

## **ATTENDANCE ALLOWANCE**

### **Hints and tips on completing the claim form**

#### **Introduction**

This document is intended as a guide to support you to complete the questions regarding your personal care on the Attendance Allowance claim form. You must complete all parts of the claim form. You may find it helpful to read our Attendance Allowance factsheet which covers the main criteria.

#### **Before filling in the form**

Some points to consider before looking at the care needs part of the claim form:

- Limb loss will not automatically entitle you to Attendance Allowance. It is not the disability or condition that you have, but how that disability or condition affects you that will entitle you the benefit. Individuals react and manage differently so you will find people with the same condition not necessarily having the same benefit entitlement
- Do consider all health conditions or disabilities that you have as well as any limb loss. For example, if you have had an amputation due to poor circulation, do you have any other difficulties due to this such as heart disease?
- When answering questions on how many days / nights a week you have difficulty, you will need to show that this occurs more often than not i.e. at least four days / nights a week. Consider whether even a good day / night for you still means that you have some level of difficulty
- When answering questions on the claim form, try and look at the bigger picture. Do not just look at whether you can complete an activity. Look at how you complete it, describing the process and how long this takes you where necessary
- Consider whether even a good day for you still results in having difficulty with an activity
- The claim form can take some time to fill in, so consider completing it in stages making sure you are aware of any return date for the form

#### **Completing the care needs section**

The following hints and tips are intended to support you in completing the care needs part of the claim form. These are suggestions only and are not exhaustive so please consider other difficulties you have that are not mentioned here.

You may find it useful to tick any boxes that apply to you. When you start to complete the claim form you can then transfer all the difficulties that you have identified to the relevant section of the claim form. Make sure that you are clear why you have these difficulties. For example, if you have ticked the box that states '*Do you get tired or breathless or in pain*

*when washing?* mention why this is the case when you transfer this to the claim form e.g. could it be because you have heart disease?

### **Question 27**

#### **Getting out of bed in the morning and into bed at night**

- ☐ How do you feel when you wake?
- ☐ Do you have any aches, pains, stiffness, breathlessness?
- ☐ Do you have difficulty sitting up, swinging legs out of bed?
- ☐ Does it take you a long time to get up?
- ☐ Do you need to lean on furniture / person / walking stick?
- ☐ Do you have dizziness when you stand?
- ☐ Does someone have to encourage you to get up or go to bed at night?

### **Question 28**

#### **Help with your toilet needs**

- ☐ How frequently do you need the toilet?
- ☐ Do you have trouble getting to the toilet?
- ☐ Do you have trouble sitting down or getting up from the toilet?
- ☐ Do you need help to clean yourself?
- ☐ Do you have difficulty coping with 'accidents'?
- ☐ Do you need help to change soiled clothes?
- ☐ Do you need encouragement to use toilet?
- ☐ Do you need encouragement with continence needs?

### **Question 29**

#### **Washing, bathing, showering or looking after your appearance**

- ☐ Do you have problems taking clothes off?
- ☐ Are you unable to get in / out bath / shower without help?
- ☐ Do you need someone on hand in case you slip?
- ☐ Do you have difficulty washing all over?
- ☐ Do you have problems washing hair?
- ☐ Do you have difficulty drying yourself properly?
- ☐ Do you bed-bath or strip-wash because you are unable to use bath / shower?
- ☐ Do you get tired, breathless or in pain when washing?
- ☐ Does it take a long time to wash / dry yourself?
- ☐ Do you have difficulty shaving?
- ☐ Do you have difficulty cleaning teeth / squeezing toothpaste?
- ☐ Do you have difficulty cutting fingernails / toenails?
- ☐ Do you have difficulty drying hair, combing or brushing?
- ☐ Do you need help to apply make-up?
- ☐ Do you need encouragement or reminding to wash?
- ☐ Would you have more baths / showers if help were available?

### **Question 30**

#### **Getting dressed / undressed**

- ☐ Do you have difficulty with zips, buttons, laces, socks, shoes, bras?

- ☐ Do you avoid certain clothes because they are difficult to get on / off?
- ☐ Do you have difficulty putting on or taking off footwear?
- ☐ Do you need help to choose suitable clothes, check cleanliness or whether coordinated?
- ☐ Do you need to change clothes during the day, for example due to incontinence or spillages?
- ☐ Do you need encouragement to get dressed?
- ☐ Does it take you a long time to get dressed?
- ☐ Does dressing make you tired, breathless or cause pain?

### **Question 31**

#### **Difficulty moving around indoors**

- ☐ Do you have to hold on to furniture, another person, walking stick / frame?
- ☐ Do you use a wheelchair?
- ☐ Do you struggle to use the stairs?
- ☐ Do you have trouble getting in / out of a chair or wheelchair?
- ☐ Are you at risk from falling?
- ☐ Do you avoid walking around because of difficulties?
- ☐ Are you in pain or do you get breathless?
- ☐ Do you need encouragement / reminding to move around indoors?

### **Question 32**

#### **Falls or stumbles**

- ☐ Do you have difficulty with balance?

- ☐ Do you get dizzy when you stand?
- ☐ Are you liable to trip over things?
- ☐ What help do you need to get yourself up if you have fallen?
- ☐ When did you last fall or stumble?
- ☐ How often do you fall or stumble?

### **Question 33**

#### **Help at meal times**

- ☐ Do you have difficulties opening jars / tins, cutting up food?
- ☐ Do you have difficulty gripping a full cup, holding cutlery?
- ☐ Do you need someone to check food is properly cooked?
- ☐ Do you drop drinks / food – how do you clear up?
- ☐ Do you need help cutting up food on your plate?
- ☐ Do you need encouragement to eat?
- ☐ Do you skip meals because it is too much trouble?

### **Question 34**

#### **Help with taking medication or medical treatment**

- ☐ Do you remember to take medicines?
- ☐ Do you need someone to put medication into a pill organiser?
- ☐ Can you open the containers and read instructions?
- ☐ Do you have side effects of medication, e.g. drowsiness?
- ☐ What happens if you don't take medication?

- ☐ Do you need encouraging or reminding to take your medication?
- ☐ Do you need help applying lotions / creams?
- ☐ Do you need someone to wake you up at night to take medication?
- ☐ Do you have any treatment e.g. physiotherapy?
- ☐ How do you feel after any treatment, e.g. do you need time to recover?

### **Question 35**

#### **Help with communication**

- ☐ Do you have difficulty understanding people you don't know well?
- ☐ Do you have difficulty making yourself understood?
- ☐ Do you have difficulty coping in unfamiliar places or with unfamiliar situations?
- ☐ Are you liable to be forgetful or have problems concentrating?
- ☐ Do you have hearing problems even with a hearing aid?
- ☐ Do you have difficulty reading your mail and replying to it or filling in forms?
- ☐ Do you have difficulty asking for help when you need it?
- ☐ Do you need someone to interpret for you using sign language?

### **Question 36**

#### **How many days a week**

When answering the questions about how many days / nights a week you have difficulty, you will need to show that this occurs more often than not i.e. at least four days / nights a week. Consider whether even a good day / night for you still has some level of difficulty.

### **Question 37**

#### **Help you need when you go out during the day or in the evening**

Describe the help that you need to pursue recreational and social activities. Mention any action or activity that you have had to stop or reduce because of your disability or ill health.

Consider things like: visiting family, going for a walk, going to the cinema, clubs, pubs, swimming, fishing, and place of worship.

Think of things you might do at home if you could: watching TV, crosswords, knitting, and reading.

Do you have difficulty travelling to a particular activity?

### **Question 38**

#### **Someone to keep an eye on you**

- ☐ Are you unaware of common dangers?
- ☐ Do you get confused or forgetful?
- ☐ Are you liable to harm yourself or others?
- ☐ Are you unsafe to be left unattended during the day because you might wander?
- ☐ Are you likely to become frightened or aggressive?
- ☐ Do you have dizzy spells, blackouts, fits, seizures?
- ☐ Do you get confused, disorientated, unable to concentrate?
- ☐ Do you hear voices?
- ☐ Do you forget to turn things off which could be a risk, e.g. hob?
- ☐ Have you left burning cigarettes unattended?
- ☐ Do you need supervision to make a cup of tea or use the cooker?
- ☐ Do you have any mental health difficulties e.g. anxiety, phobias, psychosis?
- ☐ Do you feel reassured when others are with you?
- ☐ Could you safely live on your own and if not, why not?

### **Question 39**

#### **How many days a week**

When answering the questions about how many days / nights a week you have difficulty, you will need to show that this occurs more often than not i.e. at least four days / nights a week. Consider whether even a good day / night for you still has some level of difficulty.

### **Question 40**

#### **Help once in bed during the night**

- ☐ Do you sleep badly?
- ☐ Do you have difficulty turning over / getting comfortable?
- ☐ Do you wake because of pain or discomfort?
- ☐ Do you need help to rearrange / change bed clothes?
- ☐ Do you sleep propped up on pillows?
- ☐ Do you need help with your toilet needs?
- ☐ Do you need help to take medication / apply dressings?
- ☐ Do you need help / reminding about toilet or medication?

### **Question 41**

#### **How many nights a week**

When answering the questions about how many days / nights a week you have difficulty, you will need to show that this occurs more often than not i.e. at least four days / nights a week. Consider whether even a good day / night for you still has some level of difficulty.

### **Question 42**

#### **Someone to watch over you**

- ☐ Do you need watching over to prevent a danger to yourself or others?
- ☐ Are you unaware of common dangers?
- ☐ Are you liable to harm yourself or others?



- ☐ Are you unsafe to be left unattended at night because you wander?
- ☐ Are you likely to become frightened or aggressive during the night?
- ☐ Do you get confused, disorientated or unable to concentrate?
- ☐ Do you hear voices or experience thoughts that disrupt your thinking?

### **Question 43**

#### **How many nights a week**

When answering the questions about how many days / nights a week you have difficulty, you will need to show that this occurs more often than not i.e. at least four days / nights a week. Consider whether even a good day / night for you still has some level of difficulty.

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Please make sure you complete all other questions on the claim form, and ensure that you sign and date it.

It is advisable to make a copy of the claim form before posting it. This can be useful should you need to challenge the decision or if your claim is reviewed at some stage.