

Summary
---------

	About you - the carer	About the care you provide
National Insurance Number	AB123456A	NY123456B
Last name	LastName	HisLastName
First name(s)	John MiddleName	Joe HisMiddleName
Title	Mr	Mr
Other surname or maiden name	OtherSurnames	Not Asked
Date of Birth	02-03-1963	04-05-1930
Street / Town / City	7-9 General Street	7-9 General Street
	Blackpool	Blackpool
	Lancashire	Lancashire
Postcode	FY1 1RW	FY1 1RW
Daytime telephone number	01253625127	
What relation, if any, is the		Other

About your partner
--------------------

Have you had a partner/spouse living with you since your claim date: 01/01/2014?	No
--	----

Claim Dates
-------------

Date claim received	28-11-2013 14:10
When do you want your Carer's Allowance claim to start?	01-01-2014

Claim Summary
---------------

Does this person get Armed Forces Independence Payment (AFIP)?	No
Do you spend 35 hours or more each week caring for the person you care for?	Yes
Have you had any breaks in caring for this person since 01/01/2014?	Yes

Part 1 - About you - the carer

Your Details

Title	Mr
First Name	John MiddleName
Last Name	LastName
Other surname or maiden name	OtherSurnames
National Insurance number	AB123456A
Date of Birth	02-03-1963
Marital Status	Divorced or civil partnership dissolved
When do you want your Carer's Allowance claim to start?	01-01-2014

Your Contact Details

Street / Town / City	7-9 General Street Blackpool Lancashire
Postcode	FY1 1RW
Daytime telephone number	01253625127
Mobile Number	
If you have speech or hearing difficulties, would you like us to contact you by textphone?	No

Your nationality and residency

What is your nationality	British
Do you normally live in the UK, Republic of Ireland, Isle of Man or the Channel Islands?	Yes

Time outside of England, Scotland or Wales

Have you been out of Great Britain	No
------------------------------------	----

Money you get from other European Economic Area (EEA) countries or Switzerland

Are you, your wife, husband, civil partner or parent you are dependent on, receiving any pensions or benefits from another EEA State or Switzerland?	No
Are you, your wife, husband, civil partner or parent you are dependent on, working in or paying insurance to another EEA State or Switzerland?	No

More about you

Have you had a partner/spouse living with you since your claim date: 01/01/2014?	No
Have you been on a course of education since your claim date: 01/01/2014?	No
Do you get State Pension?	No

Employment

Have you had another job at any time since 01/07/2013 (this is six months before your claim date: 01/01/2014)?	No
Have you been self-employed at any time since 25/12/2013 (this is one week before your claim date: 01/01/2014)?	No

Part 3 - About the care you provide

Details of the person you care for

Title	Mr
First name(s)	Joe HisMiddleName
Last name	HisLastName
National Insurance number	NY123456B
Date of Birth	04-05-1930
Do they live at the same address as you?	Yes

Contact details of the person you care for

Street / Town / City	7-9 General Street
	Blackpool
	Lancashire
Postcode	FY1 1RW

Daytime telephone number	
What relation, if any, is the person to you?	Other
Does this person get Armed Forces Independence Payment (AFIP)?	No
Do you spend 35 hours or more each week caring for the person you care for?	Yes
Did you care for this person for 35 hours or more each week before your claim date?	No

Breaks in care

Have you had any breaks in caring for this person since 01/01/2014?	Yes
---	-----

Care Break 1

From date and time	02-02-2014 02:30
To date and time	04-02-2014 06:45
Where were you during the break?	Hospital
Where was the person you care for during the break?	Nursing Home
Did you or the person you care for get any medical treatment or professional care during this time?	Yes

Part 4 - About Your Education

Have you been on a course of education since your claim date: 01/01/2014?	No
---	----

Part 5 - About Your Employment

Have you had another job at any time since 01/07/2013 (this is six months before your claim date: 01/01/2014)? No

Part 6 - About Self Employment

Have you been self-employed at any time since 25/12/2013 (this is one week before your claim date: 01/01/2014)? No

Part 7 - About Other Money

Have you <or your Partner/Spouse> claimed or received any other benefits since the date you want to claim? No

Part 8 - About Your Pay Details

How would you like to get paid? Other - you would like more information  
How often do you want to get paid? Weekly

Part 9 - Customer Consent and Declaration

Do you live in Wales and would like to receive future communications in Welsh? Yes

Consent

Do you agree to us getting information from any current or previous employer you have told us about on this form? Yes  
Do you agree to us getting information from any other person or organisation you have told us about on this form? Yes

Disclaimer

I understand that if I am paid Carer's Allowance it may affect the benefits paid to [Joe HisMiddleName HisLastName].

If the person you are caring for receives certain benefits, the amount they receive may be affected by your claim for Carer's Allowance. Because of this we need both of you to understand the potential consequences of your claim to Carer's Allowance.

If [Joe HisMiddleName HisLastName] gets a Severe Disability Premium with their income-based Jobseeker's Allowance, Income Support, income-related Employment and Support Allowance, Housing Benefit, they may no longer get that premium if we pay Carer's Allowance to you.

If [Joe HisMiddleName HisLastName]'s Pension Credit includes an extra amount for severe disability, they may no longer get that extra amount if we pay Carer's Allowance to you.

This could also affect any reduction in Council Tax [Joe HisMiddleName HisLastName] may be entitled to. To find out more about it, please contact the Local Authority.

We will need to check [Joe HisMiddleName HisLastName] entitlement to Disability Living Allowance, Personal Independence Payment, Attendance Allowance, Constant Attendance Allowance or Armed Forces Independence Payment when considering your claim.

We may contact [Joe HisMiddleName HisLastName] or their representative to establish whether 35 hours caring per week is taking place.

Please tick this box to declare that you have understood the notes and you have made / will make the person you are caring for / or their representative aware that there could be a change to their benefits. Yes

Declaration

I declare that I understand the Carer's Allowance Claim Notes and that the information provided on this claim form is correct and complete.

I understand that I must report all changes in my circumstances or that of the person that I am caring for which may affect my entitlement promptly and by failing to do so I may be liable to prosecution or face a financial penalty.

I will phone 0845 6084321 or write to the Carer's Allowance Unit, Palatine House, Lancaster Road, Preston PR1 1HB or use the online service to report a change in my circumstances or that of the person that I am caring for.

If I give false or incomplete information or fail to report changes in my circumstances or that of the person that I am caring for promptly, I understand that my Carer's Allowance may be stopped or reduced and any overpayment of Carer's Allowance may be recovered. In addition I may be prosecuted or face a financial penalty.

Please tick this box if this claim form has been filled in by someone else, if so, please ensure that you understand the declarations above as another person cannot make the declarations on your behalf. Yes

Please tick this box to confirm that you understand and make the declarations above. Yes

Part 10 - Customer Evidence List

After you submit your claim

Write down the documents and address before you submit your claim

Send us the following documents below including your Name and National Insurance (NI) number.

7-9 General Street  
Blackpool  
Lancashire  
FY1 1RW

The Carer's Allowance unit will contact you if they need any further information.

\*\*\*\*\*END OF PRINT\*\*\*\*\*