

If you contact us, use this reference:

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jobcentreplus

Department for
Work and Pensions

Office stamp

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www.gov.uk

Telephone:

0345 608 8545

Textphone:

0345 608 8551

Date:

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Extra money – Severe Disability Premium

You may be able to get extra money with your Income Support, Jobseeker's Allowance or Employment and Support Allowance because

- you or your partner are getting the standard or enhanced rate of the daily living component of Personal Independence Payment
- you or your partner are getting the middle or highest rate of the care component of Disability Living Allowance, or
- your partner is getting Attendance Allowance.

We call this extra money a Severe Disability Premium. Before we can decide if you can get this, we need some more information.

We are writing to you because

- ☐ you have recently claimed benefit
- ☐ you have recently changed address
- ☐ we need to check if your circumstances have changed.

When we receive this completed form we will decide if we can pay the Severe Disability Premium.

What to do now

Please answer the questions on this form.

Some of the questions are about Carer's Allowance. Carer's Allowance is a social security benefit to help people who look after someone who gets

- Attendance Allowance, or
- Constant Attendance Allowance, or
- Personal Independence Payment, or
- Disability Living Allowance.

Send the form back to us as soon as you can. Use the envelope we have sent you. It does not need a stamp.

Where to get help and advice

For more information about your claim, get in touch with us. Our phone number and address are at the top of this letter.

IS10 10/14

Extra money – Severe Disability Premium continued

About you

Does anyone get Carer's Allowance for looking after you?

Their full name

Their address

Their daytime phone number

No

☐

Yes

☐

Please tell us about the person who looks after you.

Postcode

Code

Number

Has anyone claimed Carer's Allowance for looking after you, but has not yet been paid?

Their full name

Their address

Their daytime phone number

Their National Insurance (NI) number

No

☐

Yes

☐

Please tell us about the person who has claimed.

Postcode

Code

Number

Are you registered blind or severely sight impaired?

No

☐

Yes

☐

What date did you register as blind or severely sight impaired?

Do you live with a partner?

We use *partner* to mean

- a person you live with who is your husband, wife or civil partner, or
- a person you live with as if you are a married couple.

No

☐

Go to **About other people who live with you.**

Yes

☐

Go to the next question **About your partner.**

Extra money – Severe Disability Premium continued

About your partner

Does your partner get

- Attendance Allowance, or
- Constant Attendance Allowance, or
- the care component of Disability Living Allowance, or
- the daily living component of Personal Independence Payment?

No ☐

Yes ☐ If they get Disability Living Allowance, please tell us if the care component is at the highest, middle or lower rate.

Highest rate ☐

Middle rate ☐

Lower rate ☐

If they get Personal Independence Payment, please tell us if the daily living component is at the standard or enhanced rate.

Standard rate ☐

Enhanced rate ☐

Does anyone get Carer's Allowance for looking after your partner?

Their full name

Their address

Their daytime phone number

No ☐

Yes ☐ Please tell us about the person who looks after your partner.

Postcode

Code Number

Has anyone claimed Carer's Allowance for looking after your partner, but has not yet been paid?

No ☐

Yes ☐ Please tell us their full name.

Is your partner registered blind or severely sight impaired?

No ☐

Yes ☐ What date did your partner register as blind or severely sight impaired?

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Extra money – Severe Disability Premium continued

About other people who live with you

Does anyone live with you?

Do not include anyone who

- only shares a bathroom, toilet, hall or stairway with you
- lives with you in a care home or nursing home.

If more than 3 people live with you, use a separate sheet of paper to answer these questions.

No ☐ Go to **About where you live.**

Yes ☐ Please tell us about them below and on the next page.

Their surname

Other names

Relationship to you

For example, son, aunt, tenant, landlord, lodger, none.

Do they get Attendance Allowance or Constant Attendance Allowance?

Do they get the care component of Disability Living Allowance?

If **Yes**, what rate of care component is paid?

Do they get the daily living component of Personal Independence Payment?

If **Yes**, what rate of the daily living component is paid?

Their age

If they are under 18, tell us their date of birth.

Are they registered blind or severely sight impaired?

| | Person 1 | Person 2 | Person 3 |
|---|--|--|--|
| Their surname | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other names | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Relationship to you | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Do they get Attendance Allowance or Constant Attendance Allowance? | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Do they get the care component of Disability Living Allowance? | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| If Yes , what rate of care component is paid? | Highest rate <input type="checkbox"/> Middle rate <input type="checkbox"/> Lower rate <input type="checkbox"/> | Highest rate <input type="checkbox"/> Middle rate <input type="checkbox"/> Lower rate <input type="checkbox"/> | Highest rate <input type="checkbox"/> Middle rate <input type="checkbox"/> Lower rate <input type="checkbox"/> |
| Do they get the daily living component of Personal Independence Payment? | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| If Yes , what rate of the daily living component is paid? | Standard <input type="checkbox"/> Enhanced <input type="checkbox"/> | Standard <input type="checkbox"/> Enhanced <input type="checkbox"/> | Standard <input type="checkbox"/> Enhanced <input type="checkbox"/> |
| Their age | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| If they are under 18, tell us their date of birth. | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Are they registered blind or severely sight impaired? | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> |

Extra money – Severe Disability Premium continued

About other people who live with you continued

| | Person 1 | Person 2 | Person 3 |
|---|--|--|--|
| Do they pay you or your partner any money for rent? | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| If Yes , how much? | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> |
| How often? | Every <input type="text"/> | Every <input type="text"/> | Every <input type="text"/> |
| Do they pay you or your partner any money for food? | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| If Yes , how much? | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> |
| How often? | Every <input type="text"/> | Every <input type="text"/> | Every <input type="text"/> |
| Do you or your partner pay them any money for rent? | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| If Yes , how much? | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> |
| How often? | Every <input type="text"/> | Every <input type="text"/> | Every <input type="text"/> |
| Did a charity or any other organisation arrange for them to live with you? If the council arranged it, tick No . | No <input type="checkbox"/> Go to About where you live. Yes <input type="checkbox"/> | No <input type="checkbox"/> Go to About where you live. Yes <input type="checkbox"/> | No <input type="checkbox"/> Go to About where you live. Yes <input type="checkbox"/> |
| If Yes , do you pay for this service? | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> |

Extra money – Severe Disability Premium continued

About where you live

Do you and another person share the rent or jointly own the property?

Include any close relatives.

No ☐ Go to the **Declaration**.

Yes ☐ Please tell us their full name.

Are they related to you?

No ☐

Yes ☐

When did you and the other person start to pay the rent or mortgage together?

/

Was this the date you first started to live in the property?

No ☐

Yes ☐

Declaration

I declare that the information provided by me is true and complete.

Your signature

Date

/