



# ATTENDANCE ALLOWANCE

## A guide to completing the claim form

May 2021

Age UK Plymouth

Information and Advice

Tel: 01752 256020



## Overview

If problems with your health or disability affect your ability to look after yourself or to manage your personal care, you may be able to claim Attendance Allowance. You do not have to be receiving care to qualify.

Attendance Allowance is a non-means tested benefit aimed at those in the community who struggle to manage their care needs independently. It is tax free so you won't have to declare this as income to the tax office. You have to be over 65 years old to apply.

If you are under 65 years old you will have to apply for Personal Independence Payments (see Age UK Factsheet 87 for more details or contact your local Age UK - Plymouth 01752 256020 who will be able to advise you further).

There are two rates of Attendance Allowance:

Low Rate £60 (per week with effect from April 2021) awarded to those with significant care or supervision needs either during the day **OR** night time.

High Rate £89.60 (per week with effect from April 2021) awarded to those with significant care or supervision needs during the day **AND** night time.

### **TO APPLY:**

1. Contact the Department of Work and Pensions **0800 731 0122** to obtain a claim form. Your claim (if successful) will be backdated to the day you ordered the forms providing you return the forms within the time limit specified.

**Or**

2. You can also download the form from the internet by visiting website:

**<https://www.gov.uk/government/publications/attendance-allowance-claim-form>**

Then completing it, printing it off and posting to the DWP.

**If you apply in this way your award will NOT be backdated.**

The form is quite long and can be a daunting proposition, but please don't be put off! Most of the questions are straightforward and just want you to explain how your disability or illnesses affect your ability to manage independently.

If you are successful with the claim you may also be entitled to other benefits or reductions so don't delay.

**NOTE:** It is always recommended that you get some advice before completing the application form. **Age UK Plymouth Information and Advice** can be contacted on **01752 256020** and will be happy to advise you or help you complete the forms if you feel unable to do this yourself.

Our services can get booked very quickly and we suggest you make contact as soon as possible to avoid any delays in returning the application form and lodging a claim. We can also provide you with benefits advice, check that you are receiving your full entitlement and help you with some benefit applications.

## How to Fill in The Form

Firstly, you will need to gather some information together. This includes the following:

1. **Your National Insurance number** – This can be found on letters from the Department of Work and Pensions – such as letters about your State Pension. If you cannot find any, look at your bank statements as this will also show your National Insurance number against State Pension payments.
2. **Details of your health problems or disabilities and when they started** - This should include the official diagnosis.
3. **Medication** - An up to date prescription detailing all your medication, strength and doses taken will have this information. Don't forget to include items you use regularly that may not be on the prescription such as gels and creams for pain relief or tablets that cannot be put on a repeat prescription.
4. **GP details and contact number** - Please note down the last time you saw your GP as well as the surgery name, address and contact details.
5. **Hospital number** - This may be found on letters/reports from hospital consultants or from discharge summaries if you have had a hospital stay.
6. **Name and contact details of anyone you have seen in the last 12 months regarding your health problems** - This should include consultants, specialist nurses, occupational therapists, physiotherapists social worker or similar. Please make a note of the last time you saw them as this will be relevant when completing the form.
7. **Name, address and contact details of anyone who helps you with your needs** - This could be a family member, neighbour, a care agency or someone else. This will help the DWP to clarify what help you need on a regular basis.
8. **Details of any tests you have had in relation to your health problems or disabilities** (including dates and result of the tests if known).
9. **Reports about your health problems or disabilities** - This could be from someone who is treating you, hospital doctor or counsellor. It could be an assessment report, care plan or similar. **Don't worry if you cannot supply any as your GP should hold copies of some of the relevant documents but it is useful to submit any you do have at the point of submitting the application.**
10. **Aids and Adaptations** - Please make a list of the additional aids and adaptations you have in your home to assist you. These could include ones used to help you when you leave the house. You should include grab rails if you have them, mobility aids, stair lifts, specialist aids for bathing etc.

11. **Date your additional care needs started** - When did you start to struggle to manage your care needs and need extra help (even if you live alone and don't receive the extra help). If you don't have a specific date, please note down an approximate date the extra help was needed.
12. **Keep a diary** - Think about how your health problems affect you each day. Try to keep a diary for a week or two, noting what difficulties you have each day, whether you are experiencing pain and discomfort, whether when you try to do something it is exhausting, affects you in a specific way and whether you take significantly longer than a person of a similar age without your health problems. **See attached example at the end of the guide.**

### Now you have the basic information to hand



Questions 1-26 are ready to be completed with the information you have gathered above.

Questions 27-51 look at your care needs in more depth.

Q27-42 ask you to describe how your health problems affect your ability to perform certain care needs on a daily basis. This includes routine tasks such as getting in and out of bed, using the toilet, washing and bathing, dressing, eating, how you manage medications, problems you may have getting around the home and how you cope when outside the home. This includes the help you might need in order to support a social life and engaging with others.

Q27-39 are about your day time needs and Q40-42 concentrate on the problems you might have at night time, once the house has been shutdown for the night.

## Tips to help with the Attendance Allowance claim form

- Don't leave things out, even if you feel you can manage well enough.
- Describe any accidents or falls you've had.
- Explain the effects of all your disabilities and health conditions, and how they interact with each other. This could include such things as fatigue, dizziness, breathlessness, pain etc.
- List things that you struggle to do unaided, even if you've developed ways to cope.
- If an activity takes you much longer than it would somebody without a disability, or if it's difficult to do safely, include this too.
- Say if you need reminding or encouraging to do things, as this also counts as help.
- Focus on how frequently you need help. For example, if you need help looking after your appearance, this could add up to six or seven times a day, if you include help to check your clothes are clean after a meal, help to find a coat and matching shoes, and so on.
- Give plenty of information in your own words about your personal circumstances. Don't worry if you need to repeat yourself.
- Bear in mind that Attendance Allowance doesn't usually take into account problems with housework, cooking, shopping and gardening.
- **When you write your answers please include all or some of the following information:**
  - a) **What difficulty you have with a particular activity**
  - b) **What condition is causing the difficulty with the task**
  - c) **What is the help that you need – you don't have to be having the help to qualify for an award**
  - d) **How long it takes you to perform that task**
  - e) **How often do you need the help through-out the day / night**
  - f) **Give an example of an occasion when you needed help completing that activity**

**NOTE:** The form doesn't give you a lot of room to explain in detail about how your conditions affect you, but don't be put off by this. If you run out of room on the form you can always add additional sheets of paper to be included with the application.

## Example Answers



### **Getting in and out of Bed:**

- Due to my Alzheimer's, I am disorientated and confused about the time of day. I need to be prompted to get up and encouraged to go to bed because of this. I will often get up at inappropriate times and try to get dressed. This happens every day.
- I am very unsteady on my feet due to my arthritis pain and need to be supported at all times. This includes when getting into and out of bed. I have had several falls in the last 12 months and I need to be supervised when moving about because of this.
- I need someone to physically help me to stand up when getting up from my bed as my balance issues mean I am not safe to do this unaided. My legs are weak and I struggle to support myself.



### **Help with Toilet Needs:**

- I cannot manage to lower my clothes to enable me to use the toilet due to the severe pain and discomfort when bending forward. My husband has to help me to manage this. I am in pain 24/7 and need this help every time I have to use the toilet.
- Due to my sight impairment I am unaware that I have not cleaned myself fully after using the toilet and need another person to guide me.
- Because of my limited mobility, balance problems and incontinence issues I cannot get to the toilet in time as I can only walk very slowly. By the time I have got to the toilet I have often already started to go to the toilet. I struggle to clean myself and the surrounding area if this happens as I am unable to bend safely without risking falls. This happens daily, at least 3-4 times a day.



### **Washing and Bathing:**

- I need help to get into and out of the bath to access the shower because of my dizzy spells and limited movement in both knees due to arthritis. I have fallen previously when trying to do this alone and am not safe to manage this unaided now.
- I am unable to see the settings on the shower unit due to limited sight and need assistance. I often mistake the conditioner for the shampoo as I am unable to distinguish the writing on the bottles. My arthritis makes it difficult to open the bottles and my daughter has to come and help me whenever I shower now. This happens 2-3 times a week.
- Due to my COPD I get very breathless when in the shower. Every movement exacerbates my breathing problems and I can only stay in the shower for a limited time as I become overwhelmed by the heat and spray and I unable to stand because of the light headed feeling I get each time. I do not feel safe to manage this without someone to assist me. I have to rest afterwards for at least an hour as I am exhausted by the effort of bathing.



### **Dressing and Undressing:**

- My severe arthritis and neuropathy in both hands mean I cannot do up zips and buttons without assistance from my husband as I cannot feel my fingers and they do not bend easily.
- Since my stroke I am unable to grip with either hand and need assistance to pull up clothes, put them over head or fasten them.
- Due to my cognitive problems I am unaware of the need to change my clothes daily and will try to wear the same things again and again. My husband has to take my old clothes away each time I take them off and put fresh ones out for me each day.



### **Moving about Indoors:**

- I am unsteady on my feet because of constant balance problems. I feel dizzy all the time and have had several falls in the last 12 months in the home and when out. I use furniture and walls to hold onto around the house.
- When using stairs, I have to crawl on all fours due to leg weakness. I also get very breathless due to the exertion of climbing the stairs and have to stop several times when going up and downstairs. If I am outside the home I will avoid stairs altogether and use a lift where possible. I need someone to be with me to ensure I don't fall.
- Due to my depression I lack motivation to move about and will often sit all day unless someone is there to encourage me to walk around to get some exercise.



### **Falls and Stumbles:**

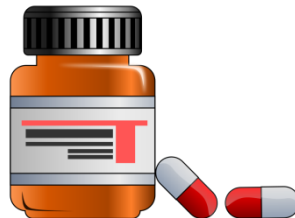
- I cannot walk unsupported now as I am very unsteady on my feet. I cannot feel where I am placing my feet due to numbness below the ankles. I need to be supervised and assisted to move about safely now.
- My limited sight makes it difficult to identify hazards ahead of me. I often stumble and have had to be admitted to hospital last month due to a fall which resulted in a broken hip.
- When I fall I don't have enough power in my legs to enable me to get up unaided.





### Meal Times:

- I cannot recognise the food on my plate due to my sight loss. I need to be told what I am eating and help to get the food onto cutlery and into my mouth. I need this help 2-3 times a day every day. I cannot see to identify out of date foods and risk illness.
- I struggle to grip cutlery since my stroke and my family have to cut up food for me and feed me now. I cannot grip a cup safely.
- Since my diagnosis of Alzheimer's, I need to be prompted to eat at regular intervals. I will be unaware how long it has been since I last ate or if I have eaten at all and risk neglect and poor health. I also risk dehydration as I often have drinks prepared for me and forget to drink them.



### Taking Medication:

- I need full assistance to manage medication safely now due to my memory loss. I am confused and would be at risk of taking too much or too little medication. I need this help 3 times a day
- Because of my poor sight I cannot read labels or instructions on the medication packets and need someone to help me with this each day.
- Due to my depression and previous suicide attempts, I must have someone to manage my medication in case I attempt an overdose.



### **Communication Needs:**

- I cannot hear what people are saying due to my profound deafness, even when using my hearing aids and need someone to communicate and express my needs to others. I need another person to use sign language to communicate with me and help to use a phone as I am unable to hear what is said to me.
- As a result of my cognitive problems I am unable to follow a conversation or participate in conversations. I rely on my family to speak on my behalf. They have Power of Attorney to represent my needs and to make decisions on behalf an best interests.
- My sight loss means I struggle to see the written word and need another person to read letters and documents to me.



### **Night Time Needs:**

- I need help to get into my bed because of severe arthritis and spinal damage caused by a previous accident. I cannot mobilise without feeling like I am going to fall and I am at risk of injury. Each time I have to use the toilet or get out of bed I need help and someone to stay with me when I move about to provide physical support. This happens 2-3 times every night and takes about 10 minutes each time.
- I need another person to help prop me up in bed. I have to sleep on 4 pillows to allow me to breathe properly because of my COPD and heart problems. My pillows often need to be re-positioned throughout the night. I cannot do this for myself as I have a spinal injury which prevents me from doing this without help.



### **Supervision (Day or Night):**

- Because of my memory problems and confusion, I often get up in the middle of the night. I am not aware of where I am and will wander into the wrong room to use the toilet. I need someone to be awake when I am so that they can guide and encourage me back to bed and show me where the toilet is and how to get back to my bedroom.
- I will often wake in the night and see imaginary things that frighten me. I will need another person to calm me and to re-assure me that I am safe to go to sleep again.
- Due to my medication for severe pain and my depression / anxiety, I get very drowsy and disorientate on waking in the night. I am not aware of my surroundings and am unsteady on my feet. I will need assistance to go to the bathroom to guide and ensure my safe return to the bedroom. I have had previous falls in the night because of my lack of awareness.
- Because of my memory problems and reduced cognitive function, I am not aware of my surroundings and lack insight into any dangers around me. I have tried to cook a meal but forgotten to put water in the pan and left the contents on the heat. I burnt pans and also risk fire. I leave things on the hob and am distracted to other tasks.


### **Finishing the form**

To complete the form, you will need to advise DWP how you would like to be paid should you be awarded Attendance Allowance.

There is space at the back of the form to advise them of anything else that you feel is relevant to your needs which hasn't been addressed in the questions.

You will also need to tell them about any stays in a Care Home or Hospital in the last 6 weeks. You will need dates of admission and discharge and the name/ address of the place you stayed.

Now you have completed the forms don't forget to sign the authority to contact your health professionals or those involved in your care as well as the final signature at the end of the form.



Include your additional supporting evidence including reports and medication lists, any care plans or assessments which are relevant. The DWP do not want originals of the documents, a photocopy will do; neither do they want to have appointment letters but these are useful to remind you of the date you attended for tests etc.

**REMEMBER TO GET A COPY OF THE FORMS YOU SEND TO THE DWP** - this is useful as a reminder of what you have written and should you need to complete another form in the future will act as a guide.

Now check over the form for mistakes and then seal the envelope and post it in the envelope they provided with the pack.

### **Keeping A Diary**

A care diary can provide very helpful additional evidence to support your claim. Remember that the rules for lower rate AA say that you must need “frequent attention in connection with your bodily functions throughout the day”. One of the best ways to show that you need help frequently is to keep a diary for a day or so. In your diary, make a note of all the times you need help or when you have difficulty doing a task because of your sight loss, other health conditions or disabilities.

It is useful to record the date, time of the day and what help is required by another person to assist you. If the help is required throughout the day, then note down how many times a day you require this help as it will show the extent of your care needs more clearly to the decision maker.

**Please use the template at the end of this guide if you feel it would be useful to you.**

## **Useful Resources**

### **Age UK**

Website: [www.ageuk.org.uk](http://www.ageuk.org.uk) (National) or [www.ageukplymouth.org.uk](http://www.ageukplymouth.org.uk) (Local).

Telephone: 0800 169 6565 or Local number 01752 256020.

Attendance Allowance Factsheet 34 can be obtained online or by calling - Age UK

### **Royal National Institute of Blind People**

Website: [www.rnib.org.uk](http://www.rnib.org.uk). Telephone: 0303 123 9999. Provides free and confidential support for blind and partially sighted people in all aspects of their lives.

### **Royal National Institute for Deaf People**

Website: [www.rnid.org.uk/](http://www.rnid.org.uk/). Telephone: 0808 808 0123. Provides information and support for deaf and hard-of-hearing people.

### **Alzheimer's Society**

Website: [www.alzheimers.org.uk/](http://www.alzheimers.org.uk/). Telephone: 0330 333 0804. Offers advice, information and support in England and Wales to people with dementia, their families and carers through its helpline and local branches.

### **Versus Arthritis**

Website: [www.versusarthritis.org/](http://www.versusarthritis.org/). Telephone: 0300 790 0400. Offers advice and support to people in the UK dealing with arthritis.

### **British Lung Foundation**

Website: [www.blf.org.uk](http://www.blf.org.uk). Telephone: 0300 0030 555. Provides information if you have chest problems and breathing difficulties.

### **Carers UK**

Website: [www.carersuk.org/](http://www.carersuk.org/). Telephone: 0808 808 7777. Offers practical help and assistance to carers.

**Diary Notes:**

Date	Time of Day	What Help Is Required	How Often	Additional Comments

**Any additional information/ notes about a typical day:**