

Attendance Allowance

What it is and help with completing the application form

Attendance Allowance (AA) is a tax-free benefit for people of state pension age and over who need help with personal care, or watching over to keep safe. You must have had your current needs for 6 months in order to qualify. It is not means tested, and could also increase your entitlement to Pension Credit, Housing Benefit or Council Tax Reduction.

You can get Attendance Allowance even if you live alone and no one looks after you. You don't need to be registered disabled.

Rates of benefit

Attendance Allowance is paid at two rates:

Lower rate £72.65* per week – this is awarded if you need frequent help or constant supervision during the day **or** supervision at night;

Higher rate £108.55* per week – this is awarded if you need help with personal care or supervision during the day **and** night, or a medical professional has said you might have 12 months or less to live.

**this amount usually increases on 1st April*

The help you need during the day has to be required regularly throughout the day, not just morning or evening. The help at night usually has to be needed for 20 minutes or more, or it must be a repeated need.

Supervision means someone is checking on you throughout the day, and for the night it means someone has to be awake to check on you.

To get AA you do not have to show that you actually get (or want) the help or supervision; just that it is reasonable for you to need it. For example, if a task causes you pain, or breathlessness makes your condition worse, or you need to rest afterwards, help is reasonably required.

Prompting or reminding you to do things can also count as help – for example, if you need someone to motivate you to get up or remind you to have a wash. Remember it is not your medical condition itself that will entitle to you AA but how it affects your day to day life and ability to care for yourself effectively.

Keeping a diary about how your condition affects you can help when completing the AA application, especially if your condition varies from day to day. Make a note of the activities you need help with, and how long it takes to undertake them.



Getting a claim pack

You can either order a form from the Attendance Allowance helpline, or download from the Department for Work and Pensions website. If you order a form by phone, a claim pack will be sent out and it will be date stamped. If you return the form within six weeks the date of claim is taken as the date the claim form was requested.

Telephone: 0800 731 0122

Website: www.gov.uk/government/publications/attendance-allowance-claim-form

Filling in the claim pack – overview

Questions 1 – 11

These are personal details about yourself and your home in the UK. You may prefer not to provide a telephone number. This is your choice, but you may wish to give a reason, for example, if you get anxious when asked questions by people you do not know.

Questions 8

To be able to claim Attendance Allowance you normally have to have lived in the UK for 2 years out of 3 and not be subject to immigration control.

Question 12

This question applies to people who have been given a terminal diagnosis for their illness and are not expected to live longer than another 12 months. You will need to tick the box. In such a case you are required to send an SR1 form with your claim. You can ask your doctor or specialist for an SR1 form.

Question 13

Only complete this if the person who is claiming AA cannot sign the form themselves for one of the reasons specified. If they know you are writing and they sign the form, you do not need to complete this section.

Question 14

List all your illnesses and disabilities in the boxes provided. You can send in your prescription list rather than writing all your medication on the form. Ensure that your name and National Insurance number are on the top of your prescription list.

Questions 15 to 17

These are about health professionals and carers involved with your care. These people may be contacted by the decision maker whilst considering your claim.

Question 18

This needs to be signed to give the people involved in your care permission to provide extra information if requested.



Question 19

This asks about any medical reports you may already have from health professionals involved with you. If you do have any of these send a copy with your claim form. This can add weight to the statements you make in your form and may give you a faster decision on your claim.

Questions 20 to 25

Give details of any surgery or medical tests you have had, or are waiting for. Provide information about any aids or adaptations you use in your home. It is important to explain if any of the adaptations have helped, or if you struggle to use them. Examples would include small items such as walking sticks, grab rails and chair risers to larger items such as stair lifts and bath hoists.

Question 26

This needs to be completed – an approximate date will suffice but it needs to be at least six months prior to your application for AA. You do not need to have someone caring for you as long as your disability or illness means it is reasonable for you to need this care.

Questions 27 to 39

These are all questions about difficulties you have during the daytime.

Answer each question in turn giving as much detail as you can, even if you find it embarrassing.

Remember that the person making the decision on your claim does not know you, so you must give as much information as you can, including what causes the problem, what the problem is and how you manage to cope. There may be some repetition but it is worth adding notes to every question to give plenty of detail about the problems you have.

NB Help with housework and domestic tasks do not count as personal care for Attendance Allowance.

Questions 40 to 43

These are all questions about your needs during the night, after you have gone to bed. If you usually go to bed and sleep right through until morning (at least 4 nights a week or more) you will not need to answer these questions.

To help you with Questions 27 to 43 go to Page 5 where there are example answers that you may find helpful.

Question 44

Use this extra space if you have more information to add.

Questions 45 and 46

These ask for details of stays in hospital or a care home.

Question 47

If you are receiving Constant Attendance Allowance (a separate benefit that is linked to disablement caused by industrial accident/disease) you must tick the appropriate box. This will affect your entitlement.



Question 48 - 52

You need to provide your bank or building society details here.

Question 53 - 60

This is space for an optional statement from someone who knows you. It could be a family member, friend or a health professional. Do not worry if you cannot get this filled in. Just send the form in with this section left blank. It is important not to delay returning your form as you may lose backdated money.

Question 61

You can provide extra information here.

Question 62 – declaration

This is for your signature. If you do not sign here the form will be returned to you. This will delay processing your claim, so do remember to add your signature to this box, date it and print your name underneath.

If the person claiming AA is unable to sign the form themselves, someone else can do it on their behalf if they:

- are an appointee, or,
- have power of attorney, or,
- are a deputy

Question 63

List any documents you are enclosing with the claim form – ensure that your name and National Insurance number is written on each document.



Example answers to Questions 27 to 43

Question 27 - Getting out of bed in the morning and into bed at night

Consider if any of the following apply to you and explain in your answer:

- 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?

Examples answers

- Due to my angina I have to sit on the edge of my bed for a few minutes in order to steady myself and catch my breath before I can get to my feet.
- I have to use my walking frame for support in order to get to my feet due to the arthritis in my legs.
- Because my balance is poor, I can't stretch out if my bedclothes fall off as I fear I may fall out of bed.
- Due to the arthritis in my arms and legs I struggle to sit up in bed because this is very painful.
- I am depressed and not motivated to do anything and I need a lot of encouragement to get out of bed.
- Because my legs are weak, I need to have something to help lever myself to my feet.
- My mobility is very poor and I need someone to help me off the bed and onto my feet.

Question 28 - Help with your toilet needs

Consider if any of the following apply to you and explain in your answer:

- How frequently do you need the toilet?
- Do you have trouble getting to the toilet?
- Do you have trouble sitting down on 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 the toilet?
- Do you need encouragement with continence needs?

Example answers

- The water retention in my feet means I can only walk very slowly so I sometimes do not reach the toilet on time.
- My arthritis makes it difficult to undress myself in order to use the toilet, push the flush handle or turn the taps to wash my hands. I always need help with these tasks.
- Because I can't see, someone needs to check whether I have washed and cleaned my hands properly after using the toilet.
- After using the toilet/commode, I need help to put my clothes back on.



Question 29 - Washing, bathing, showering or looking after your appearance

Consider if any of the following apply to you and explain in your answer:

- 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?

Example answers

- My arthritis means I need help to shave, wash my hair and check my appearance. Without help these activities are slow and painful; it can take me up to an hour and I am exhausted afterwards.
- My bad back means I cannot step into, or out of, the bath or shower unassisted.
- Most days I feel too depressed to bother with washing unless someone encourages me and checks that I have done it.
- My mobility and balance are poor and I need to sit while washing my face or brushing my teeth.

Question 30 - Getting dressed/undressed

Consider if any of the following apply to you and explain in your answer:

- 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 co-ordinated?
- 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 30 - Getting dressed/undressed continued

Example answers

- The pain in my back and legs means I have difficulty bending to get clothes out of cupboards and drawers. Someone has to help me.
- Chronic asthma means I become very breathless and therefore have to rest between putting on or removing each item of clothing. It can take me half an hour or longer.
- My severe rheumatism means I need help to fasten buttons, zips and laces as it is too painful to do it myself.
- My hands are contorted due to arthritis and therefore I can't grip fastenings to do them up.
- Sometimes I am in too much pain to want to get dressed unless someone encourages me to.
- Due to confusion I don't wear the appropriate clothing (e.g. not enough clothing on cold days or too many layers on a warm day).

Question 31 - Moving around indoors

Consider if any of the following apply to you and explain in your answer:

- 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?

Example answers

- I have very weak legs and can only climb the stairs by putting both feet on each step rather than on alternate steps.
- My arthritis means I can get very stiff sitting in a chair and need to rock to gain the momentum to get to my feet.
- I am very unsteady on my feet and need to hold onto the walls and furniture.
- I suffer from chronic arthritis and get extremely breathless. When I climb the stairs, I need to take a break and sit on them.
- I suffer from dizzy spells and experience them when getting to my feet or trying to go upstairs.
- I get very depressed and often don't want to do anything. I need encouragement to get up or move around.

Question 32 - Falls and stumbles

Consider if any of the following apply to you and explain in your answer:

- 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?



Question 32 - Falls and stumbles continued

- When did you last fall or stumble?
- How often do you fall or stumble?

Example answers

- I have to walk very slowly and hold onto things. I tend to shuffle when I walk. This causes me to stumble frequently.
- I have poor circulation which often results in numbness in my legs causing me to fall.
- I suffer from high blood pressure, which causes dizzy spells resulting in falls.
- My deteriorating eyesight means I knock into things and this also affects my balance causing me to stumble or fall.
- When I fall, I don't have enough strength to pick myself up and need to call for help.

Question 33 - Help at meal times

Consider if any of the following apply to you and explain in your answer:

- 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?

Example answers

- The trembling in my hands, due to Parkinson's, makes it difficult to eat and drink without spilling.
- Due to my blindness I need someone to check I am clean after meals.
- Since my stroke, I am unable to use my left/right side and therefore need my meals to be pre-cut.
- The rheumatoid arthritis in my hands makes it difficult to grip cutlery and hold cups for drinking.
- Due to my depression, I have no motivation to eat and need to be encouraged to have regular meals.
- Due to short term memory loss, I forget whether I have eaten and need supervision.

Question 34 - Help with taking medication or medical treatment

Consider if any of the following apply to you and explain in your answer:

- Do you remember to take medicines?
- Do you need someone to put medication into a pill organiser or use a dosette box?
- 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?



Question 34 - Help with taking medication or medical treatment continued

- 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?

Example answers

- Due to my deteriorating sight I am unable to read the labels and need someone to set out the correct medication for me.
- My short term memory loss means I often need to be reminded several times to take my medication.
- My fingers are deformed due to arthritis and I have trouble opening medicine bottles or blister packs.
- Due to my arthritis I find it difficult to rub in cream on my legs/back/arms

Question 35 - Help with communication

Example answers

- I cannot see to read, answer letters or fill in forms. Someone must read them to me and write the reply for me.
- I can't hear, and rely on sign language to communicate so I cannot use the phone.
- My speech is slurred due to suffering a stroke and I have difficulty being understood when talking to anyone who does not know me well.
- My deafness means I have problems trying to communicate with unfamiliar people and therefore often have problems asking for help when needed.
- As a result of short term memory loss, I find it difficult to hold a conversation because I forget the topic of conversation and start talking about something else.
- Due to mental illness I would find it difficult to cope in unfamiliar surroundings and with unfamiliar people.

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 at least 4 days/nights a week. Consider whether even on a good day/night you still have 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 places 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

Example answers

- I get confused and don't know what time of day or night it is. I will make random phone calls at all hours if someone isn't with me to provide re-assurance.
- I have problems with my blood pressure which make me light headed when I stand up. Sometimes I get dizzy and fall so I need someone to keep an eye on me.
- I forget to eat, sometimes I forget to drink. I need someone to prompt me to do these things.
- I hear voices which upsets me. I need to have someone I know tell me everything is alright.

Questions 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 at least 4 days/nights a week. Consider whether even on a good day/night you still have some level of difficulty.

Question 40 - Help once in bed during the night

Example answers

- I sleep on four pillows to keep upright in bed as this helps ease the breathing problems caused by my asthma.
- I sometimes get very confused and forget things. I don't always realise when the bedclothes fall off the bed, and therefore do not pull them back on. I need someone to do this for me.
- Due to my mobility and balance problems I have a commode by my bed at night. I am not able to empty or clean this myself because of my arthritis.

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 at least 4 days/nights a week. Consider whether even on a good day/night you still have some level of difficulty.

Question 42 - Someone to watch over you

Example answers

- I get confused and don't know what time of day or night it is. I will make random phone calls at all hours if someone isn't with me to provide re-assurance.
- I have problems with my blood pressure which make me light headed when I stand up. Sometimes I get dizzy and fall so I need someone to keep an eye on me.
- I hear voices which upsets me. I need to have someone I know tell me everything is alright.
- At night I need to get up to go the toilet. My wife has to listen out to make sure I get there and back to bed safely.



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 at least 4 days/nights a week. Consider whether even on a good day/night you still have some level of difficulty.

Important note: this information is for guidance only. Carers' Resource cannot be held responsible for any action taken on the basis of information contained in this factsheet.

If you need further information or would like to discuss any aspect of your caring role, please contact Carers' Resource:

Telephone: 0808 50 15 939

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We can provide this information in another format. Please contact us to discuss your requirements.

Date of information: April 2024; revise by April 2025

