

Access to Work

Support worker claim

Department for
Work and Pensions

Please complete Parts 1 to 4 then send this form to the address at Part 5.

Important – if this is your first claim, or your payment details have changed since your last claim, please ask for a ‘New or amended details’ form.

Part 1 Customer details

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Surname Other names

AtW ref number Email address

Part 2 Claim details

Use this form to claim for any period up to a calendar month.

From / / to / /

Date	Hours claimed	Date	Hours claimed	Date	Hours claimed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total hours claimed

Total costs paid in this period

Please attach original receipts or invoices. If you do not have the originals, please attach certified copies. Receipts must show as a minimum: the amount paid, the support worker's name, the date of the support you are claiming for, and a description of the support provided.

Agreed additional costs

Employer contribution

Contributions from your employer.

Amount claimed from Access to Work

Add costs and agreed additional costs, then deduct the employer's contribution.

Part 3 Certification

If you are employed

Your employer should complete this part.

If you are self-employed

Your support worker should complete this part. If your support worker is supplied by an agency, the agency can complete this part.

- I certify that the person named in Part 1 of this form has received the number of hours support shown in Part 2.

Signature

Position

Name

Company
name and
business
address

Date

If you signed this as a representative of the agency that supplied the support worker, please attach copies of the support worker's timesheets.

Part 4 Customer declaration

- I claim reimbursement of the portion of my costs agreed with Access to Work for the support shown in Part 2 of this form.
- I want the payment to be made to
- I understand that if I knowingly give information that is incorrect or incomplete I may be liable to prosecution or other action. Claims may be subject to validation and information may be checked with other sources including employers, suppliers and providers.
- I have read the Access to Work 'Information for Customers' and agree to its terms.
- No part of this claim has been included in any previous claim.
- I understand that Access to Work will not accept claims for reimbursement that are made more than six months after costs were incurred.

Signature

Name

Date

Part 5 Return details

When you have filled in this form send it to