

**In the Do-Well Study the claims that will be submitted in this study are on behalf of people aged over 60 who, in the opinion of an experienced Welfare Rights Officer, are likely to have successful claims, because of their medical problems and functional limitations. A statement is required for Attendance Allowance on page 26 of form AAIA and for Disability Living Allowance on page 35 of form DLAIA.**

This aide memoir is designed to assist you in providing the quickest and most efficient way to give medical support for a claim

**By completing the section about how the patient's illnesses and disabilities affect their daily life, the GP can:**

- **increase the efficiency with which the claim is processed;**
- **assist earlier receipt of benefits for patients entitled to them;**
- **see what the patient has actually written on the form describing their functional limitations or need for supervision/assistance;**

#### **Attendance Allowance – Key Points**

- Attendance Allowance (AA) is payable for first claims from people aged over 65 years.
- AA is paid at two rates – lower rate for either day or night care - £51.85/week  
- higher rate for both day and night - £77.45/week
- Patient must reasonably require frequent attention in connection with bodily functions or continual supervision to avoid substantial danger to themselves or others.
- Bodily functions include: getting out of bed, getting washed, bathing, cutting nails, dressing, moving about inside the home, taking medication, toileting.
- Patient must have had care needs for at least 6 months.
- Patient must be likely to need care for the next 6 months (the forward test).
- The patient does not actually have to receive care or supervision.
- If they can only do these with difficulty or it takes a long time then they reasonably require the help.
- Criteria for supervision include: confusion, poor short-term memory, need for prompting, poor self-care.
- Any tendency to fall is also accepted as an indicator of need.
- Requiring help with housework, shopping and outside mobility do not count for Attendance Allowance.
- Attendance Allowance is paid on top of all other benefits. It is not means tested, and it is tax-free.
- Payment of Attendance Allowance can trigger increased amounts of other means tested benefits, e.g. Pension Credit, Housing Benefit or Council Tax Benefit.

#### **Disability Living Allowance – Key Points (Rates from April 2012)**

- First claim must be made under 65 but then can be payable for life if they remain entitled.
- Established need must have been present for at least three months.
- Needs must be likely to continue for the next 6 months - the forward test.
- DLA is paid on top of all other income. It is not means tested and is tax free.
- DLA is made up of two components: the care component and the mobility component.
- On first claim, DLA cannot be paid until discharge from hospital.

#### **Care component**

To qualify for the care component, the claimant must **either**:

- require frequent attention in connection with the bodily functions:- these include getting out of bed, getting washed, bathed, cutting nails, dressing, moving around the home, taking medication and toileting. Communication needs are also a bodily function. If they can only do these things slowly, or with pain they reasonably require the help.
- or:**

- must need continual supervision to avoid substantial danger to themselves or others. Again, if they reasonably require the supervision, but don't actually get it, that still counts.

DLA care component is paid at three rates: - lower, middle and higher.

- The **lower rate** is for people who need help for a significant portion of the day....at least one hour in total or who need help to prepare a main cooked meal. **£20.55/week**
- The **middle rate** is for people who need care and attention throughout the day or night or supervision throughout the day or night. **£51.85/week**
- The **higher rate** is for people who need help throughout the day and night. **£77.45/week**

- DLA care component is stopped after 28 days in hospital.

### **Mobility Component**

DLA Mobility Component has two rates :- lower rate and higher rate.

- The **lower rate** is for people who can walk but who cannot go out unaccompanied or find their way on unfamiliar routes. It can be paid for a child over 5 **£20.55/week**
- The **higher rate** is for people who are unable or virtually unable to walk because of severe discomfort. This includes pain and breathlessness. It can be paid for a child over 3 **£54.05/week**

A person is not "virtually unable to walk" if they can manage more than 30 yards. Any walking which can only be achieved with severe discomfort should be ignored.

### • **Children**

- DLA is available for children up to 16. Their needs must be substantially in excess of those of a normal child of the same age.
- Children have the same three month qualifying period unless a baby is terminally ill at birth.

### • **Special Rules**

- The three month qualifying period does not apply if "death would not be unexpected in the next 6 months". The claimant has to complete part of form and obtain a DS1500 Special Rules report from their GP or specialist.
- Automatically paid higher rate of the care component but the mobility component has to be claimed.

### • **Reconsiderations and Appeals**

- **It is always advisable to seek advice from a qualified welfare rights officer.**
- The applicant must apply for reconsiderations within one month of the date of the decision.
- The applicant must appeal within one month of the date of a revision decision.

The applicant is entitled to see what the GP has written for the Appeal Tribunal.