



Worksheet for the Work Capability Assessment

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|----------------------------------|--|
| DMACR Case Number | <CaseNo> |
| National Insurance Number | <NI No> |
| Surname | <Title> <Surname> |
| Forename | <Forenames> |
| | <input type="checkbox"/> Initial Referral <input type="checkbox"/> Re-referral |

In all cases, including scrutiny LCW and LCWRA, decision makers must complete this ESA56 fully, scoring all descriptors.

Description of decisions:

“Treated as having limited capability for work related activity”: the claimant will be placed in the Support Group

“Treated as having limited capability for work”: the claimant will be placed in the work related activity group and will undertake appropriate activities to help them to stay closer to the job market. All activity will be customised and appropriate.

“Cannot be treated as having limited capability for work”: the claimant is fit for work (possibly with reasonable adjustments). The claimant’s ESA claim will end and they should look to claim other benefits and/or seek employment.

Supporting information:

This form is to be completed by the Decision Maker taking into account the Health Care Professional’s advice as well as the claimant’s ESA50 (if available).

Part 1– Decision for Employment & Support Allowance

Type

- Claim
- Decision dated revised revision refused superseded not superseded
- Other, for example, overpayment, determination of a question of fact.
-

Effect on benefit

- Awarded Increased Disallowed
- Disqualified Decreased No Change
- Sanctioned

Effect on overpayment recoverability

- All Change Part Change
- No Change Void

From

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|--------------|--|
| AR number(s) | |
|--------------|--|

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|--|
| <input type="checkbox"/> System/clerical papers noted. |
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|---|
| <input type="checkbox"/> Notified to customer on form/letter on |
|---|

| | | | |
|----------|--|------|--|
| Initials | | Date | |
|----------|--|------|--|

Part 2

Score from physical assessment

| Physical Activity | | Health Care Professional | | Decision Maker | |
|-----------------------------------|----------|--------------------------|-------|----------------|-------|
| | Activity | Descriptor | Score | Descriptor | Score |
| Moving around | 1 | | | | |
| Standing & sitting | 2 | | | | |
| Reaching | 3 | | | | |
| Picking things up and moving them | 4 | | | | |
| Manual Dexterity | 5 | | | | |
| Communicating with others | 6 | | | | |
| Understanding others | 7 | | | | |
| Getting around safely | 8 | | | | |
| Controlling bowels and bladder | 9 | | | | |
| Staying conscious when awake | 10 | | | | |
| Totals | | | | | |

Score from mental, cognitive and intellectual functions assessment

| Mental, cognitive & intellectual activity | | Health Care Professional | | Decision Maker | |
|---|----------|--------------------------|-------|----------------|-------|
| | Activity | Descriptor | Score | Descriptor | Score |
| Learning how to do tasks | 11 | | | | |
| Awareness of hazards | 12 | | | | |
| Initiating actions | 13 | | | | |
| Coping with change | 14 | | | | |
| Going out | 15 | | | | |
| Coping with social situations | 16 | | | | |
| Behaving appropriately with other people | 17 | | | | |
| Totals | | | | | |

Combined score

Limited capability for work

A person will be treated as having limited capability for work if they have scored

- 15 points in respect of descriptors specified in the functional assessment;
- 15 points in respect of descriptors specified in the mental health assessment or
- A combined score of 15 points.

Further considerations:

| | |
|--|--------------------------|
| Regulation 20 applied | <input type="checkbox"/> |
| Regulation 25 applied | <input type="checkbox"/> |
| Regulation 26 applied | <input type="checkbox"/> |
| Regulation 29 applied | <input type="checkbox"/> |
| Regulation 35 applied | <input type="checkbox"/> |
| Conveying food or drink to the mouth - Schedule 3 (15) applies | <input type="checkbox"/> |
| Chewing or swallowing food or drink – Schedule 3 (16) applies | <input type="checkbox"/> |
| Controlling bowels or bladder – Schedule 3 (8) applies | <input type="checkbox"/> |

Further information supporting the decision:

Declarations:

I confirm that the reasons for the decision are fully recorded in Part 1 of this form. This includes any changes to the scoring and recommended overall outcome as advised by the HCP in their assessment report. If appropriate, any additional information that has not been recorded in Part 1 is detailed above in the “Further Information supporting the decision” section.

To be completed **only** if an ESA50 was available when the decision was made:

I confirm that the information on the ESA50 has been fully considered and taken into account

To be completed **only** if no ESA50 available when the decision was made:

I confirm that at the time the decision was made, there was no ESA50 available for the Decision Maker to consider.

Treated as having limited capability for work related activity

Treated as having limited capability for work

Can not be treated as having limited capability for work

Date of referral for re-assessment

Name

Date

DMACR Case Number

Office