form, so it's important you are clear about all the things you can't do or have trouble with because of your condition. The DWP have a duty to read everything on the form, so even if you tick 'No' to a question, you can still add further information in the notes box. It's important to specify the frequency of any difficulties.

Our step-by-step notes provide guidance on what to include in each section and help you complete your application form thoroughly. Use our guide together with the notes accompanying the application form sent to you by the DWP and the Age UK Attendance Allowance leaflet.

If you are unsure about anything connected to your application, please contact us on 01452 422660.

How to complete each section of the Attendance Allowance form

Sections 1-11

Complete this section with personal details and other basic information. National Insurance numbers can be found on anything relating to pensions or tax and may be on bank statements.

Section 12

Special rules apply to people who are terminally ill and this box should only be completed if the claimant has a DS1500 from their GP or Consultant.

Section 13

Complete this section if someone is an appointee with the DWP or has Power of Attorney for the claimant and they are unable to sign the form themselves. If someone has dementia or is lacking mental capacity, their relative can apply to be an appointee. It will mean the DWP will carry out a home visit.

Section 14

You will need to list all illnesses and disabilities and say how long these conditions have been present; an approximate length of time is fine. There may be a delay between someone starting to struggle and a formal diagnosis of a condition given so, if possible, you should note both these dates.

You also need to note medicines and/or treatments prescribed, but don't worry if you can't match up the medication with the illnesses or disabilities they relate to. Alternatively, you can attach a copy of your prescription list to the form, if you have it.

Section 15

Give details of any medical professionals you have seen within the last 12 months, such as consultant, district nurse, physiotherapist etc.

Section 16

Provide details of anyone who helps you because of your health problems. This can be a family member, friend or carer. Say what help they provide, e.g.; visits to prompt you to take medication, help with personal care, dressing wounds etc. Don't worry if no-one helps, the form relates to the help you need, not the help you receive.

Section 17

Provide the name of your GP (or the surgery if the GP name isn't known). You should give the name of the GP who knows most about you.

Section 18

Your consent for the DWP to contact anyone listed in support of your application.

Section 19

If you have any reports from medical professionals or a care plan from a care provider, you should include these. Documents will not be returned so send copies, not the originals. Appointment letters are not necessary.

Section 20

If you are waiting for surgery, you should include these details, but only if the surgery is planned and you are on the waiting list. If surgery is under discussion but not confirmed, this information should be included in section 44 or 50 if you wish.

Section 21

Include any medical test you have had in the last 12 months and the results.

Section 22

Provide details of your accommodation, including if you live on the ground floor or 1st floor for example.

Sections 23 and 24

Give details of your sleeping arrangements.

Section 25

Give details of any equipment you use and how it helps support you, or if you have encountered any difficulties with it. Equipment could include walking sticks, Zimmer frames, grab rails, commodes, extra bannister rails, stair lift, walk-in shower or wet room, raised toilet seats, hearing aids, magnifiers etc.

Section 26

This is one of the most important questions on the form, as in order to qualify for AA, you need to have been struggling for 6 months or more. Try to be as accurate as possible giving the month and year as this is the date you started to struggle, not necessarily when you received a diagnosis.

Sections 27-43 are the most important part of the form and give you the opportunity to describe how your illnesses and disabilities affect your day-to-day living. We have provided examples of ways you might describe how you do things.

Your answers should include some or all of the following:

- What difficulties you are having with a particular activity and the symptoms you experience, giving examples where possible
- Which conditions are causing the difficulty
- The help you need or what you try to do to get around the difficulty
- How long the activity takes to complete
- Any aids you use
- If you have good days and bad days and how the difficulties differ on these days
- If you need help but you don't get it.

Avoid using words like 'sometimes', 'occasionally' or 'often'. Be specific about how often you have difficulty with something.

Section 27 – Getting in and out of bed

You may have difficulty with:

- lifting legs in/out of bed
- taking a long time to get in/out of bed
- pain or stiffness when you want to get out of bed
- arranging the covers/pillows
- not being aware of day and night
- getting breathless

You may need to:

- sit on the edge of the bed to steady yourself before getting up and need support to stand
- be prompted or encouraged to get in and out of bed

Examples:

- 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.
- Because my balance is poor, I can't stretch out if my bedclothes fall off as I fear I may fall out of bed.

Section 28 – Going to the toilet

You may have difficulty with:

- getting to and from the toilet safely and on time
- cleaning and rearranging clothes
- continence issues – wearing and changing pads
- finding the toilet

You may need to:

- be prompted to use the toilet
- have support to get on and off the toilet

Examples:

- 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.
- After using the toilet/commode, I need help to put my clothes back on.





Section 29 – Washing, bathing and showering

You may have difficulty with:

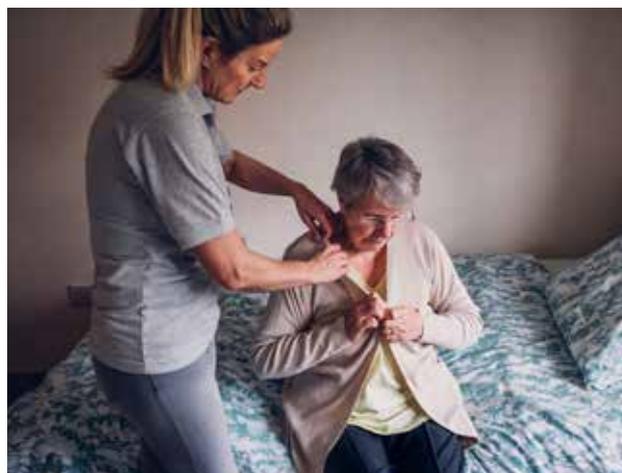
- getting in and out of the bath/shower needing to hold on to something or having to strip wash
- lifting your leg over the side of the bath
- reaching lower half or washing hair
- identifying toiletry bottles
- picking up toiletry bottles if dropped
- shaving or brushing teeth
- cutting toenails

You may need to:

- be prompted to have a wash
- have someone present due to a risk of falling
- rest due to breathlessness

Examples

- 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.
- Most days I don't remember to wash unless someone encourages me and checks that I have done it.



Section 30 – Getting dressed and undressed

You may have difficulty with:

- bending to reach your lower half
- raising arms above your head as it causes pain
- button/zips, so you need to wear elasticated clothes or Velcro fastenings
- needing help to choose appropriate clothing for weather or situation
- needing to be prompted or encouraged to dress/undress
- having to rest due to breathlessness
- getting dressed at all

You may need to:

- sit down to dress and undress
- have help to choose appropriate clothing for weather or situation
- be prompted or encouraged to dress/undress

Examples

- 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.
- Due to confusion, I don't wear appropriate clothing, e.g. not enough clothing on cold days or too many layers on warm days.

Section 31 – Moving about indoors

You may have difficulty with:

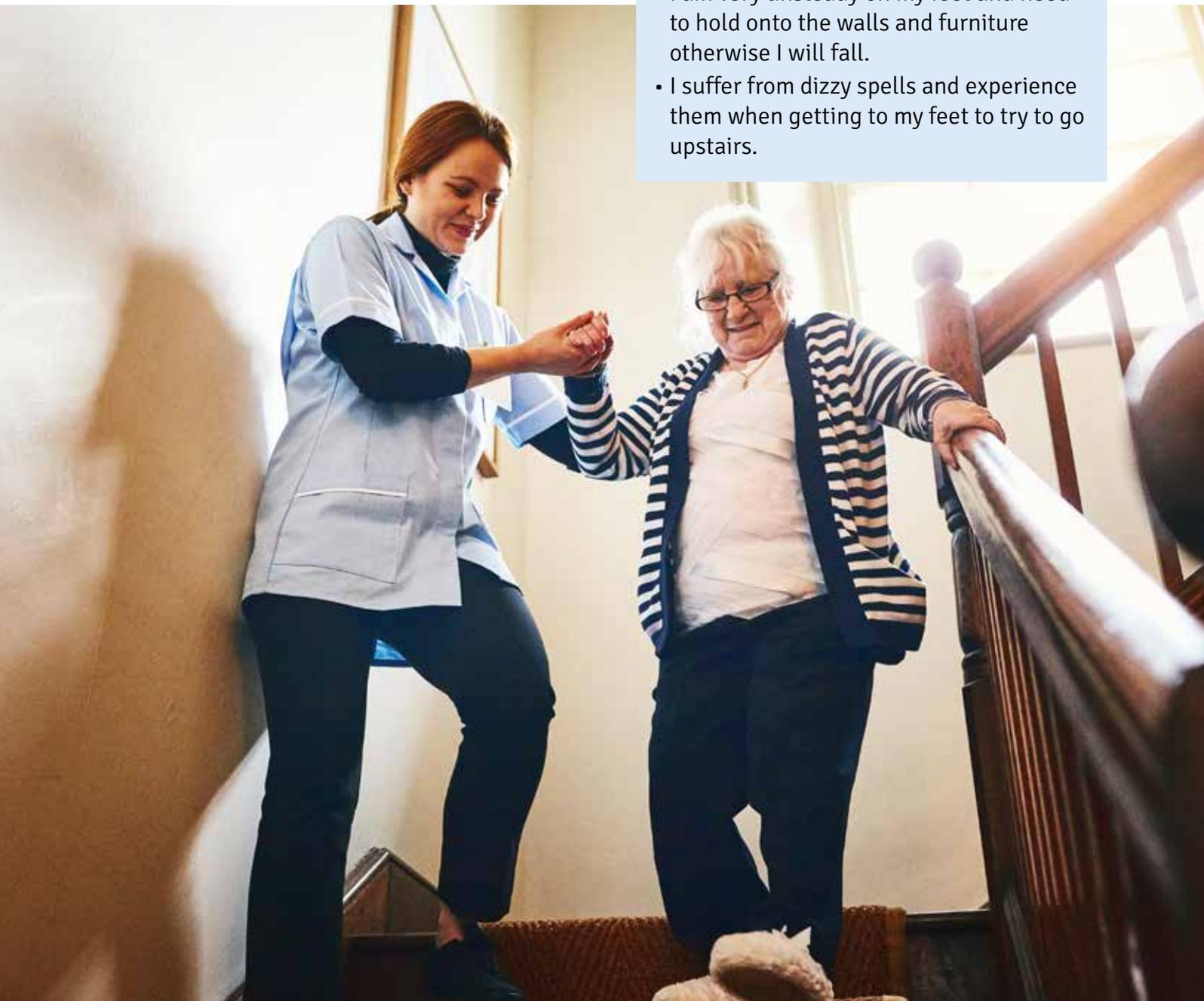
- poor balance
- having to rest due to pain/breathlessness
- needing support on the stairs
- holding onto bannister rails
- going up and down one step at a time or on bottom or all fours
- needing support to get out of a chair/having to push down on chair, taking several attempts
- needing to be prompted or encouraged to move around
- negotiating steps between rooms in the home

You may need to:

- use a stick/Zimmer frame for support
- rest due to pain/breathlessness
- have support on the stairs
- have support to get out of a chair/having to push down on chair, taking several attempts
- be prompted or encouraged to move around
- hold onto walls and furniture
- shuffle your feet

Examples

- Due to my arthritis, I struggle getting in and out of my low chair. I have to rock to gain momentum and when I'm up I have to pause because I feel unsteady.
- I am very unsteady on my feet and need to hold onto the walls and furniture otherwise I will fall.
- I suffer from dizzy spells and experience them when getting to my feet to try to go upstairs.





Section 32 – Falls and stumbles

Describe any pattern to your falls and state how you have:

- stumbled or fallen due to stiffness, tripping or poor balance
- been referred to falls clinic or suffered bruises or broken bones etc. as a result of falling
- not fallen but are worried about falling
- a need for help to get up/use your Lifeline or call paramedics

Examples

- I have poor circulation which often results in numbness in my legs, causing me to fall
- My deteriorating eyesight means I knock into things and this also affects my balance, causing me to stumble or fall.

Section 33 – Mealtimes

You may have difficulty with:

- holding or using cutlery
- cutting up your food
- holding a cup or mug
- getting food and drink to your mouth/ swallowing/choking problems
- preparing and cooking a main meal, resulting in safety concerns

You may need to:

- be prompted or encouraged to eat and/or drink

Examples

- The trembling in my hands, due to Parkinson's, makes it difficult to eat and drink without spilling.
- Since my stroke, I am unable to use my left side and need someone else to pre-cut my meals.



Section 34 – Taking medication

You may have difficulty with:

- remembering to take medication. State if you have or need a prompting dosette box
- knowing what to take and when to take it
- getting tablets out of packet
- swallowing tablets
- applying creams and lotions
- checking blood sugar
- reading instructions due to poor eyesight

Examples

- My short-term memory loss means I need to be reminded several times a day to take my medication.
- Due to arthritis, in my fingers I have trouble opening medicine bottles or blister packs.



Section 35 – Communicating with other people

Note: underline the word/statement which applies to you, e.g. filling in forms

You may have difficulty with:

- sight/hearing problems
- following conversation or struggle with background noise
- not being able to retain/process information
- not being able to ask for help if you need it or not being aware when you do require help
- holding a pen to write

You may need:

- accompanying to appointments

Examples

- Due to my stroke, I have difficulty being understood when talking to anyone who does not know me well, as my speech has been affected.
- My hearing difficulties mean I have problems trying to communicate with unfamiliar people and therefore often have problems asking for help when needed.

Section 36

The answer to this question would normally be '7'.

Section 38

To prevent danger to myself and others, includes being at risk of falling. You can describe these difficulties in the notes box.

Section 40 – Help at night

You may have difficulty with:

- getting comfortable or changing position in bed which causes pain or cramp
- continence issues – needing to change clothes/bedding/pads/catheter
- feeling confused/disorientated and wandering – unable to find bathroom etc.
- not being aware of night and day, getting up/dressed

You may need to:

- use the toilet, commode or bottle at night
- sleep with your head or legs raised
- have medication during the night
- sleep in a chair because of pain, insomnia or anxiety

Examples

- 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 problems with mobility and balance, I have a commode by my bed at night. I am not able to empty or clean this myself because of my arthritis.

Section 41

The answer to this question would normally be '7'.

Section 42 – Someone to watch over you

Note: You may tick 'No' but still have needs which you can mention in the notes box.

You may have difficulty with:

- being able to contact someone in an emergency

You may need:

- help from another person
- a lifeline pendant in case of an emergency or other emergency support

Examples

- I hear voices which upsets me. I need to have someone I know to tell me everything is OK.
- Each night I need to get up and go to the toilet. My wife has to listen out to make sure I get there and back to bed safely.



Section 43 – How many nights a week do you need someone to watch over you?

The answer to this would normally be '7'.



Section 44 – Help with your care needs

Use this page to elaborate on previous questions about your care needs. You can include anything that doesn't really fit anywhere else.

Sections 45 and 46 – About time spent in hospital, a care home or a similar place

This information is important because Attendance Allowance payments are suspended if you have been in hospital for more than 28 days. You will need to provide the correct dates, so contact the hospital for details if you can't remember. Attendance Allowance is not paid if someone is in residential/nursing care and the local authority are contributing.



Section 49 – Statement from someone who knows you

This section does not have to be completed, but can be by a family member, friend, GP or other health professional if you wish. If the person completing and signing form has Power of Attorney, they cannot complete this section.

Section 50 – Extra Information

Use this page to elaborate on previous questions if needed and include information that doesn't really fit anywhere else.



Section 51 – Declaration

You, or someone who holds Power of Attorney on your behalf, must sign the form. Please read the declaration carefully as it is very important that you, or the person signing the form on your behalf, understand what you are signing and its implications.

Section 52 – Listing the documents included with the form

List any documents you are sending with the form and ensure you have written your name and National Insurance Number on each document.

What Happens Next?

Once the DWP receive your claim, they will assess and process it. This can take 6 – 8 weeks or more. 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.

Sometimes AA is awarded for a specific time, after which you are asked to reapply. This may be because the DWP expect your condition to improve.

If you are unsure about anything connected to your application, please contact us on 01452 422660.





Navigate Later Life

Information and advice to help you make informed choices



At Home

Projects to support you in staying independent at home



Connect

Helping you to access activities and make connections in your local community