

Did you know.... Approximately
£17.7 billion in benefits and tax
credits go unclaimed each year!

Disability Welfare Entitlements...What Am I Entitled To?

PERSONAL INDEPENDENCE PAYMENT (PIP)

What is it?

PIP is extra money to help with the additional costs of a long term illness or disability. You do not have to have paid National Insurance contributions to be awarded PIP and you can receive it whether you are in work or not. PIP is not means-tested, so it can be paid regardless of other money coming in to your household. However, it is factored into financial assessments for social care services, if you need them.

To qualify for PIP, you must:

- Be aged 16 or over up until the day before your state pension age.
- Have a long-term health condition or disability which causes you difficulties with your activities related to 'daily living' and/or 'mobility'
- Have had these difficulties for 3 months and expect them to last for at least a further 9 months.

Daily living difficulties:

- Preparing or eating food
- Washing, bathing and using the toilet
- Dressing and undressing
- Reading and communicating
- Managing your medicines or treatments
- Making decisions about money
- Engaging with other people.

Mobility difficulties:

You may get the mobility component of PIP if you need help with going out or moving around.



How do I claim?

Call the Department for Work and Pensions (DWP) to make a new Personal Independence Payment (PIP) claim. Monday to Friday, 8am to 6pm.

Tel: 0800 917 2222

Textphone: 0800 917 7777

You'll be asked for information like:

- Contact details and date of birth
- National Insurance number
- Bank or building society details
- Doctor's or health worker's name
- Details of any time you've spent abroad, in a care home or hospital.

At this stage the DWP should not ask you any questions about your health condition or disability and the effects on you unless you are claiming under special rules due to a terminal illness.

What happens next?

The DWP will send you a 'How your condition affects you' form with notes to help you complete it. Return it to the DWP address on the form.

Assessments

Your claim will be assessed by an independent healthcare professional to help the DWP work out the level of help you need. This may be face-to-face and if it is you'll receive a letter with an appointment time and location.

DWP makes the decision about your claim based on the results of the assessment, your application and any supporting evidence you include.

DWP will send you a letter once they've made their decision, explaining why you do or don't get PIP and if you do, the rate awarded.

Your rate will be regularly reassessed to make sure you're getting the right support and you must tell DWP straight away if there's a change in how your condition affects you.

If you're terminally ill

You can get PIP more quickly if you're not expected to live more than 6 months.

Call DWP to start your PIP claim and then send them form DS1500 (you can only get this form from a doctor or other healthcare professional).

You will not need to complete the 'How your condition affects you' form or go to a face-to-face consultation.

(new style) EMPLOYMENT AND SUPPORT ALLOWANCE (ESA)

What is it?

If you're ill or disabled then ESA offers financial support if you're unable to work and personalised support to help you work if you are able to.

There are two types of ESA and you may be able to be awarded either depending on your circumstances.

- Contributory ESA, which you can get if you have paid enough National Insurance contributions. In some circumstances, payments of contributory ESA will stop after one year
- Income-related ESA, which is paid if your income and capital are low enough (This has now been replaced by Universal Credit)

To qualify for ESA, you must:

- Have an illness or disability which affects your ability to work
- Be aged 16 or over and under state pension age
- Not be receiving Statutory Sick Pay, Statutory Maternity Pay or Job Seekers Allowance (JSA).

Usually ESA claims will not be affected by Permitted Work or Supported Permitted Work, which is where you can:

- Work and earn up to £20 per week for an unlimited period
- Work and earn up to £140.00 a week doing work as part of a treatment programme, or supervised by someone from a local council or voluntary organisation. There is no limit to how long you can do this work
- Work less than 16 hours a week and earn up to £140.00 a week for up to 52 weeks.

While you do not need to obtain permission from the DWP to do Permitted Work, you should notify the DWP of any change of circumstances that may affect your benefits, including any increase of household income.

Income may affect your income-related or contribution-based ESA. Income can include:

- You and your partner's income
- Savings over £6,000
- Pension Income.

You won't qualify for income-related ESA if you have savings over £16,000.



How do I claim?

Telephone the Job Centre, Monday to Friday, 8am to 6pm.

Tel: 0800 328 5644

Textphone: 0800 328 1344

You can also complete an ESA1 form at www.gov.uk/employment-support-allowance/how-to-claim Print it out and send it or take it to your local Job Centre Plus office.

You will be asked for information like:

- National Insurance number
- Medical certificate
- GP's address and phone number
- Home and mobile telephone numbers
- Mortgage or landlord details
- Council tax bill
- Employer's address and telephone number and dates of employment or last day worked
- Bank account details
- Details of any other money you are getting, e.g. benefits or sick pay.

What happens next?

You will be sent a Work Capability Assessment form to complete and may need to attend a Work Capability Assessment while your ESA claim is being assessed. You will be placed in one of two groups after this assessment:

1. Work-Related Activity Group, where you'll have regular interviews with an adviser and possibly undertake work-related activity

or

2. Support Group, when you have been found to have limited capability for work and do not have to attend interviews, although if you choose to you can volunteer to do so.

The rules about ESA are complicated. If you have difficulty with your claim, or need further advice please contact us:

Tel: 01736 759500

Email: advice@disabilitycornwall.org.uk

ATTENDANCE ALLOWANCE (AA)

What is it?

AA is a tax free benefit for people who have reached state pension age who have physical or mental health impairments and need help with personal care or supervision to remain safe. You do not actually have to be getting any help, it is the help that you need that is relevant, not what you get. You can get AA even if you live alone, you do not need to have a carer. AA is not means tested, there are no National Insurance contribution tests and it is paid in addition to other money in most cases.

To qualify for AA, you must:

- Have reached your state pension age (if you have not yet reached this date you should claim Personal Independence Payment instead)
- Satisfy the disability test (see below)
- Meet the qualifying period condition (see below)
- Pass the residence and presence tests and not be subject to immigration control.

Disability Test

You must meet at least **one** of these four conditions:

- You need what the decision makers call 'frequent attention from another person throughout the day in connection with your bodily functions' **or**
- 'Continual supervision throughout the day in order to avoid substantial danger to yourself or others' **or**
- 'Prolonged or repeated attention throughout the night in connection with your bodily functions' **or**
- 'Supervision at night in order to avoid substantial danger to yourself or others and require another person to be awake for a prolonged period or at frequent intervals for the purpose of 'watching over you'.

How do I claim?

Call the Attendance Allowance helpline and ask for an AA1A claim form, or download it from the website.

Tel: 0800 731 0122

Textphone: 0800 731 0317

Website: www.gov.uk/attendance-allowance/how-to-claim

What happens next?

The DWP may make a decision based on your claim form, or may request a short report from your doctor or another medical professional. If these do not provide a complete picture the decision maker will arrange for you to have an appointment with a medical professional.



CARERS ALLOWANCE

What is it?

Carers Allowance is a benefit for people who regularly spend at least 35 hours a week caring for a disabled person. You do not have to be related to, or live with, the disabled person. You can get Carers Allowance even if you have never worked. You are not prevented from getting Carers Allowance even if you are disabled yourself and also need care. Carers Allowance does not depend on National Insurance contributions, it is taxable and counts as income for other welfare entitlements.

To qualify for Carers Allowance

- You must regularly spend at least 35 hours a week caring for a person who receives one of the following: Disability Living Allowance (care component at middle or higher rate), Attendance Allowance (at either rate), Personal Independence Payment (daily living component at either rate), Constant Attendance Allowance (of £72.80 or more) or Armed Forces Independence Allowance
- You must be aged 16 or over
- You must not be in full time education
- If you work, you must not earn more than £128 a week after tax, National Insurance and any other allowable expenses
- You must not be subject to immigration control.

How do I claim?

You can claim on a DS700 or on a DS700(SP) if you get a state pension. Forms are available from the Carers Allowance unit or they can be downloaded from the website, where you can also claim online if this is easier for you.

Tel: 0800 731 0297

Textphone: 0800 731 0317

Website: <https://www.gov.uk/carers-allowance/how-to-claim>



What happens next?

You will receive a written decision on your claim. If you disagree with it, you have one month within which to ask for the decision to be reconsidered. If you are not happy with the outcome of the reconsideration, you have a further month to lodge an appeal.

Disability Living Allowance (DLA)

What is it?

DLA provides help towards the extra costs of bringing up a child with an illness or disability. It is paid on top of almost any other income you have and can give you access to other types of help.

To qualify for DLA:

Your child must have care and mobility needs substantially in excess of what is normally required by a child of the same age, or have substantial needs that non-disabled children of the same age would not have. This does not apply to children who are terminally ill.

The child must also:

- Be within the age limits, birth to age 16, for the care component
- Be at least 3 years of age to qualify for the high rate mobility component
- Be at least 5 years of age to qualify for the low rate mobility component **and**
- Must pass at least one of the disability tests (see below) **and**
- Not be subject to immigration control.

DLA is divided into two parts:

- A mobility component for help with walking difficulties, paid at two different rates, low and high
- A care component for children needing extra personal care, supervision or watching over because of a disability or long-term health condition. This is paid at three different rates, low, medium and high.

Your child can be paid either the care component or mobility component on its own, or both components at the same time.

Disability tests:

Care component

Your child must meet at least **one** of these conditions:

- Requires frequent attention throughout the day in connection with their bodily functions
- Requires continual supervision throughout the day in order to avoid substantial danger to themselves or others
- Requires prolonged or repeated attention in connection with their bodily functions
- In order to avoid substantial danger to themselves or to others your child requires another person to be awake for a prolonged period
- Requires, in connection with their bodily functions, attention from another person for a significant portion of the day (whether during a single period or a number of periods).



Mobility component

To qualify for the **higher rate** your child must be aged 3 or over, have a physical disability, severe visual impairment or severe learning difficulty.

To qualify for the **lower rate** your child must be aged 5 or over, must be 'so severely disabled physically or mentally that disregarding any ability they may have to use routes which are familiar to them on their own, they cannot take advantage of the outdoors without guidance or supervision from another person' most of the time.

How to claim

To get a DLA claim form call the DLA helpline, Monday to Friday, 8am to 6pm, or download it from the website.

Tel: 0800 1214600

Textphone: 0800 1214523

Website: www.gov.uk/disability-living-allowance-children/how-to-claim

What happens next?

Decisions are made by the DWP decision makers, not by healthcare professionals. To help them, the DWP uses online guidance which outlines the main care and mobility needs likely to arise from different illnesses and disabling conditions.

The completed claim form may give the decision maker enough information to make a decision, or they may request a short report from your child's pediatrician, or copy of a Statement of Special Educational needs or an Education, Health and Care Plan from the school. Or they may arrange for a healthcare professional to assess your child at home.

**This is not an exhaustive list
and you may qualify for other
welfare entitlements based on
your circumstances.**

Contact DIAL

Tel: 01736 759500

Email: advice@disabilitycornwall.org.uk