

**Citizens
Advice &
Rights
Fife**



Independent advice for our community

Attendance Allowance Claims Guide

**The guide has been designed to help you make your claim for
Attendance Allowance**

**If you need help call us as soon as possible on 0345 140 0095 or
Text Service for the Deaf Community 0787 2677904, Monday
to Friday 10 am to 3 pm**

Version July 2023

Citizens Advice & Rights Fife (CARF) offers appointments for those who need help to complete the [Attendance Allowance for People of State Pension age or over](#) form

Contents

What is Attendance Allowance?	4
How much Attendance Allowance can I get?.....	4
How do I apply for Attendance Allowance?	5
Attendance Allowance helpline:.....	5
Time limit for returning the form.....	5
How do the DWP decide whether to award Attendance Allowance?	6
Assistance to Complete the Form.....	6
Completing the Form:	6
Questions 1-13: About you	6
Question 14: About your illnesses or disabilities and about the treatment or help you	7
Question 15 to 18: Consent to contact your GP and other health professionals	7
Question 19-21: Do you have any reports about your illnesses/disability?.....	7
Question 22-24: About the accommodation you live in.....	8
Remember to note if you are awaiting an Occupational Therapy assessment to see if you require any aids or adaptations.....	8
Question 25: About the aids or adaptations you use	8
Questions 27-39: About how your health conditions or disabilities affect your ability to undertake personal tasks during either the day OR night.	8
Question 27: Do you need help or have difficulty getting into and out of bed?	8
Question 28: Do you need help or have difficulty with your toilet needs?	9
Question 29: Do you need help or have difficulty washing, bathing, showering or looking after your appearance?	10
Question 30: Do you need help or have difficulty with dressing or undressing?	10
Question 31: Do you need help or have difficulty moving around indoors?	11
Question 32: Do you fall or stumble?.....	11
Question 33: Do you need help or have difficulty with cutting up food, eating or drinking?.....	12

Question 34: Do you need help or have difficulty taking your medicines or your medical treatment?	12
Question 35: Do you need help or have difficulty communicating with other people?	13
Question 36:	13
Question 37: Do you need help from another person to actively take part in indoor and outdoor based hobbies/interests/social events etc?	14
Questions 38-39: Do you usually require supervision to keep you safe?	14
Questions 40-42:	14
Questions 40-41: Do you usually have difficulty or need help during the night?	15
Question 42: Do you usually need someone to watch over you at night to keep you safe?	15
Question 43:	15
Question 44: Please tell us about anything else you think we should know about the help you need or the difficulty you have?	16
Questions 45-47: Hospital and Care Home admissions	16
Question 48: Your bank account details	16
Question 49: A statement from someone who knows you	17
Question 50: Extra information	17
Question 51: Your declaration	17
Question 52: Ensure you enclose any additional evidence	18
Top Tips	18
Sending your application form	20
After you have sent the form.....	20
Useful Information:	21
Example Form 1 – Physical Disability.....	22
Arthritis and Angina	22
Example Form 2 – Mental Health Condition	35
Anxiety and Depression	35

What is Attendance Allowance?

If you have reached [state pension](#) age and your ability to look after your own personal care or to keep yourself safe is affected by your health, you may be able to claim Attendance Allowance (AA).

Lots of people are entitled to Attendance Allowance but don't know enough about it to claim.

Attendance Allowance is not means tested so it doesn't matter what other money you get. It doesn't matter how much you have in savings either - there's no limit. It won't affect your state pension and you can claim it if you're still working and earning money.

How much Attendance Allowance can I get?

There are 2 different rates of Attendance Allowance, called the lower and higher rate. The amount you get will depend on, the difficulties you have, how much help or supervision you need and when you need help or supervision.

The current rates are:

Low Rate **£68.10 per week.** You will get this amount if you need help or supervision during **either** the day or during the night.

High Rate **£101.75 per week.** You will get this amount if you need help or supervision **during** both the day and night.

How do I apply for Attendance Allowance?

You can either phone for an application or [download a form](#) on GOV.UK.

It is **best to call** for a claim form because your payments will be backdated to the date you phoned. If you download an application form, you will only be paid from the date that the DWP receive the form.

Attendance Allowance helpline:

- Telephone: **0800 731 0122**
- Textphone: **0800 731 0317**
- Relay UK - if you can't hear or speak on the phone, you can type what you want to say: **18001** then **0800 731 0122**

All lines are open **Monday to Friday, 8am to 6pm**. Calls are free from mobiles and landlines.

Time limit for returning the form

You usually have 6 weeks to complete and return your Attendance Allowance claim form. The return date of the form by will be stamped on it. If you send the form late, you should explain why. If you send the form late and do not give a reason, you will only get paid from the date the DWP receives the form.

How do the DWP decide whether to award Attendance Allowance?

You will not be asked to attend a medical assessment. The DWP will use your form to decide whether to give you Attendance Allowance by checking if you meet the DWP's 'disability test'.

To satisfy the disability test for Attendance Allowance, a person must need:

- attention from another person or
- supervision from another person or
- another person to watch over them

Assistance to Complete the Form

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

Completing the Form:

Questions 1-13: About you

These questions require you to give your personal details i.e. name, address, National Insurance number etc.

Question 14: About your illnesses or disabilities and about the treatment or help you

The disabilities and conditions you enter on the form should 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 **six months** for them to be considered. Approximate dates can be given for when your condition started if you cannot remember the exact date.

When listing medication please remember to state the dosage and side effects of taking them. If you wish, you can attach a repeat prescription which contains a list of medication.

Question 15 to 18: Consent to contact your GP and other health professionals

The DWP may need to contact your GP or the people or organisation involved with you for information about your condition(s) and/or treatment(s). This may include obtaining medical information, therefore the DWP require your consent. It is advisable but not mandatory for you to agree to the DWP contacting your GP and other health professionals or organisations. If you do not agree, the DWP may not be able to check if you are entitled to Attendance Allowance.

Question 19-21: Do you have any reports about your illnesses/disability?

You should also consider including copies of reports on your condition(s), effects and treatment(s). 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.

Question 22-24: About the accommodation you live in

Remember to note if you are awaiting an Occupational Therapy assessment to see if you require any aids or adaptations.

Question 25: About the aids or adaptations you use

List any adaptations or aids you use to help you to do things e.g. a walking stick to help you get about, bath rails or a shower seat or a hoist to help you out of the bath or shower, a commode or raised toilet seat or rails to help with your toileting needs etc.

Also note if you need help using any of the aids/adaptations and if so what help you require. If you are awaiting an Occupational Therapy assessment to see if you require any aids or adaptations please note in this section.

Questions 27-39: About how your health conditions or disabilities affect your ability to undertake personal tasks during either the day OR night.

Question 27: Do you need help or have difficulty getting into and out of bed?

- Do you have to sit on the edge of the bed for a few minutes in order to steady yourself and catch your breath before you can get to your feet?

- Do you require help from another person or an aid e.g. a walking support to get into and/or out of bed?
- Do you ever fall out of bed? If so, have you suffered any injuries as a result?
- Are you able to stretch out if your bedclothes fall off?
- Do you fear you will fall out of bed?
- Does getting into and or out of bed cause you pain?
- Do you have no desire or motivation to get into and or out of bed and require encouragement to do so?

Question 28: Do you need help or have difficulty with your toilet needs?

- Do you use aids and/or appliances to help with your toileting needs? e.g. a commode, raised toilet seat, rails by the toilet, incontinence pads, catheter, urine bottle, stoma bag, bottom wiper, bed pad or seat pad
- Do you need to hold onto things to get on and off the toilet?
- Do you have urgency, cannot control bladder, have accidents, problems with aiming for the toilet, soil your clothes or unable to concentrate on cleaning yourself properly afterwards?
- Do you need someone to supervise and check that you are performing this correctly and ensure safety and hygiene?
- Do you need reminding to go to the toilet at regular times?

Question 29: Do you need help or have difficulty washing, bathing, showering or looking after your appearance?

- Do you need an aid and appliance to help you wash? e.g. a shower seat, long-handled brush or handrails by the bath or shower
- Does washing and bathing make you tired? Do you find it painful?
- Do you have problems with stretching to wash all over?
- Do you have difficulty getting into and out of the bath/shower?
- Are you at risk of slipping, falling or experiencing seizures while having a bath or shower?
- Do you lack motivation to wash and require prompting?

Question 30: Do you need help or have difficulty with dressing or undressing?

- Do you 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?
- Do you use any aids or appliances? e.g. a shoe horn
- Do you have to sit on the bed or chair while getting dressed?
- Do you have problems with stretching and raising your arms and legs?
- Do you prefer to wear certain clothes? For example you do not like the feel of certain materials, or are restricted to what you can wear due to a stoma bag?
- Do you lack motivation to get dressed and undressed?
- Does dressing and undressing make you tired? Do you find it painful?

- Do you sometimes choose inappropriate clothing? e.g. not enough clothing on cold days or too many on a warm day

Question 31: Do you need help or have difficulty moving around indoors?

- Do you find walking painful?
- Are you unsteady on your feet and need to hold onto the walls and furniture when moving around?
- Does walking around make you feel breathless or tired?
- Are you able to climb stairs? If so, do you need to stop and take a rest?
- Do you get stiff after sitting for too long and find it difficult or require help to get up?
- Do you suffer from dizzy spells?
- Do you use any aids or appliances? e.g. a walking stick
- Do you have any motivation to move around?

Question 32: Do you fall or stumble?

- Are you at risk of falling? If so, how often do you fall, trip or stumble? Have these resulted in hospital admissions?
- Do you have to walk very slowly and hold onto things?
- Do you shuffle when walking?
- Do you have poor circulation that results in numbness in your legs?
- Do you suffer from dizzy spells?
- Do you often knock into things?
- If you fall, do you have enough strength to pick yourself up or do you need help?

Question 33: Do you need help or have difficulty with cutting up food, eating or drinking?

- Do you need to use an aid or appliance to eat and/or drink? E.g. adapted cutlery, cups etc.
- Do you tend to prepare meals that are easy to eat? e.g. soup
- Do you use a therapeutic source to take nutrition? e.g. a feeding tube
- Does anyone help you to cut up food?
- Do you require supervision in order you do not overeat or forget to eat, choke or become nauseous?
- Do you suffer any discomfort when eating and drinking?
- Do you tend spill food and drink? Are you able to clean any spillages? Have you ever burnt yourself?
- Do you often have no motivation to eat and require encouragement to do so?

Question 34: Do you need help or have difficulty taking your medicines or your medical treatment?

- Do you use a Dosette box?
- Do you have difficulties remembering when to take your medication?
- Do you find pills too small to handle?
- Do you require help or supervision from another person to take your medication? e.g. to apply cream, monitor your blood levels or your mood, to support you attending GP/hospital appointments
- Are you fearful of the effects of medication and overdosing?

Question 35: Do you need help or have difficulty communicating with other people?

- Do you require help to answer letters or fill in forms?
- Are you able to use the telephone?
- Do you become distressed or anxious at the prospect of mixing with other people?
- Do you have difficulty being understood when talking to someone who you do not know?
- 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 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?

Question 36:

Note the number of days you require assistance or the number of days you have difficulties due to your health condition and/or disability.

Question 37: Do you need help from another person to actively take part in indoor and outdoor based hobbies/interests/social events etc?

- You should note any activities that you previously enjoyed but can no longer undertake due to your health condition and/or disability.
- Are you no longer able to play a musical instrument, paint or draw, complete crossword puzzles, play sports, socialise with friends or family, visit museums, art galleries etc.?

Questions 38-39: Do you usually require supervision to keep you safe?

- Can you become confused and unsure what time of day or night it is?
- Do you sometimes feel dizzy and fall?
- Do you require constant reassurance from another person?
- If you have to get up to go to the toilet at night does someone have to be there to ensure you get back to bed safely?
- How many days a week do you require supervision to keep you safe?

Questions 40-42:

These questions ask about how your health conditions or disabilities affect your ability to undertake personal tasks during the **night**.

Questions 40-41: Do you usually have difficulty or need help during the night?

- Do you need to sleep in an upright position to ease your breathing?
- Do you often become confused and forget things?
- Do you often not realise your bedclothes have fallen off the bed?
- Are you unable to move from your bed at night?
- Do you occasionally have accidents at night and soil your bedclothes but are unable to clean yourself or change?
- How many nights a week do you have difficulty or require help with your care needs?

Question 42: Do you usually need someone to watch over you at night to keep you safe?

- Can you become confused and unsure what time of night it is?
- Do you sometimes feel dizzy and fall?
- Do you require constant reassurance from another person?
- If you have to get up to go to the toilet at night does someone have to be there to ensure you get back to bed safely?
- How many nights a week do you require supervision to keep you safe?

Question 43:

Note the number of days you require assistance or the number of days you have difficulties due to your health condition and/or disability.

Question 44: Please tell us about anything else you think we should know about the help you need or the difficulty you have?

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.

Questions 45-47: Hospital and Care Home admissions

Give details of any time you have spent in hospital and/or a care home within the last 6 weeks and note if you are getting or waiting to hear about the other benefits mentioned on the form.

Question 48: Your bank account details

Give details of the bank account you wish any **potential** award of Attendance Allowance to be paid into. If you are already receiving any other benefits or State Pension and wish to use the same account then tick the relevant box.

Question 49: A statement from someone who knows you

You do not have to get someone to complete this section but it is 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. It is best if you can get a healthcare professional e.g. your GP, consultant or Macmillan nurse, you have recently seen to complete this section. If you cannot get a healthcare professional you can ask a friend, relative or carer.

Before they write on the form, talk to them about how your illness or disability affects you. If they run out of space you can get them to continue on a separate sheet of paper.

Question 50: Extra 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.

Question 51: Your declaration

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

Question 52: Ensure you enclose any 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.

Top Tips

Keep a diary

It is worth keeping a [diary](#) of your needs for at least a week before you fill in the form. The diary can give you a good idea of your 'care needs' - this is the help you need to complete personal tasks. Remember to include any help you need during the night too. You should also write on the diary how many times you need help with tasks like getting out of chairs.

Give details of the help you need, even if you do not receive any assistance

Remember you don't actually have to be getting any help to get Attendance Allowance - the important thing is that you need it and that you explain why you need it on the form.

Write in the blank boxes

It is really important that you explain the help or supervision you need in the blank boxes for Q27-43. Don't just tick the boxes or write how many times you need help or supervision.

Give as much information as possible

The person making a decision on Attendance Allowance won't be a medical expert, so don't assume they will know about your condition. It is important you give as much information as possible on the form about how much help you need. Don't think that any detail is too small to include.

Do not under-estimate your needs

Be realistic and note the amount of help you need on bad days, as well as on better ones.

Explain how many times you need help with tasks or have difficulties

It is really important that you explain how many times you need or get help each day for the 'care needs' questions. You should also explain how many times you have difficulties.

It is ok to repeat yourself

You might feel like you're repeating some of your answers. It is fine to write about the same thing again if it is relevant to more than one question.

Sending your application form

Send the form to:

Freepost

DWP Attendance Allowance

You don't need a postcode or a stamp. If you are waiting for additional evidence e.g. a letter from your doctor, you should still send the form before the 6 week deadline and include a note to advise you will be sending further evidence.

It is a good idea to make a copy of your filled-in application form and any other documents you send. This will be useful in case you need to refer to them later.

After you have sent the form

You will get a 'decision letter'. This will tell you whether or not you have been awarded Attendance Allowance and for how long. The DWP might take a long time before they send your decision letter. If you are worried, you can call the Attendance Allowance helpline to check they have got your form.

If you are terminally ill you should get your decision letter within 2 weeks. You will be awarded the higher rate of Attendance Allowance for 3 years.

Useful Information:

Citizens Advice & Rights Fife:

0345 140 0095, Monday to Friday from 10 am – 3 pm
Text Service for the Deaf Community - **0787 2677904**
Online information
www.cabfife.org.uk

Attendance Allowance:

Telephone: **0800 731 0122**
Textphone: **0800 731 0317**
Relay UK - if you can't hear or speak on the phone, you can type what you want to say:
18001 then **0800 731 0122**

Lines open - Monday to Friday from 8am to 6pm.
Calls are free from mobiles and landlines.

[Attendance Allowance: Overview - GOV.UK](#)
(www.gov.uk)

We have created two sample Attendance Allowance claim forms, covering questions **26** to **44**. The first form is an example of someone with care needs due to a physical disability and the second example focusses on the care needs of someone experiencing poor mental health.

Example Form 1 – Physical Disability

Arthritis and Angina

Care needs

When your care needs started

Normally, you can only get Attendance Allowance if you have had difficulty or needed help for 6 months.

26 Please tell us the date you started to need the help you have told us about in this claim form.

If you cannot remember the exact date, tell us roughly when this was.

DD/MM/YYYY

01/03/2020

Your care needs during the day

During the day includes the evening. Care needs during the night are covered later.

By care needs we mean help or supervision, due to an illness or disability, with:

- everyday tasks like getting in and out of bed, dressing, washing
- taking part in certain hobbies, interests, social or religious activities, or
- communication.

Help means physical help, guidance or encouragement from someone else so you can do the task.

Use the tick boxes to tell us about the difficulty you have or the help you usually need. Usually means most of the time.

It is important that you tell us about the difficulty you have or the help you need, whether you get the help or not.

For more information about care and supervision see page 5 of the notes.

Help with your care needs during the day

27 Do you usually have difficulty or do you need help getting out of bed in the morning or getting into bed at night?

No **Go to question 28**

Yes

Please tick the boxes that apply to you.

I have difficulty:

getting into bed

getting out of bed

I need help:

getting into bed

getting out of bed

I have difficulty concentrating or motivating myself and need:

encouraging to get out of bed in the morning

encouraging to go to bed at night

Is there anything else you want to tell us about the difficulty you have or the help you need getting in or out of bed?

For example, you may go back to bed during the day or stay in bed all day.

No **Go to question 28**

Yes

Tell us about this.

Due to my arthritis I take time getting into and out of bed every day and night. This causes me breathlessness and pain. Most days I have to sit on the edge of the bed for a few minutes to make sure I am not too dizzy/sore to stand up. I have to push myself up from the bed using the mattress for support and then I have to hold on to the chest of drawers to straighten up.

28 Do you usually have difficulty or do you need help with your toilet needs?

This means things like getting to the toilet, or using the toilet, commode, bedpan or bottle. It also means using or changing incontinence aids, or a catheter or cleaning yourself.

No **Go to question 29**

Yes

Please tell us what help you need and how often you need this help.

For example, if you need help to get to and use the toilet four times a day, you would fill in the boxes as shown below.

I have difficulty with my toilet needs:
How often each day?

4

I have difficulty with my toilet needs:
How often each day?

5+

I have difficulty with my incontinence needs:
How often each day?

I need help with my toilet needs:
How often each day?

5+

I need help with my incontinence needs:
How often each day?

I have difficulty concentrating or motivating myself and need encouraging with my toilet needs:
How often each day?

I have difficulty concentrating or motivating myself and need encouraging with my incontinence needs:
How often each day?

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 about this.

Due to my arthritis I can only walk slowly so I often do not reach the toilet on time. I have a toilet frame which I rely on to get up and down from the toilet safely. I could not manage without this because any exertion causes breathlessness. I also feel sore most of the time so I use the frame to help me get up from a seated position and to help me feel safe.

29 Do you usually have difficulty or do you need help with washing, bathing, showering or looking after your appearance?

This means things like getting into or out of the bath or shower, checking your appearance or looking after your personal hygiene. Personal hygiene includes things like cleaning your teeth, washing your hair, shaving or something like this.

No **Go to question 30**

Yes

Please tell us what help you need and how often you need this help.

I have difficulty looking after my appearance:
How often each day?

1

I have difficulty getting in and out of the bath:
How often each day?

I have difficulty washing and drying myself or looking after my personal hygiene:
How often each day?

I have difficulty using a shower:
How often each day?

I need help looking after my appearance:
How often each day?

I need help getting in and out of the bath:
How often each day?

I need help washing and drying myself or looking after my personal hygiene:
How often each day?

I need help using the shower:
How often each day?

I have difficulty concentrating or motivating myself and need encouraging to look after my appearance:
How often each day?

I have difficulty concentrating or motivating myself and need encouraging or reminding about washing, bathing, showering, drying or looking after my personal hygiene:
How often each day?

Is there anything else you want to tell us about the difficulty you have or the help you need washing, bathing, showering or looking after your appearance or personal hygiene?

No **Go to question 30**

Yes

Tell us about this.

Due to my arthritis I have a walk in shower with a handrail which I rely on for support. I regularly fall/slip when getting into/out of the shower, resulting in cuts and bruises. I sit down to get dried because my balance is poor. I find washing my hair too painful therefore visit the hairdresser once a week. I attend the chiropodist because I can no longer cut my toenails.

30 Do you usually have difficulty or do you need help with dressing or undressing?

No **Go to question 31**

Yes

Please tell us what help you need and how often you need this help.

I have difficulty with putting on or fastening clothes or footwear:

How often each day?

I have difficulty with taking off clothes or footwear:

How often each day?

I have difficulty with choosing the appropriate clothes:
How often each day?

I need help with putting on or fastening clothes or footwear:
How often each day?

I need help with taking off clothes or footwear:
How often each day?

I need help with choosing the appropriate clothes:
How often each day?

I have difficulty concentrating or motivating myself and need encouraging to get dressed or undressed:
How often each day?

I have difficulty concentrating or motivating myself and need reminding to change my clothes:
How often each day?

Is there anything else you want to tell us about the difficulty you have or the help you need dressing or undressing?

For example, you may get breathless, feel pain or it may take you a long time.

No **Go to question 31**

Yes

Tell us about this.

Due to my arthritis I have to sit down to get dressed/undressed as my balance is poor. I can no longer manage zips or buttons so wear elasticated waist trousers and Tshirts. I can no longer manage laces so I wear slip on or velcro fastening shoes. It takes me a while to get dressed and undressed and is painful to do.

31 Do you usually have difficulty or do you need help with moving around indoors?

By indoors we mean anywhere inside, not just the place where you live.

No **Go to question 32**

Yes

Please tick the boxes that apply to you.

I have difficulty:

- walking around indoors
- going up or down stairs
- getting in or out of a chair
- transferring to and from a wheelchair

I need help:

- walking around indoors
- going up or down stairs
- getting in or out of a chair
- transferring to and from a wheelchair

I have difficulty concentrating or motivating myself and need:

- encouraging or reminding to move around indoors

Is there anything else you want to tell us about the difficulty you have or the help you need with moving around indoors?

For example, you may hold on to furniture to get about or it may take you a long time.

No **Go to question 32**

Yes

Tell us about this.

Due to my arthritis I hold on to furniture when I walk around the house to keep safe and steady. I have to push myself up using the arms of my chair as I cannot do this without support. I only use stairs if I have to and take my time because of the exertion it causes and I worry about keeping safe. I often stop and take a rest half way up when climbing stairs.

32 Do you fall or stumble because of your illnesses or disabilities?

For example, you may fall or stumble because you have weak muscles, stiff joints or your knee gives way, or you may have problems with your sight, or you may faint, feel dizzy, blackout or have a fit.

No **Go to question 33**

Fall

Stumble

What happens when you fall or stumble?

Tell us why you fall or stumble and if you hurt yourself.

Due to my arthritis I regularly fall/stumble. I had a bad fall about 2 months ago in my kitchen- I tripped and was in pain for weeks. I stumble regularly but as I hold on to furniture this has avoided it becoming a fall.

Have you been referred to a Falls Clinic?

No

Yes

Do you need help to get up after a fall?

Tell us if you have difficulty getting up after a fall and the help you need from someone else.

No

Yes

Tell us about this.

I need help to get up because I cannot manage to get up myself. I am in too much pain and the exertion is too much for me to manage this without support.

When did you last fall?

If you do not know the exact date, tell us roughly when this was.

DD/MM/YYYY

When did you last stumble?

If you do not know the exact date, tell us roughly when this was.

DD/MM/YYYY

How often do you fall?

Tell us roughly how many times you have fallen in the last month.

Tell us roughly how many times you have fallen in the last year.

How often do you stumble?

Tell us roughly how many times you have stumbled in the last month.

10+

Tell us roughly how many times you have stumbled in the last year.

100+

33 Do you usually have difficulty or do you need help with cutting up food, eating or drinking?

This means things like getting food or drink into your mouth or identifying food on your plate.

No **Go to question 34**

Yes

I have difficulty eating or drinking:
How often each day?

I have difficulty with cutting up food on my plate:
How often each day?

1

I need help eating or drinking:
How often each day?

I need help with cutting up food on my plate:
How often each day?

I have difficulty concentrating or motivating myself and need encouraging or reminding to eat or drink:

How often each day?

Is there anything else you want to tell us about the difficulty you have or the help you need with cutting up food, eating or drinking?

No **Go to question 34**

Yes

Tell us about this.

Due to my arthritis I no longer have the grip in my hands to cut up food. I have to eat softer foods which do not need cut or I buy prepared food that I can eat without cutting. I find it difficult and painful to hold cups and cutlery and regularly spill food and drinks, occasionally burning myself.

34 Do you usually have difficulty or do you need help with taking your medicines or with your medical treatment?

This means things like injections, an inhaler, eye drops, physiotherapy, oxygen therapy, speech therapy, monitoring treatment, coping with side effects, and help from mental-health services. It includes handling medicine and understanding which medicines to take, how much to take and when to take them.

No **Go to question 35**

Yes

Please tell us what help you need and how often you need this help.

I have difficulty taking my medication:

How often each day?

2

I have difficulty with my treatment or therapy:

How often each day?

I need help taking my medication:
How often each day?

2

I need help with my treatment
or therapy:
How often each day?

I have difficulty concentrating
or motivating myself and need
encouraging or reminding to take
my medication:
How often each day?

I have difficulty concentrating
or motivating myself and need
encouraging or reminding about
my treatment or therapy:
How often each day?

Is there anything else you want to tell us
about the difficulty you have or the help
you need taking your medication or with
medical treatment?

No **Go to question 35**

Yes

Tell us about this.

I use a nomad so that I do not make a mistake with my medication. I get anxious about taking the wrong medication so rely on this to ensure I am taking my medication properly. I also have a reminder alarm in my phone to remind me when to take my medication.

35 Do you usually need help from another person to communicate with other people?

For example, you may have a mental-health problem, learning disability, sight, hearing or speech difficulty and need help to communicate. Please answer as if using your normal aids, such as glasses or a hearing aid.

No **Go to question 36**

Yes

Please tick the boxes that apply to you.

I have difficulty:

- understanding people I do not know well
- being understood by people who do not know me well
- concentrating or remembering things
- answering or using the phone
- reading letters, filling in forms, replying to mail
- asking for help when I need it

I need help:

- understanding people I do not know well
- being understood by people who do not know me well
- concentrating or remembering things
- answering or using the phone
- reading letters, filling in forms, replying to mail
- asking for help when I need it

Is there anything else you want to tell us about the difficulty you have or the help you need from another person to communicate with other people?

For example, you use British Sign Language (BSL).

No **Go to question 36**

Yes

Tell us about this.

My concentration and memory are poor so I have to write everything in my calendar. Due to my hearing loss I cannot hear people well when in a group setting so I can feel isolated as I cannot engage in conversation. I struggle to use the telephone for the same reason.

36 How many days a week do you have difficulty or need help with the care needs you have told us about on questions 26 to 35?

7

37 Do you usually need help from another person to actively take part in hobbies, interests, social or religious activities?

We need this information because we can take into account the help you need or would need to take part in these activities, as well as the other help you need during the day.

No **Go to question 38**

Yes

Tell us about the activities and the help you need from another person **at home**.

What you do or would like to do? For example, listening to music	What help do you need or would you need from another person to do this?	How often do you or would you do this? For example, four or five times a week
Embroidery	I can no longer manage this due to the pain and lack of grip in my hands.	Most evenings.

Tell us about the activities and the help you need from another person **when you go out**.

What you do or would like to do? For example, swimming	What help do you need or would you need from another person to do this? For example, when I get to the swimming pool I need help to get changed, to dry myself and to get in and out of the pool	How often do you or would you do this? For example, three times a week for half an hour each time
Swimming	I used to love swimming but now can no longer manage this due to my shoulder pain.	a few times a week

If you need some more space to tell us about your hobbies, interests, social or religious activities please continue at **question 61 Extra information**.

38 Do you usually need someone to keep an eye on you?

For example, you may have a mental-health problem, learning disability, sight, hearing or speech difficulty and need supervision.

No **Go to question 40**

Yes

Please tick the boxes that apply to you.

Please tell us why you need supervision.

To prevent danger to myself or others

I am not aware of common dangers

I am at risk of neglecting myself

I am at risk of harming myself

I may wander

To discourage antisocial or aggressive behaviour

I may have fits, dizzy spells or blackouts

I may get confused

I may hear voices or experience thoughts that disrupt my thinking

How long can you be safely left for at a time?

Is there anything else you want to tell us about the supervision you need from another person?

No **Go to question 39**

Yes

Tell us about this.

I have problems with my blood pressure which makes me light headed when I stand up. Sometimes I get dizzy and fall, so frequently use my community alarm in order I can call for help.

39 How many days a week do you need someone to keep an eye on you?

Help with your care needs during the night

By night we mean when the household has closed down at the end of the day.

40 Do you usually have difficulty or need help during the night?

This means things like settling, getting into position to sleep, being propped up or getting your bedclothes back on the bed if they fall off, getting to the toilet, using the toilet, using a commode, bedpan or bottle, getting to and taking the tablets or medicines prescribed for you and having any treatment or therapy.

No **Go to question 42**

Yes

Please tell us what help you need, how often and how long each time you need this help for.

I have difficulty or need help turning over or changing position in bed:

How often each night?

1

2

3+

How many minutes each time?

I have difficulty or need help sleeping comfortably:

How often each night?

1

2

3+

How many minutes each time?

I have difficulty or need help with my toilet needs:

How often each night?

1

2

3+

How many minutes each time?

I have difficulty or need help with my incontinence needs:

How often each night?

- 1
 2
 3+

How many minutes each time?

I have difficulty or need help taking my medication:

How often each night?

- 1
 2
 3+

How many minutes each time?

I have difficulty or need help with treatment or therapy:

How often each night?

- 1
 2
 3+

How many minutes each time?

I have difficulty concentrating or motivating myself and need encouraging or reminding about my toilet or incontinence needs:

How often each night?

- 1
 2
 3+

How many minutes each time?

I have difficulty concentrating or motivating myself and need encouraging or reminding about medication or medical treatment:

How often each night?

- 1
 2
 3+

How many minutes each time?

Is there anything else you want to tell us about the difficulty you have or the help you need during the night?

- No **Go to question 41**
 Yes

Tell us about this.

I have to get up to use the toilet a few times a night. Due to my arthritis it takes me a while to get out of bed and get to the toilet. I have to hold on to the walls and furniture for support. I then **rely** on the toilet frame to help me up and down from the toilet. I take a while to get comfortable again as I am in pain and the exertion affects my angina. My sleep is broken and I feel tired the next day. I often fall asleep in my chair throughout the day.

41 How many nights a week do you have difficulty or need help with your care needs?

42 Do you usually need someone to watch over you?

For example, you may have a mental-health problem, learning disability, sight, hearing or speech difficulty and need another person to be awake to watch over you.

No **Go to question 44**

Yes

Please tick the boxes that apply to you.

Please tell us why you need watching over.

- To prevent danger to myself or others
- I am not aware of common dangers
- I am at risk of harming myself
- I may wander
- To discourage antisocial or aggressive behaviour
- I may get confused
- I may hear voices or experience thoughts that disrupt my thinking

How many times a night does another person need to be awake to watch over you?

How long on average does another person need to be awake to watch over you at night?

Is there anything else you want to tell us about why you need someone to watch over you?

No **Go to question 43**

Yes

Tell us about this.

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

Help with your care needs

44 Please tell us anything else you think we should know about the difficulty you have or the help you need.

N/A

If you need some more space to tell us about the help you need or the difficulty you have with your care needs, please continue at **question 61 Extra information**.

Example Form 2 – Mental Health Condition

Anxiety and Depression

Care needs

When your care needs started

Normally, you can only get Attendance Allowance if you have had difficulty or needed help for 6 months.

26 Please tell us the date you started to need the help you have told us about in this claim form.

If you cannot remember the exact date, tell us roughly when this was.

DD/MM/YYYY

25/02/2017

Your care needs during the day

During the day includes the evening. Care needs during the night are covered later.

By care needs we mean help or supervision, due to an illness or disability, with:

- everyday tasks like getting in and out of bed, dressing, washing
- taking part in certain hobbies, interests, social or religious activities, or
- communication.

Help means physical help, guidance or encouragement from someone else so you can do the task.

Use the tick boxes to tell us about the difficulty you have or the help you usually need. Usually means most of the time.

It is important that you tell us about the difficulty you have or the help you need, whether you get the help or not.

For more information about care and supervision see page 5 of the notes.

Help with your care needs during the day

27 Do you usually have difficulty or do you need help getting out of bed in the morning or getting into bed at night?

No **Go to question 28**

Yes

Please tick the boxes that apply to you.

I have difficulty:

- getting into bed
 getting out of bed

I need help:

- getting into bed
 getting out of bed

I have difficulty concentrating or motivating myself and need:

- encouraging to get out of bed in the morning
 encouraging to go to bed at night

Is there anything else you want to tell us about the difficulty you have or the help you need getting in or out of bed?

For example, you may go back to bed during the day or stay in bed all day.

No **Go to question 28**

Yes

Tell us about this.

Due to my depression and anxiety I struggle to get out of bed and would rather hide away. My sister calls me every morning to check I have got up. If she did not do this I would lie in my bed all day. I also do not go to bed at a reasonable time and will stay up late watching TV or surfing the internet because I worry about having bad dreams or intrusive thoughts.

28 Do you usually have difficulty or do you need help with your toilet needs?

This means things like getting to the toilet, or using the toilet, commode, bedpan or bottle. It also means using or changing incontinence aids, or a catheter or cleaning yourself.

No **Go to question 29**

Yes

Please tell us what help you need and how often you need this help. For example, if you need help to get to and use the toilet four times a day, you would fill in the boxes as shown below.

I have difficulty with my toilet needs:
How often each day?

4

I have difficulty with my toilet needs:
How often each day?

I have difficulty with my incontinence needs:
How often each day?

I need help with my toilet needs:
How often each day?

I need help with my incontinence needs:
How often each day?

I have difficulty concentrating or motivating myself and need encouraging with my toilet needs:
How often each day?

I have difficulty concentrating or motivating myself and need encouraging with my incontinence needs:

How often each day?

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 about this.

29 Do you usually have difficulty or do you need help with washing, bathing, showering or looking after your appearance?

This means things like getting into or out of the bath or shower, checking your appearance or looking after your personal hygiene. Personal hygiene includes things like cleaning your teeth, washing your hair, shaving or something like this.

No **Go to question 30**

Yes

Please tell us what help you need and how often you need this help.

I have difficulty looking after my appearance:
How often each day?

I have difficulty getting in and out of the bath:
How often each day?

I have difficulty washing and drying myself or looking after my personal hygiene:
How often each day?

I have difficulty using a shower:
How often each day?

I need help looking after my appearance:
How often each day?

I need help getting in and out of the bath:
How often each day?

I need help washing and drying myself or looking after my personal hygiene:
How often each day?

I need help using the shower:
How often each day?

I have difficulty concentrating or motivating myself and need encouraging to look after my appearance:
How often each day?

I have difficulty concentrating or motivating myself and need encouraging or reminding about washing, bathing, showering, drying or looking after my personal hygiene:
How often each day?

Is there anything else you want to tell us about the difficulty you have or the help you need washing, bathing, showering or looking after your appearance or personal hygiene?

No **Go to question 30**

Yes

Tell us about this.

I lack motivation and no longer care about my appearance therefore only have a shower about once a week because. This got worse after my wife passed away. I do not see the point. I used to always be clean shaven but now only shave once a fortnight. My sister has to force me to shower and I only do so to avoid an argument.

30 Do you usually have difficulty or do you need help with dressing or undressing?

No **Go to question 31**

Yes

Please tell us what help you need and how often you need this help.

I have difficulty with putting on or fastening clothes or footwear:

How often each day?

I have difficulty with taking off clothes or footwear:

How often each day?

I have difficulty with choosing the appropriate clothes:
How often each day?

I need help with putting on or fastening clothes or footwear:
How often each day?

2

I need help with taking off clothes or footwear:
How often each day?

2

I need help with choosing the appropriate clothes:
How often each day?

I have difficulty concentrating or motivating myself and need encouraging to get dressed or undressed:
How often each day?

I have difficulty concentrating or motivating myself and need reminding to change my clothes:
How often each day?

Is there anything else you want to tell us about the difficulty you have or the help you need dressing or undressing?

For example, you may get breathless, feel pain or it may take you a long time.

No **Go to question 31**

Yes

Tell us about this.

Due to my arthritis I have to sit down to get dressed/undressed as my balance is poor. I can no longer manage zips or buttons so wear elasticated waist trousers and T-shirts. I can no longer manage laces so I wear slip on or velcro fastening shoes. It takes me a while to get dressed and undressed and is painful to do.

31 Do you usually have difficulty or do you need help with moving around indoors?

By indoors we mean anywhere inside, not just the place where you live.

No **Go to question 32**

Yes

Please tick the boxes that apply to you.

I have difficulty:

- walking around indoors
- going up or down stairs
- getting in or out of a chair
- transferring to and from a wheelchair

I need help:

- walking around indoors
- going up or down stairs
- getting in or out of a chair
- transferring to and from a wheelchair

I have difficulty concentrating or motivating myself and need:

- encouraging or reminding to move around indoors

Is there anything else you want to tell us about the difficulty you have or the help you need with moving around indoors?

For example, you may hold on to furniture to get about or it may take you a long time.

No **Go to question 32**

Yes

Tell us about this.

32 Do you fall or stumble because of your illnesses or disabilities?

For example, you may fall or stumble because you have weak muscles, stiff joints or your knee gives way, or you may have problems with your sight, or you may faint, feel dizzy, blackout or have a fit.

No **Go to question 33**

Fall

Stumble

What happens when you fall or stumble?

Tell us why you fall or stumble and if you hurt yourself.

Have you been referred to a Falls Clinic?

No

Yes

Do you need help to get up after a fall?

Tell us if you have difficulty getting up after a fall and the help you need from someone else.

No

Yes

Tell us about this.

When did you last fall?

If you do not know the exact date, tell us roughly when this was.

DD/MM/YYYY

When did you last stumble?

If you do not know the exact date, tell us roughly when this was.

DD/MM/YYYY

How often do you fall?

Tell us roughly how many times you have fallen in the last month.

Tell us roughly how many times you have fallen in the last year.

How often do you stumble?

Tell us roughly how many times you have stumbled in the last month.

Tell us roughly how many times you have stumbled in the last year.

33 Do you usually have difficulty or do you need help with cutting up food, eating or drinking?

This means things like getting food or drink into your mouth or identifying food on your plate.

No **Go to question 34**

Yes

I have difficulty eating or drinking:
How often each day?

I have difficulty with cutting up food on my plate:
How often each day?

I need help eating or drinking:
How often each day?

I need help with cutting up food on my plate:
How often each day?

I have difficulty concentrating or motivating myself and need encouraging or reminding to eat or drink:
How often each day?

Is there anything else you want to tell us about the difficulty you have or the help you need with cutting up food, eating or drinking?

No **Go to question 34**

Yes

Tell us about this.

Due to my depression I have no desire to eat and rely on coffee to keep me going. My sister brings me round a hot meal every evening and stays with me to make sure I have eaten it. If she did not do this I would just live off coffee, biscuits and a sandwich at the most. I have barely any appetite.

34 Do you usually have difficulty or do you need help with taking your medicines or with your medical treatment?

This means things like injections, an inhaler, eye drops, physiotherapy, oxygen therapy, speech therapy, monitoring treatment, coping with side effects, and help from mental-health services. It includes handling medicine and understanding which medicines to take, how much to take and when to take them.

No **Go to question 35**

Yes

Please tell us what help you need and how often you need this help.

I have difficulty taking my medication:
How often each day?

I have difficulty with my treatment or therapy:
How often each day?

I need help taking my medication:
How often each day?

I need help with my treatment
or therapy:
How often each day?

I have difficulty concentrating
or motivating myself and need
encouraging or reminding to take
my medication:
How often each day?

I have difficulty concentrating
or motivating myself and need
encouraging or reminding about
my treatment or therapy:
How often each day?

Is there anything else you want to tell us
about the difficulty you have or the help
you need taking your medication or with
medical treatment?

No **Go to question 35**

Yes

Tell us about this.

My sister calls me every morning to
remind me to take my medication and to
monitor my moods. I have had periods
where I have stopped taking my tablets
and my depression has got worse but she
makes sure this does not happen now. If
she did not check on me I would either
forget or not care about taking my tablets
and I would also forget to put my
prescriptions in to the doctor. She also
takes me to my psychology appointments
because I would either forget or just
refuse to go.

35 Do you usually need help from
another person to communicate
with other people?

For example, you may have a
mental-health problem, learning
disability, sight, hearing or speech
difficulty and need help to
communicate. Please answer as
if using your normal aids, such as
glasses or a hearing aid.

No **Go to question 36**

Yes

Please tick the boxes that apply
to you.

I have difficulty:

understanding people I do not
know well

being understood by people
who do not know me well

concentrating or
remembering things

answering or using the phone

reading letters, filling in forms,
replying to mail

asking for help when I need it

I need help:

understanding people I do not
know well

being understood by people who
do not know me well

concentrating or
remembering things

answering or using the phone

reading letters, filling in forms,
replying to mail

asking for help when I need it

Is there anything else you want to tell us about the difficulty you have or the help you need from another person to communicate with other people?

For example, you use British Sign Language (BSL).

No **Go to question 36**

Yes

Tell us about this.

My sister reminds me about appointments etc as my memory is poor. I rarely answer my phone incase it is bad news. Due to my anxiety I was not opening or throwing away letters therefore my sister now deals with my mail. She also forces me to go to my GP as I find it difficult to ask for help.

36 How many days a week do you have difficulty or need help with the care needs you have told us about on questions 26 to 35?

7

37 Do you usually need help from another person to actively take part in hobbies, interests, social or religious activities?

We need this information because we can take into account the help you need or would need to take part in these activities, as well as the other help you need during the day.

No **Go to question 38**

Yes

Tell us about the activities and the help you need from another person **at home**.

What you do or would like to do? For example, listening to music	What help do you need or would you need from another person to do this?	How often do you or would you do this? For example, four or five times a week
Jigsaws	I no longer have the concentration for this and cannot motivate myself to start or finish a jigsaw.	Most days.

Tell us about the activities and the help you need from another person **when you go out**.

What you do or would like to do? For example, swimming	What help do you need or would you need from another person to do this? For example, when I get to the swimming pool I need help to get changed, to dry myself and to get in and out of the pool	How often do you or would you do this? For example, three times a week for half an hour each time
Outdoor bowling	I used to do this once or twice a week but now cannot face it. I'd rather stay home where I feel safe and secure.	once or twice a week

If you need some more space to tell us about your hobbies, interests, social or religious activities please continue at **question 61 Extra information**.

38 Do you usually need someone to keep an eye on you?

For example, you may have a mental-health problem, learning disability, sight, hearing or speech difficulty and need supervision.

No **Go to question 40**

Yes

Please tick the boxes that apply to you.

Please tell us why you need supervision.

To prevent danger to myself or others

I am not aware of common dangers

I am at risk of neglecting myself

I am at risk of harming myself

I may wander

To discourage antisocial or aggressive behaviour

I may have fits, dizzy spells or blackouts

I may get confused

I may hear voices or experience thoughts that disrupt my thinking

How long can you be safely left for at a time?

Is there anything else you want to tell us about the supervision you need from another person?

No **Go to question 39**

Yes

Tell us about this.

39 How many days a week do you need someone to keep an eye on you?

Help with your care needs during the night

By night we mean when the household has closed down at the end of the day.

40 Do you usually have difficulty or need help during the night?

This means things like settling, getting into position to sleep, being propped up or getting your bedclothes back on the bed if they fall off, getting to the toilet, using the toilet, using a commode, bedpan or bottle, getting to and taking the tablets or medicines prescribed for you and having any treatment or therapy.

No **Go to question 42**

Yes

Please tell us what help you need, how often and how long each time you need this help for.

I have difficulty or need help turning over or changing position in bed:

How often each night?

1

2

3+

How many minutes each time?

I have difficulty or need help sleeping comfortably:

How often each night?

1

2

3+

How many minutes each time?

I have difficulty or need help with my toilet needs:

How often each night?

1

2

3+

How many minutes each time?

I have difficulty or need help with my incontinence needs:

How often each night?

- 1
 2
 3+

How many minutes each time?

I have difficulty or need help taking my medication:

How often each night?

- 1
 2
 3+

How many minutes each time?

I have difficulty or need help with treatment or therapy:

How often each night?

- 1
 2
 3+

How many minutes each time?

I have difficulty concentrating or motivating myself and need encouraging or reminding about my toilet or incontinence needs:

How often each night?

- 1
 2
 3+

How many minutes each time?

I have difficulty concentrating or motivating myself and need encouraging or reminding about medication or medical treatment:

How often each night?

- 1
 2
 3+

How many minutes each time?

Is there anything else you want to tell us about the difficulty you have or the help you need during the night?

- No **Go to question 41**
 Yes

Tell us about this.

41 How many nights a week do you have difficulty or need help with your care needs?

42 Do you usually need someone to watch over you?

For example, you may have a mental-health problem, learning disability, sight, hearing or speech difficulty and need another person to be awake to watch over you.

No **Go to question 44**

Yes

Please tick the boxes that apply to you.

Please tell us why you need watching over.

- To prevent danger to myself or others
- I am not aware of common dangers
- I am at risk of harming myself
- I may wander
- To discourage antisocial or aggressive behaviour
- I may get confused
- I may hear voices or experience thoughts that disrupt my thinking

How many times a night does another person need to be awake to watch over you?

How long on average does another person need to be awake to watch over you at night?

Is there anything else you want to tell us about why you need someone to watch over you?

No **Go to question 43**

Yes

Tell us about this.

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

Help with your care needs

44 Please tell us anything else you think we should know about the difficulty you have or the help you need.

I have struggled with anxiety and depression for a long time but this became a lot worse after my wife passed away 5 years ago. I stopped interacting with anyone and looking after myself and completely shut down. My sister got involved and now checks on me, calls me and visits me every day to make sure I am ok and to help me take care of myself a bit better. If she did not do this I am not sure what would happen to me. I have had suicidal thoughts in the past, I miss my wife so much and just want to be with her, however I could not have my family feel the same hurt that I feel every day.

If you need some more space to tell us about the help you need or the difficulty you have with your care needs, please continue at **question 61 Extra information**.

Citizens Advice & Rights Fife



Independent advice for our community

Authorised and regulated by the Financial Conduct Authority FRN617441
Company Limited by Guarantee No.178060