

**Citizens
Advice &
Rights
Fife**



Independent advice for our community

Personal Independence Payment Claims Guide

**The guide has been designed to help you make your claim for
Personal Independence Payment**

**Citizens Advice & Rights Fife (CARF) offers appointments for
those who need help to complete the PIP2 'How Your
Disability Affects You' Form**

**If you need help call us as soon as possible on 0345 1400 095
or Text Service for the Deaf Community 0787 2677 904,
Monday to Friday, 8.30am 4pm or via webchat at:
<https://www.cabfife.org.uk/>**

Version Updated November 2020

What is personal independence payment (PIP)?

Personal independence payment (PIP) is a benefit for people who have difficulty with daily living activities or mobility. PIP is administered by the Department for Work and Pensions (DWP).

You may qualify for PIP if you have a physical disability or long-term health condition, mental health problem or a learning disability and require (but not necessarily get) extensive help from others.

Claimants must normally be aged over 16 and under state pension age to start a claim.

PIP is not means tested and does not affect your entitlement to claim other benefits such as Employment Support Allowance (ESA) or Universal Credit. It may provide an extra benefit entitlement for unpaid carers who look after you.

You can also get PIP whether you are in or out of work or if you are studying.

How much is PIP worth?

PIP has two parts (components): the daily living component and the mobility component. You may qualify for either or both parts, depending on how your disability or health condition affects you. Each component has two rates.

The current rates are:

The daily living component has:

- A standard rate: £59.70 per week
- An enhanced rate: £89.15 per week

The mobility component has:

- A standard rate: £23.60 per week
- An enhanced rate: £62.25 per week

How to apply for PIP

Phone the DWP on 0800 917 2222 (text phone 0800 9177 777) to register your claim. After registering your claim you will be sent a detailed form asking for information about your health and how it affects you.

Time limit for returning the form

You must complete and return your form to the DWP within one month of the date it was sent to you. The letter accompanying the form will tell you what the return date is.

If you need more time, phone the DWP on 0800 121 4433. Normally you will be given an extra two weeks. If the DWP doesn't receive your form within the agreed time limit they may refuse your claim. Extensions to the date of return are given if you have a good reason, such as an illness or family emergency or you require extra time for someone to assist you with completion of the form.

Assistance to Complete the Form

CARF can assist with form completion and advise you about the claims and appeal processes as well as giving advice on your entitlement to other benefits.

Completing the Form:

Sections 1 & 2

Health professionals you list on the form can provide information about your condition and how it affects you in every day life. These include your GP, Health Specialists or Support Workers. It is advisable but not mandatory for you to include copies of reports that they have compiled on your condition(s) and effects. These reports help to verify the information you detail in the form and may reduce the time spent on determining the outcome of your application.

The disabilities and conditions you enter on the form list all of your long-term medical conditions and the problems you are having, even if you don't have a diagnosis. Bear in mind that you need to have had difficulties for at least three months for them to be considered. Approximate dates can be given for when your condition started if you can't remember the exact date.

When listing medication please remember to state the dosages and side effects of taking them. You can if you wish attach a repeat prescription which contains a list of medication but remember to list the side effects in the relevant box (Section 2b).

Section 3: Questions 3 to 15

These questions ask about how your health conditions or disabilities affect your day-to-day life. There are 10 daily living activities and 2 mobility activities to cover. All activities are numerically graded on how you perform them then the points are added together to determine your entitlement to PIP.

Descriptors and their points can be obtained by visiting:

www.citizensadvice.org.uk/Global/PIP%20descriptors.pdf

You must gain a total of at least **8** points to be awarded the Standard rate of the Daily Living and Mobility elements. If you reach a total of **12** points for the elements you will be awarded the Enhanced rate.

Tips to Consider

- Be honest about your condition and how you actually cope with dealing with daily activities. Even though the answers you give may feel too private to you and your carers to share, it is important to specify the amount of help, prompting and reminding you get from others and rely on. Mention what the implications would be if this help wasn't available.
- For each activity there are some questions with tick boxes followed by a larger box where you can give extra information to describe what difficulties you have or what help you need. If you have any difficulty with an activity you should always fill in the larger box with an explanation. These boxes also help you expand further on how your condition restricts the activities. If you run out of space in these boxes you can use Question 15 on page 50 or attach extra pages for extra information.
- You may be able to score points if you need to use aids or appliances to complete tasks such as handrails by the bath, a lever tap or a stool to sit on when preparing food. To score points you must show that you need to use the aid or appliance – not just that you prefer to use the aid or appliance for convenience. Please bear in mind that these aids and appliances don't need to be things that are specially designed for people with disabilities. You could rely and benefit from equipment that a non-disabled person uses in daily life that helps you to perform tasks i.e. a food processor. Be sure to also mention their limitations and if you need help to use them.
- When completing the information on activities please consider when completing activities how much your safety is restricted. How you are not able to complete tasks to an acceptable standard and how overly long you take to complete activities compared with someone without your condition.
- Give examples or describe specific incidents, accidents and falls and how often they happen. These were where your health and safety was affected when performing essential tasks and moving around. Also the fatigue you feel and how long it takes you to recover from over activity.
- To score points in the PIP assessment you have to show that you have difficulties on more than 50 per cent of days (most of the time). Even

given this, if your condition fluctuates, emphasise how things are on your bad days. Remember that you still may need help on good days. Mention the proportion of good and bad days you have and how long restrictions caused from your condition(s) last for.

The following is an explanation of each activity you are assessed on and things that you could consider including in the form. This is not an exhaustive list and you should consider other restrictions that affect performance of tasks.

Daily Living Activities

Question 3: Preparing food (Descriptor 1)

This question asks about your ability to prepare and cook a simple meal. A “simple meal” means a cooked one-course meal for one person, using fresh ingredients.

- Need to use an aid or appliance (i.e. a stool or chair, lever taps, electric tin opener or lightweight pans). Are there safety issues?
- Need the help and supervision of another person. Explain what help you require
- Although able to do so previously, are you unable to now cook for yourself from your condition(s)
- Unable to cook despite people trying to teach you
- Tiredness during and after cooking
- Tend to skip meals
- Tend to prepare easy to make meals and do you suffer from lack motivation to prepare proper meals
- Have problems with planning meals, setting timers, instructions on food packets, opening tins and handling pots
- Have issues cleaning up spills

Question 4: Eating and drinking (Descriptor 2)

This question asks about your ability to feed yourself by cutting up food on a plate, lifting it to your mouth and chewing and swallowing it or by using a therapeutic source.

- Aids and Appliances (i.e. specially designed cutlery)
- Therapeutic source to take nutrition (i.e. Feeding Tube)
- Does anyone help you with cutting, prevent overeating, ensure you are not nauseous, to prevent choking and eating the correct foods?
- Discomfort whilst eating and drinking
- Skip meals unnecessarily
- Spilling food and drink. Can't hold/grip cups or cutlery

- 'Play' with food
- Lack of Motivation to eat properly
- Forgetting to eat regularly
- Allergies. Scared to eat food you are not used to. Are you a picky eater?
- Too anxious to eat
- Loss of Weight from your diet

Question: 5 Managing treatments (Descriptor 3)

This question asks about your ability to take medication, manage other treatments and monitor your health.

- Have to keep your pills in a dosette box. Problems with remembering when to take them or need to be monitored
- Medication too small to handle
- Need help and supervision to do the above or apply cream, have physiotherapy, monitor blood levels
- Fearful of the effects of medication and overdosing

Question 6: Washing and bathing (Descriptor 4)

This question asks about your ability to keep your body and hair clean. The PIP assessment doesn't cover other aspects of personal hygiene such as shaving, brushing teeth, styling hair or cutting nails.

- Need an aid and appliance (i.e. shower seat, long-handled brush or handrails by the bath or shower)
- Washing and bathing makes you tired
- Do you wash all over (properly)? Problems with stretching to wash all over
- Difficulty getting into and out of bath/shower and difficulty standing or sitting on the bath seat
- Risk of slipping, falling or seizures while having a bath or shower. If you have fallen, describe what happened
- Need for help and supervision to ensure safety and hygiene

Question 7: Managing toilet needs (Descriptor 5)

This question asks about your ability to use the toilet and to manage incontinence. This includes getting on and off an un-adapted toilet, emptying your bladder or bowel and cleaning yourself afterwards. It does not include getting from another room to the toilet, coping with stairs, finding a toilet in a public place, adjusting your clothing before or after using the toilet, or cleaning the toilet or surrounding area.

- Aids and appliances required and used (commode, raised toilet seat, rails by the toilet, incontinence pads, catheter, urine bottle, stoma bag, bottom

wiper, bed pad or seat pad). Need to hold onto things to get on and off toilet to stop falls

- Do you have urgency, cannot control bladder, have accidents uncontrollably, problems with aiming for the toilet, soil your clothes or unable to concentrate on cleaning yourself properly afterwards?
- Need someone to supervise and check that you are performing this correctly and ensure safety and hygiene
- Need reminding from them to go to the toilet and at regular times
- Suffer from lack of Motivation to go

Question 8: Dressing and undressing (Descriptor 6)

This question asks about your ability to dress and undress yourself, including putting on socks and shoes.

- Need to wear clothes which are easy to put on or take off, such as clothes with elasticated waists, Velcro fastenings or a front fastening bra
- Need any other aids or appliances (i.e. shoe horn)
- Have to sit on the bed or chair while getting dressed. Problems with stretching and raising arms and legs as is necessary
- Prefer to wear certain clothes, don't like feel of certain materials (sensory) or restricted due to stoma bag and having to wear layers of clothing if cold from condition
- Lack of motivation to get dressed and undressed
- Tiredness from getting dressed and undressed. Do you sometimes feel too tired or depressed to get dressed?
- Difficulty with fastenings such as bras, buttons, zips, buckles and laces
- Need for another person to help you with the above and to supervise what you are wearing

Question 9: Communicating (Descriptor 7)

This question covers looks at ability to speak, hear and understand your native language. You can score points for this activity if you need to use an aid or appliance or if you need "communication support". Communication support means help from another person who is trained or experienced in communicating with people with specific communication needs (i.e. a sign language interpreter) or who knows you well (i.e. a family member).

- Aids or appliances (i.e. hearing aid, picture symbols or computer technology). Problems you have using them
- Lip read, describe any limitations
- Do you speak more loudly or quietly than others who do not have your condition?
- Need for sign language, Makaton, hand movements and other gestures
- Do you need to have things explained to you? Do you need to be told things several times before you understand?

- Need someone to help, supervise and accompany you to places to aid understanding and to explain messages from others
- Have delusions or hear voices that aren't there

Question 10: Reading (Descriptor 8)

This question covers ability to read and understand signs, symbols and words in your native language. This activity doesn't include the ability to remember what you have read.

- Need to use an aid or appliance (apart from standard glasses or contact lenses) to read, for example a magnifier. Explain the difficulties you have using them
- Difficulty reading (i.e. letters, signs, captions on the TV, large print) and what you use as aids to help you. Do you have difficulty reading moving words and instructions on Buses, etc.
- Do reading limitations cause safety issues for you?
- Difficulty with certain colours or styles of writing or certain handwriting
- Reading causes eye strain.
- Do you have a learning disability or dementia etc.?
- Reading affects your health (i.e. tiredness or headaches). Get distracted easily
- Need the help of others because of the restrictions you have to perform the task

Question 11: Mixing with other people (Descriptor 9)

This question asks about your ability to mix with other people face-to-face, including people you know well and people you don't know. You may score points if you have difficulty because of a disability, i.e., learning disability, autism, anxiety or depression.

- Do you become distressed or anxious at the prospect of mixing with other people?
- Do you have panic attacks, get tearful or upset in social situations? Describe what happens and how often it happens
- Do social occasions make you tired and mean you need time to recover?
- Do you tend to avoid social activities or meeting people?
- Do you struggle with making or maintaining friendships?
- Do you find it difficult to talk to strangers or people you don't know well?
- Do you have problems with understanding other people's body language, speech, humour and sarcasm?
- Do you have difficulty identifying people, following conversations, getting distracted and remembering conversations?
- Does your condition(s), cause frustration, anger making you swear, make you upset and cause you to leave or avoid social occasions?

- What help do you require or get to help you with communicate with others?

Question 12: Making decisions about money (Descriptor 10)

This question is about your ability to understand money and prices, work out a household budget and pay bills. To score points, you must show that you have difficulty budgeting because of a disability or health condition.

- Do you require help to manage finances? Does someone have power of attorney to help you manage your money or do they make essential purchases for you to protect you from fraud? If someone helps you, explain what they do
- Do you have difficulty understanding the value or concept of money and what change you should receive from purchases?
- Do you have difficulty budgeting and overspending? Have you got into debt? Do you impulse buy things you don't need and cannot afford?
- Are you reluctant to spend money for things you require through worry of overspending?

Mobility Activities

Question 13: Going out (planning and following journeys) (Descriptor 1)

This question could be relevant to you if you have sight problems, hearing problems, learning difficulties, severe anxiety or depression, agoraphobia or autism and affects your ability to go out, plan and follow journeys and use public transport to places you know and don't know.

- Do you have to use a specialist aid or appliance to help you find your way about (i.e. white cane, Satnav)?
- Does going out make you very anxious, panicky or distressed? Are you in danger of being exploited and too trusting of strangers when outside? Will going out cause psychological distress?
- Do you tend to avoid going out or prefer to cancel essential appointments and meeting people?
- Do you have difficulty crossing roads safely because of a sight or hearing problem, learning disability or mental health problem?
- Do you need to be physically supported by someone to give reassurance and help with directions?
- Do you find it difficult to ask for or concentrate on directions and instructions and plan a route in order to go places?
- Are you able to go to places you are unfamiliar with or do you worry about getting lost or being in danger?
- Is it difficult to read and understand road signs?
- Do you require help from others to encourage you to go out and to what extent do you depend on others?

Question 14: Moving around (Descriptor 2)

This question asks about your physical ability to stand and move around without severe discomfort such as breathlessness, pain or fatigue. The assessment looks at your ability to move around outdoors on normal outdoor surfaces - this includes textured pavements and kerbs but not flights of stairs or rough terrain. Explain why you need aids and appliances and again the difficulties with them.

The questions are not just asking whether you can physically walk each distance if you have to. They are asking whether you can walk that distance 'reliably'. Don't say that you can walk a certain distance unless you are sure that you can walk that distance without significant discomfort, safely, repeatedly and at a reasonable speed on most days.

- Could walking (or being outside) make your health condition worse?
- Do you have pain when you walk
- What parts of your body are affected and how long it takes you to recover?
- How tired does it makes you feel and do you have to take regular rests?
- Do you need to prop yourself against objects or sit down?
- Describe your walking pace and style (limp, gait etc.)
- Are you at risk of falling?
- How often do you fall, trip or stumble?
- Have these resulted in hospital admissions?
- The extent of help you get and require with walking and being mobile

Question 15: Additional information

This is a space for you to add any additional relevant information that you haven't mentioned already. Also use this box if you have more medication or conditions to add. This is an opportunity to reiterate that your condition needs a great deal of assistance from others and what the implications would be if you did not have it. If you don't have help you can state how you would benefit from having it.

Section 4

The face-to-face consultation - The final question on the form asks you to describe any help you may need or access requirements if you attend a face-to-face consultation.

Declaration - Ensure you sign and date the declaration to confirm that the information you have given is correct and complete.

Additional evidence - Whilst not essential, providing supporting evidence can be very helpful to your application. Don't delay sending it back because you are waiting to get evidence. If necessary, you can put a note at Question 15 on the

form to indicate you are seeking more evidence. You can then send your evidence on with a covering letter afterwards. You should write your National Insurance Number on each piece of evidence you send.

Examples of the type of evidence that could be useful:

- A copy of your medical records
- DS1500 Certificate (If claiming under special rules due to terminal illness)
- Copies of reports or letters from your GP, hospital doctor, specialist nurse or other medical professional such as an Occupational Therapist
- Copies of reports or letters from other people who help you i.e. social worker, support worker or counsellor
- Information about extra support that you receive at college or at work because of your disability or health condition(s)
- A copy of your care plan
- A copy of your risk assessment
- A copy of any hospital admission or discharge summary
- A copy of any letter or statement from your carer (if you have one) or from a friend, neighbour or relative who provides support
- A diary kept by you or your carer (if you have one). This could include notes about:
 - what you do each day;
 - your symptoms and how they affect you;
 - how other people help you (physical assistance, prompting or supervision);
 - what you do for yourself but you find difficult because of your disability;
 - how long it takes to perform activities such as taking a shower or getting dressed;
 - what you don't do because there is no-one to help, because it would be too difficult or because you are in too much pain or too tired;
 - accidents or incidents such as falls or episodes of incontinence;
 - your moods (if you have a mental health conditions)

Sending the form

You should retain a copy of your form and send the original recorded or signed for delivery so that you have receipt of postage or signature by the recipient.

Useful Information:

Citizens Advice & Rights Fife:

03451 400 095, Monday to Friday
from 8:30am – 4pm
Text Service for the Deaf Community
0787 2677 904
Online information and webchat
www.cabfife.org.uk

DWP PIP Claim line:

0800 917 2222, 8am to 6pm, Monday
to Friday, text phone 0800 917 7777

DWP PIP General Enquiries Line:

0800 121 4433

DWP Home visiting Service:

0800 121 4433

GOV.UK

Basic information about PIP and how
to claim the benefit www.gov.uk/pip

DWP PIP Tool kit:

Detailed information, guide to
assessment, factsheets and a copy of
the PIP form (for reference only)
[www.gov.uk/government/publications/
the-personal-independence-payment-
toolkit-for-partners/the-personal-
independence-payment-pip-toolkit](http://www.gov.uk/government/publications/the-personal-independence-payment-toolkit-for-partners/the-personal-independence-payment-pip-toolkit)

Independent Assessment Services: (Formerly ATOS Health Care)

0800 188 4881 or
www.mypipassessment.co.uk/PIP

Disability Rights UK:

Online information including a guide
to claiming PIP
www.disabilityrightsuk.org