



Disability Living Allowance: a guide to filling in the form

Updated November 2015

It is no longer possible to make a new claim for DLA but you may still be able to make a renewal claim. Your renewal form may differ in order from the following guide but most of the information should still be relevant.

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Disability Living Allowance and the qualifying criteria

Disability Living Allowance (DLA) is a tax free cash benefit paid to people with disabilities/illnesses which you need to claim before your 65th birthday. If you qualify you can continue to be paid beyond your 65th birthday. DLA is intended to meet the costs of living with a long-term illness or disability.

It is a non means-tested benefit and is paid on top of earnings and other benefits. It is a non-contributory benefit and therefore does not depend on National Insurance Contributions.

To qualify you must have been disabled/ill for three months and likely to remain so for at least six months. There are two components to DLA: the mobility component and the care component.

Either one or both of these components can be paid based on an assessment of your needs. The mobility component is paid to those with **walking difficulties** and the care component to those with **personal care needs**.

Claiming under the special rules

This section is for people who are terminally ill, who have a progressive disease and are not expected to live for more than six months. It is extremely rare for this to apply to anyone whose only diagnosis is M.E./CFS.

Under the special rules, claims are dealt with as a priority. Your doctor or specialist should give you a DS1500 report to send in with your claim if this section is relevant to you.

Mobility component

Rate Disability tests

Lowest This is payable if you are able to walk but you are so severely physically or mentally disabled that you cannot walk on unfamiliar routes without guidance or supervision from another person most of the time.

Highest Payable if a person:

1. is unable to walk or virtually unable to walk* **or**
2. has to exert themselves to walk to such an extent that it would constitute a danger to life or would be likely to lead to a serious deterioration in health **or**
3. has had both legs amputated at or above the ankle **or**
4. was born without legs or feet **or**
5. is both deaf and blind and needs someone with them outdoors **or**
6. is severely mentally impaired, displays severe behavioural problems and qualifies for the highest rate care component for day and night-time needs.

*According to regulation 12 (1)(a)(ii) DLA, “virtually unable to walk” means: “your ability to walk out of doors is so limited with regards to distance, speed, length of time, manner in which you can make progress on foot without severe discomfort that you are virtually unable to walk.” **This is the disability test most people with M.E. qualify under.**

The walking problems for DLA higher rate mobility must be physical. A Department of Social Security Commissioners’ decision on 12 February 1998 concluded that M.E./CFS is “physical in origin.”

When assessing your ability to walk you need to be very clear on the:

- **distance you can walk** before you suffer from severe discomfort; it is advisable to measure the distance before you fill in this part of the form
- **length of time it takes to recover** before you feel able to walk again without severe discomfort.
- **speed you can walk at**; it is useful to time yourself and make notes of fluctuations.
- **manner in which you walk**; this refers to the things such as balance, posture, movement and range of movement in your joints.

Care component

Rate

Disability tests

Lowest

Needs attention with bodily functions* for a significant portion of the day, *or* is aged 16 years or over and unable to prepare a cooked main meal, for yourself, if you have all of the ingredients. This does not include snacks or convenience foods. It is referred to as the 'cooking test'.

Middle Payable if a person:

- 1 needs frequent attention with bodily functions throughout the day **or**
- 2 needs continual supervision throughout the day to avoid substantial danger to themselves or others **or**
- 3 needs prolonged or repeated attention at night in connection with bodily functions **or**
- 4 needs someone to be awake during the night for a prolonged period of time or at frequent intervals, in order to avoid substantial danger to themselves or others.

Highest

Payable if a person:

- 1 Payable if one of the middle-rate daytime conditions (1 or 2 above) **and** one of the middle-rate night time conditions (3 or 4 above) are satisfied **or**
- 2 life expectancy is limited to six months because of an illness.

*The expression "bodily functions" was defined by the Court of Appeal in 1981 as including "breathing, hearing, seeing, eating, drinking, walking, sitting, sleeping, getting in or out of bed, dressing, undressing, eliminating waste products and the like, all of which an ordinary person who is not suffering from any disability does for himself. But they do not include cooking, shopping, or any of the other things which generally one of the household does for the rest of the family."

There is also help from the Courts on the meaning of 'need' or 'require'. It was at one time argued that the only help that qualified was that needed for medical purposes, to keep body and soul together, but in 1997 the House of Lords held that "[the test to be applied in all cases is] whether the attention is reasonably required to enable the severely disabled person as far as reasonably possible to live a normal life."

So if, for instance, you would go to social events if only you had someone to drive you there and push your wheelchair, these count as care required in connection with a bodily function (walking). Remember that if you are claiming the high rate mobility component that the walking tests still apply.

Completing the DLA1 form: general guidance

Read through the forms carefully to begin with, attempting one section at a time to avoid overload and write your answers out in rough first.

Make a photocopy of your completed form and letters of support, and keep them in a safe place.

Get someone to help you if possible. You may find it less tiring if someone else does the writing for you. If they do, make sure this is noted in the form.

Remember that you do not actually have to be *getting* help with your disability at the moment to qualify for DLA; you simply have to *need* the help. Therefore people living alone are not excluded.

We recommend that you don't just tick the boxes – try to give as much detail as possible about how your symptoms affect you in relation to that particular activity.

Some questions may not apply to you so you do not need to complete these – but it is important to think carefully about whether you have adapted your behavior since becoming ill and whether you manage certain activities but only with difficulty.

Try to think about how you would have done something before you became ill or whether help from another person would enable you to do it with less pain, more quickly etc.

Try to be realistic about what you can and can't do. It is unreasonable to expect you to carry out an activity if it leads to an increase in symptoms in the short or long term.

If you do not have enough space in any of the sections to give all of the information that you need to, you can continue on p 39 of the DLA1 form or on a blank piece of paper attached securely to the back of the form. If you use a separate piece of paper, put your name and National Insurance number at the top and make sure that it is clear which questions it relates to.

Completing the DLA1 form: a step by step guide

About you (DLA1 p 1-3)

Questions 1 to 11 ask for your personal details such as name, address, telephone number and whether or not you have been abroad over the last 52 weeks. They also look at the type of accommodation you live in and the location of your bedroom and toilet.

Question 12 gives details on what is required should someone signs the form on your behalf.

Pages 4 to 10: about your illness or disabilities and the treatment or help you receive

For question 13, you need to carefully consider your illness and disabilities. If you have allergies, irritable bowel syndrome, migraines or any other illnesses you will need to list them in this section.

You are also asked how long you have had the illness or disability and about treatment that you have if any. Treatments can include therapies (eg. hydrotherapy) as well as medicines. If you have stopped treatments or medication as a result of side effects, record this information on the form.

Question 14 asks for information about hospital appointments you have attended and professionals that have been involved in your illness or disability in the past year. You may have been referred to an M.E. clinic when you were first ill but were subsequently discharged as there was nothing further that could be done or there may not be a specialist service in your area. It is worth putting down this kind of information.

Question 15 asks about carers and others that are involved in a less formal way. Someone professionally employed to look after you may be in a position to provide stronger evidence than a family member but both can be a useful source of information.

Question 16 asks for information about your GP. When claiming DLA we would suggest that you update your GP before sending in your claim form as he or she may be asked to provide information related to your claim.

For **question 17**, you will need to decide whether or not you are happy to agree to give consent for anyone supporting your claim to be contacted. If you do not give consent this could adversely affect your claim.

In **question 19**, you are invited to send in copies of medical assessments and reports that you may have or you may wish to ask your G.P or consultant to write a letter of support to accompany your claim.

Question 21 asks about tests you have had but is a little confusing, as it only mentions treadmill, peak flow, or hearing or sight tests. You should list *any* tests here including x-rays, blood tests and allergy tests that you have had relating to your present illnesses and disabilities.

Question 22 asks about aids and adaptations that you use, including special equipment such as rails and stair lifts and aids to help you with dressing, eating and drinking and personal care. You need to explain any particular difficulties that the aids assist you with, and the help that you need to use them.

Getting around outdoors (DLA1 p 11-15)

This section of the form looks at distance, speed, length of time, manner of walking, and the help that you need while you are outdoors. Remember to study these questions carefully before answering them or ticking any boxes. Use the space provided following the questions to explain your problems in more detail.

Distance, speed, length of time and manner of walking are taken into account when deciding if you are “virtually unable to walk” (see p 3). Distance is often difficult to quantify with M.E./CFS due to the nature of the illness, its variability and its cumulative effects. Measuring a distance and timing yourself walking that distance may be the only way to quantify distance, speed and length of time taken.

The walking problems for DLA higher rate mobility must be physical. A Department of Social Security Commissioners’ decision on 12 February 1998 concluded that M.E./CFS is “physical in origin.”

To help you assess your mobility problems, ask yourself if you experience any of the following on walking:

- muscle pain or discomfort
- muscle weakness
- physical exhaustion
- fatigue
- physical weakness
- dizziness
- poor balance
- breathlessness
- back pain.

Note that the exact wording for question 24 is: “How far can you normally walk (including any short stops) before you feel severe discomfort?” Any extra distance that you can walk after severe discomfort takes hold should not be taken into account.

You also need to consider how you feel after walking. If you need to rest for a period after a short walk, you need to explain this. Also consider the effect walking on has on your ability to walk later in the day.

Question 28 asks if you need physical support from another person to help you walk. In

answering, it might help to consider if you:

- are prone to dizziness and fainting
- need someone to lean against or hold onto to prevent you from falling
- need someone to help you up if you fall
- need someone to help you to the car, help you in the car and to take you home immediately if you are taken ill
- need someone to push you in a wheelchair because you can't walk any further
- need someone to drive you
- need someone with you at all times because you feel so physically ill
- become confused or disorientated.

Question 29 about how many days you have difficulties walking is hypothetical – you do not have to go out every day to have difficulty seven days a week. If you avoid walking, as you know it brings on severe discomfort, it is still relevant. You may often be too ill to walk out of doors at all.

Question 30 asks if you fall or stumble when walking outdoors. To help you answer, ask yourself if you:

- experience muscle pain and weakness that causes your legs to give way or feel as if they are going to give way
- experience suffer from dizzy spells or feelings of unreality
- need someone to physically support you to prevent you from falling or to help you up from the floor when you do fall
- need someone to get you home.

If you have fallen can you provide evidence that you have fallen recently? Has this been noted in your medical records? If not, describe what has happened when you have fallen and any injuries that you have sustained.

Question 31 asks if you need someone with you to guide or supervise you when walking outdoors in unfamiliar places.

Ask yourself if you need someone to take you home immediately if you are taken ill. Do you simply need someone with you at all times because you feel so physically ill? Do you become confused or disorientated and need someone to take control? Do you feel anxious or have panic attacks when out?

Question 33 asks if you want to provide any more information about the help you need with walking outdoors. This gives you an opportunity to explain problems around the variability of your illness and help that you need that you have not discussed elsewhere.

Help with your care needs during the day (DLA1 p 16-28)

Question 35 asks if you usually have difficulty or need help getting out of bed in the morning or getting into bed at night. If you need help because you are confined to your bed or spend the majority of time in bed, it is important to state this.

Break the process of getting up and getting back into bed into parts and explain the help you need with each part and the reasons why. Do you need someone to help you physically or do you need encouragement, someone to tell you or remind you? The time taken to do each part is important. Stopping to rest during the process should be taken into consideration. If you need to return to bed during the day for rest periods state this and include this in the calculation of time taken.

Question 36 asks if you usually have difficulty or need help with your toilet needs. This is understandably a subject that most people do not like to talk about, but it is important to go into some detail here to justify your need for help.

You may need help physically getting to the toilet or back again due to muscle pain, weakness or exhaustion. You may need to visit the toilet frequently due to a weak bladder or irritable bowel syndrome. If you are incontinent you may need extra help with changes of clothes. Or you may need help with bedpans, commodes or bottles. If you are a woman, do you need help with your monthly periods?

Question 37 asks if you usually have difficulty or need help with washing, bathing, showering or looking after your appearance. Again, record in detail the process of washing, bathing, hair washing, cleaning teeth and the help you need with each stage. The help needed may be supervision due to weakness or fainting in the bath/shower or it may be help of a more active nature.

It is important to explain the symptoms that cause you to need help and not simply to state that you need help. It is seen as a basic human need to have a bath or shower on a regular basis. It does not matter whether you are unable to at present due to lack of help or choose not to do so for any reason.

Question 38 asks if you usually have difficulty or need help with dressing or undressing. You may be able to dress yourself, but the difficulties experienced and the time taken may make it unrealistic to expect you to do so. Again, explain the process in detail and the help you need at each stage and why.

Do you suffer from severe muscle aches and pains or weakness in your arms and hands? Do you experience lightheadedness or have problems with bending? Do you need someone to fetch your clothes from the wardrobe?

If you get up and then have to return to bed for periods of rest you may need help getting dressed more than once and therefore have greater needs.

Question 39 asks if you usually have difficulty or need help with moving around indoors. Some detail is needed here to help qualify for the disability tests of the care component and make sure you are awarded the appropriate rate. If you do need help, explain what it is in detail and why you need it. What might another person be able to do to help? It may be that you frequently feel too exhausted and weak to move around.

Ask yourself the following to help answer this question:

- Do you need help getting up from a chair?
- Do you need help up the stairs?
- Do you use a stick, a frame, hand rails or hold onto furniture to support you?
- Do you use a wheelchair?
- Do you need assistance with using your wheelchair?

Question 40 asks if you fall or stumble because of your illnesses or disabilities.

Ask yourself the following to help answer this question:

- Do you suffer from muscle pain and weakness that causes your legs to give way or feel as if they are going to give way?
Do you suffer from dizzy spells or feelings of unreality?
- Do you need someone to physically support you to prevent you from falling?

Question 41 asks if you usually have difficulty or need help with cutting up food, eating or drinking. Explain in detail here any problems you have with muscles or joints in your hands and arms that make managing mealtimes difficult. Perhaps you feel too exhausted to eat or you may suffer with nausea which makes eating hard. Some people with M.E require tube feeding so if this is the case explain that here.

Ask yourself the following to help answer this question:

- Can you cut up food yourself or do you need someone else to do this?
- Can you eat your food or do you need help raising food to your mouth?
- Do you need the cup to be placed in your hands and to be taken from you when you have finished drinking?
- Do your dietary requirements mean that you need this help more regularly?

Question 42 asks if you usually have difficulty or need help with taking your medicines or with your medical treatment. Ask yourself the following to help answer this question:

- Do you ever forget to take medication or take too much due to memory problems?
- Do you need someone to sort out and bring your tablets and a glass of water to you?
- Do you need to be taken to medical appointments?
- Do you need assistance with physiotherapy exercises or any other prescribed treatment?

Question 43 asks if you usually need help from another person to communicate with other people. Many people with M.E./CFS have cognitive problems, ie. difficulties with speech, memory, thought processes and concentration. Describe any such problems you have in detail and any help you may need, eg. someone to read to you, deal with correspondence and bills, someone to advocate on your behalf or fill in official forms.

If you are affected by tinnitus you may have difficulties in using the telephone or hearing what is said in a busy room. There may be times when you are too ill to communicate with others at all or the pressure of communication leads to a deterioration in your condition. Explain what happens in these circumstances in detail.

Question 45 asks if you usually need help from another person to actively take part in hobbies, interests, social or religious activities. This can be a difficult question to answer as it is likely that you no longer take part in these kinds of activities due to your health.

Any activity/outing you could take part in if you had some help is the crucial point. It is important to state that the unpredictable nature of M.E./CFS may mean that you may not be able to participate on a regular basis, even with help. There may be some activities that you would find impossible due to the nature of your illness, even with help.

Ask yourself what you would like to do *within the home* if you had the help that you need.

Ask yourself what you would like to do *when you go out*. Think about things like a visit to the park or to a friend or relatives house, or maybe you would like to join a local group or go out for a meal.

Be realistic about what you would like to do, what help you need, how often you need it and for how long. For instance you may wish to visit a friend once per fortnight; you might spend 30 minutes there and need help for one hour (which includes traveling to and from). The help you need might include help to get ready, to get in and out of the car and you may need to be driven to your friends house and be taken back home again.

Question 46 asks if you usually need someone to keep an eye on you. You need to explain in some detail any potentially dangerous situations during which you need supervision. This may help meet the supervision element of the disability tests for the care component.

For example, do you need someone to watch over you due in case you feel faint? Do you forget to lock doors or to turn off the gas? Do you forget to take medication or take too much? Do you often burn or cut yourself?

Question 48 asks if you *have difficulty preparing and cooking a main meal for yourself*. You may be entitled to the lower rate care component if you are unable to prepare a cooked main meal for yourself.

The cooking test is hypothetical, ie. you do not have to actually make such a meal – it is just that you are entitled to do so. What is envisaged is a main meal for one person, cooked in/on a conventional stove from fresh, raw ingredients. It is assumed that all these

ingredients are ready to hand. All the stages of preparation are important here as well as the cooking itself and the serving up.

Think yourself through each stage and how you manage. Both physical and mental capabilities are taken into account.

- Is standing for any period of time a problem for you?
- Do you have difficulties handling cooking utensils due to muscle weakness or pain?
- Do you become fatigued or exhausted easily?
- Does dizziness or balance problems make it dangerous for you to cook?
- Are you unable to cope with cooking smells due to chemical sensitivities?
- Do you have to break off for periods of rest and if so does this make the time taken to produce a meal unreasonable?
- Do you find it difficult to concentrate on cooking?
- Do you forget that you have turned on the gas/electricity, and so cause danger to yourself or others?
- Have you had accidents in the kitchen recently and if so can you provide evidence to show this. Is this evidence within your medical records?

Help with your care needs during the night (DLA1 p 29-30)

Question 49 asks if you usually have difficulty or need help during the night. This is especially relevant when you are in bed and need turning or moving due to muscle pain or discomfort. A symptom such as persistent sweating or incontinence may mean you need to have help with changing bed linen and clothes frequently.

If you have problems with temperature control or are restless you may need help with adjusting bedding. If you need drinks during the night, someone may have to fetch them for you.

You may need help physically getting to the toilet and back again or to get on and off a commode due to muscle pain, weakness or exhaustion. If you are on night medication it may be that you become more lethargic which affects your speed and reactions.

You may need to visit the toilet frequently due to a weak bladder or irritable bowel syndrome. If you are incontinent you may need help with changing bedclothes.

Do you need painkillers or other medication during the night?

Question 51 asks if you usually need someone to watch over you at night. Do you get confused or disorientated during the night or have nightmares and panic attacks? Do you need someone to stay awake to watch over you and keep you safe?

Help with your care needs (DLA1 p 31)

Question 53 gives you an opportunity to explain problems around the variability of your illness and help that you need that you have not discussed elsewhere.

Outline the main points regarding your care needs. Consulting the disability rules for DLA (see p 3) may help you stick to the main points. Remember the Department of Work and Pensions does not know about your needs if you do not tell them.

If you think something may be relevant that you have not had an opportunity to talk about within the rest of the form, include it here. You could also give background information about how your life has been affected by M.E.

About time spent in hospital, a care home or a similar place (DLA1 p 32-33)

Questions 55 to 57 are self explanatory. Please note that if you spend more than 28 days in a hospital, care home, hospice or a similar place, entitlement to the DLA care component stops after four weeks. This may then affect other related benefits.

Question 58 asks about other benefits you are getting or waiting to hear about. If you are eligible for DLA, it might increase the amount of other benefits you're entitled to.

Statement from someone who knows you (DLA1 p 35)

Question 60 does not have to be filled in it, but is useful to get a statement from a medical practitioner here if possible, eg. your GP, specialist, consultant or professional person involved in your care. You need to be sure this person is supportive of you and your claim and understands your mobility and care needs. In their statement, they need to explain how your illness affects you on a day-to-day basis and not simply give a diagnosis and list of symptoms.

Question 61 asks for any extra information. Is there anything else that you feel is relevant to your claim? You might wish to mention other professional people involved in your care or highlight problems that you have not had an opportunity to talk about anywhere else. Or you may wish to reinforce some of your main difficulties.

Question 62 is self-explanatory. You will need to sign and date it to declare that the information you have given is correct and complete and that you understand that you have to notify the Department of Work and Pensions if any changes occur that might affect your entitlement.

What to do now (DLA1 p 38)

This section provides a box where you can list all of the documents that you are including with your claim form.

The decision

When you receive the letter from the Department of Work and Pensions informing you of their decision, it will tell you either

- that your application has been successful and explain the rates of the award **or**
- that your application has not been successful.

If you have not been awarded any rate of DLA or you have been awarded a lower rate than you think you should get, you have a right to ask for a Mandatory reconsideration and if this is not successful an appeal to an independent tribunal. You need to request a Mandatory reconsideration within a month of the date on the decision letter.

A Mandatory reconsideration means that the DWP will look at the decision again to see if they can change it. If they do not alter it in your favour you then have the right to appeal to an Independent Tribunal and you get a month to do this from the date of the reconsideration notice.

If you were not awarded any rate of DLA you have nothing to lose financially by requesting a reconsideration or appeal. However, if you have been awarded some DLA there is a slight risk with appealing or asking for a reconsideration: it is possible that another Case Manager at the DWP or a tribunal may reduce your award or stop it if you appeal or ask for a Mandatory Reconsideration.

You therefore need to make sure that you think you have a strong case for both your existing award and for getting a higher rate of benefit. It is worth seeking further help from a welfare rights worker to discuss this if you find yourself in this situation.

You can send in further evidence after the month deadline as long as you get your initial request for a Mandatory Reconsideration or appeal in within the month. **It is really important to stick to the deadlines.**

Useful contacts

Action for M.E.

Information and support for people with M.E. and their carers
General enquiries: 0845 123 2380 or 0117 927 9551 (Mon-Fri 9am-5pm)
Enquiries email: admin@actionforme.org.uk
Welfare Rights Line: 0845 122 8648 (times vary)
Online M.E. Centre: www.actionforme.org.uk

Citizens Advice Bureau

Offers advice on a range of issues and may complete a benefits check for you
www.citizensadvice.org.uk

Civil Legal Advice

Help with some benefit appeals for eligible people.
www.gov.uk/civil-legal-advice

Disability Law Service

Offers information and advice on a range of issues including Welfare rights
Tel: 020 7791 9800
www.dls.org.uk

Disability Information and Advice Line (DIAL)

To find your local DIAL office, contact Scope, 6 Market Road, London N7 9PW
Tel: 0808 800 3333
www.scope.org.uk/help-and-information/dial-groups

Disability Rights UK

Factsheets on benefits, tax credits and independent living
www.disabilityrightsuk.org

Local councils

Some local councils employ welfare rights workers. The council may also have information about other services that offer welfare rights advice in your area.
www.gov.uk/find-your-local-council



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