

Personal Independence

Payment Award Review

How your disability affects you



Department
for Work &
Pensions

Full name

National Insurance number

Your PIP may stop if we don't get this form and your supporting information back or you don't contact us by 19 July 2021.

Personal Independence Payment (PIP) is about **how** your health condition or disability affects you.

When we last looked at your claim on 25 September 2017 we looked at all the information available to us to decide whether you could carry out 12 activities and the help you needed to do them.

We gave you points for each activity to work out the level of PIP to award you.

This form will help us to check if the level of PIP we gave you then, still applies now.

How to complete your Award Review

- Step 1 - Remove** the letter and information sheet from the front of this form. Keep them safe and use the information sheet to help you fill in this form.
- Step 2 - Read** this form and the information sheet. Read through the form fully before you fill it in. If you've still got your last award letter, read it again to remind you how we previously assessed your needs.
- Step 3 - Complete** this form. Answer all the questions in this form. Use the information sheet to help you. Remember to **sign the declaration**.
- Step 4 - Collect** your supporting information. It's your responsibility to send copies of supporting information with this form to help us understand how your health condition or disability affects you now. The information sheet and this form give you examples of what you should send us.
- Step 5 - Return** your completed form and copies of your supporting information in the envelope provided. Make sure the address shows through the window.

Section 1 - Read and sign the declaration

You must sign this declaration in **BLACK INK** and return your completed, signed form by 19 July 2021. If you don't return this form in time we may have to stop your PIP.

Declaration

I agree that the information I give on this form is complete and correct.

I understand if I give wrong or incomplete information, my benefit may be stopped and I may be prosecuted or may have to pay a penalty.

I understand I must promptly tell the office that pays my Personal Independence Payment of anything that may affect my entitlement to, or the amount of, that benefit.

Signature

Date

[Redacted Signature Box]

27 ' 7 ' 21

Print your name here

[Redacted Name Box]

Please tell us your telephone or mobile number so we can call you if we need to.

Your preferred phone number:

[Redacted Phone Number Box]

Section 2 - About your health condition or disability

Although it's your responsibility to send supporting information, occasionally we may ask the main health professional who knows about your condition for information. This may be your GP, hospital consultant or a specialist nurse. Please provide their details below.

Name

Profession

GP

Address

Postcode

Surgery telephone

(including dialling code)

Giving us your consent to obtain further information

If we do need to contact one of your health professionals, or other people or organisations that support you for more information, we need your consent to do this.

You don't have to agree to us contacting these people or organisations but if you don't, we may not have all the information we need when we make our decision about your PIP.

Do you agree that:

- we, or someone working on our behalf, may ask your GP, or other people or organisations, for this information and
- your GP, or other people or organisations, can give us, or someone working on our behalf, this information?

Yes

☒

No

☐

You can withdraw your consent at any time by calling us on **0800 121 4433**.



Section 2 - About your health condition or disability continued

Tell us below about any **current health conditions or disabilities** you have:

- include existing conditions **and** any new conditions since we last looked at your award on 25 September 2017
- tell us approximately when each one started

Health condition or disability	Approximate start date
Example: Diabetes	March 2017
Panic Attacks / PTSD	
H/O - Depression	29/01/2018
Anxiety with depression	21/01/2017
Stabbing	8/06/2006
Accident caused by gunshot wound	NAS 18/07/2005
XRTA - Road traffic accident	02/07/2003
Dislocation or Subluxation of hip	30/11/1999
Motor Vehicle traffic accidents	3/06/1999
Cannabis Use / CBD Use to reduce pain	01/01/1995

What medication are you currently taking?

Medication	Dosage	Frequency
Example: Aspirin	500mg	Once a day
Amitriptyline	10mg	One to be taken at Night.
Tramadol	50mg	One/two to be Taken Every 4 Hours
Citalopram	20mg	one to be taken daily.

If you have a copy of your **current repeat prescription**, send this to us as part of your supporting information. **DO NOT** send factsheets or leaflets about your medications.

Tell us about any treatments, therapies or surgery since we last looked at your award on 25 September 2017

Name of treatment, therapy or operation	When did you have it or when will it start?	How often did or will you have it?
Example: Physiotherapy	April 2016	Once a week

If you have copies of your **test results** or **care plans** for example, send these to us as part of your supporting information. **DO NOT** send appointment cards or letters about appointments.

Tell us about any hospital admissions since we last looked at your claim on 25 September 2017, also tell us about any future hospital stays you already know about

Reason for admission	Admission Date	Discharge Date
Example: Hip replacement surgery	10th May 2016	31st May 2016
Severe acute respiratory	11/5/2021	12/7/2021
Severe acute Respiratory	12/07/2021	12/7/2021
at Whittington Hospital		

If you have copies of your **hospital discharge papers** or **treatment plans** for example, send these to us as part of your supporting information.

If you need more space, use a separate sheet of paper. Remember to write your name and National Insurance number on each additional sheet and tell us which questions your comments refer to.



Section 3 - How your health condition or disability affects you

This section asks you to tell us about any changes in **how** you carry out the 12 PIP daily living or mobility activities since we last looked at your award on 25 September 2017. Also use this section to tell us if things have stayed the same.

If the effects of your health condition can change for example during the day, day by day or from week to week, please include as much detail as you can in your answers.

You need to answer **all** the questions and the information sheet can help you with this.

Remember to send us supporting information that tells us **how** your health condition or disability affects you now. Examples of the types of information you should send are on the information sheet.

If you need more space, use a separate sheet of paper. Remember to write your name and National Insurance number on each additional sheet and tell us which questions your comments refer to.

1. Preparing food and cooking

Tell us if something has changed and approximately when, [redacted] has a long history of depression and PTSD which has had an significant impact on his mental health. [redacted] Needs daily key - working support to be manage his tenancy and his daily tasks such as cooking, eating, shopping, washing etc. Tyrone finds it hard to

Tell us how you manage this activity now, including the use of any aids that you need. [redacted] use prepared meals or take AWAYS along with the help of his son who is 10 years old. [redacted] microwave when unable to cook. My son will prepare the food by assistance of cutting up the food or putting it into the microwave. If not I will ask other family members to cook food for me.

Tell us about any changes to the help you need or the help you get from another person. my mother or friend will assist by cooking food, buying food/shopping and generat helping on a daily basis to fullfill my daily tasks. [redacted] needs supervision when preparing meals. He needs to be remind to eat daily or organise for ready to be order as part of his shopping order to ensure that he eats. He Replace food with Cannabis and then can become very depressed and unmotived.

2. Eating and drinking

Tell us if something has changed and approximately when.

~~and~~ needs daily supervision to ensure he eats and to be remained to eat. He can become very irritable when he does not eat or drink. He does not like drinking water when ~~dehydrated~~ dehydrated. Tyrone does not eat regularly which leads to weight loss.

Tell us how you manage this activity now, including the use of any aids that you need.

Online Shopping - Because he don't like going shopping in public. Take away's - Mum cooking Food Bank. Assisting with helping to eat healthy foods. Support and encouragement to eat and drink by remaining him to eat

Tell us about any changes to the help you need or the help you get from another person.

Support with shopping online, support and guidance to prepare a meal. Assistance with preparing and cooking. Encouragement to eat. Support with cleaning and washing.

3. Managing treatments, taking medication and monitoring your health condition

Tell us if something has changed and approximately when.

Managing treatments can be difficult and need assistance when attending my medical appointment. My depression has got worse over covid-19 lockdown period where my ~~ap~~ has had to increase my medication

Tell us how you manage this activity now, including the use of any aids that you need.

I need my family friend to help my daily needs such as cooking and monitoring my medication intake. If I don't have the daily support I can forget my

appointment time & dates. and my medication. I need my pharmacy to drop off my medication as I don't like going

Tell us about any changes to the help you need or the help you get from another outside person.

My family friend has been my main support network who assist with getting my food shopping, cooking, cleaning and support me in the household. I need her to drive me to my appointment as I don't manage in public very well.



4. Washing and bathing

Tell us if something has changed and approximately when *maintains*

Poor hygiene and will go several days in the same clothes without wash them or taking a wash himself. This has got worse and need support in manage

Tell us how you manage this activity now, including the use of any aids that you need.

Due to be shot and been stabbed I need Bathrooms to get in and out of the bath He need encouragement to wash. He needs support in maintaining his hygiene by washing his teeth and body daily without reminding. I need for a good doctor to tell us about any changes to the help you need or the help you get from another person.

Tell us about any changes to the help you need or the help you get from another person.

my mum or family friend has to support [redacted] by washing his clothes, putting clothes away, encouraging him to take a bath and wash his hair and teeth. Without support [redacted] lacks motivation and will not maintain the daily needs such as washing himself or clothes.

5. Managing toilet needs or incontinence

5. Managing toilet needs or incontinence

Tell us if something has changed and approximately when.

WAS SHOT in the bladder in 2005. This has a great
 amount of pain when I go to the toilet. [REDACTED]
 has a weak bladder, hence why he cannot get to the
 toilet on time. [REDACTED] finds it very depressing
 when this has happened and now fears going on
 MORE due to the fact that he has a weak bladder
 and poor level of hygiene.

and poor level of hygiene
Tell us how you manage this activity now, including the use of any aids that you need.

He uses a walking stick to get about as he has poor mobility and losing his balance which requires the aid of another person to support him when outside. He needs a hand rail at the toilet area to support him to stand up when going to the toilet.

Tell us about any changes to the help you need or the help you get from another person.

He seek to support of his mother son when he losing his balance or need support to get to the toilet. He needs someone to guide him to the bathroom.

6. Dressing and undressing

Tell us if something has changed and approximately when. ~~finds this difficult to undertake both dressing and undressing.~~

~~Needs assistance when putting on and taking off his clothes. Mainly his son support him with this task.~~

Tell us how you manage this activity now, including the use of any aids that you need.

~~manages this activity with the support of his son and extended family members.~~

Tell us about any changes to the help you need or the help you get from another person.

~~Due to depression he needs a lot more encouragement to maintain his hygiene and ensuring that he changes his clothes daily.~~

7. Speaking to people, hearing and understanding what they say and being understood

Tell us if something has changed and approximately when.

~~does not like engaging with members of the public or professionals as he often fails to answer what is being asked or what is being said.~~

Tell us how you manage this activity now, including the use of any aids that you need.

~~needs the support of an adults to support with communication or speaking to people and explaining what is being said to him. Needs support with his correspondences and his appointments.~~

~~does not like dealing with his letters as his literacy is poor and does not understand what is being asked.~~

Tell us about any changes to the help you need or the help you get from another person.

~~Needs support of an adults to manage his letters to prevent getting into arrears, such as rent, council tax, universal credit, gas, electricity and water bills. He also needs support in manage his bills and ensure that the repayment plan are been maintain~~



8. Reading and understanding signs, symbols and written words

Tell us if something has changed and approximately when. [redacted] has poor literacy skills and comprehension and has poor reading and writing skills. He spent some of his primary years out of school due to poor behaviour, which prevented him from getting an education or any qualification. He was in care which resulted in several breakdowns in placement which also prevented him from getting an education or a career.

Tell us how you manage this activity now, including the use of any aids that you need. He requires the support of an adult or a support worker to support him with tasks such as dealing with his correspondence or assisting attending his appointment. He needs support with reading, writing and understanding symbols.

Tell us about any changes to the help you need or the help you get from another person. He needs to have someone to read his letter and explain what the information is saying. He needs support with dealing with his letters to prevent actions such as failing to attend appointments. He needs someone to input this information into the diary and support him with attending these appointments.

9. Mixing with other people

Tell us if something has changed and approximately when. [redacted] often can have an angry attitude and can become frustrated with people. [redacted] does not like mixing with other people. [redacted] often become oppositional and defiant when dealing with people in general due to the lack of understanding. This can result in refusal of task required to get things done. [redacted] can easily get annoyed by others.

Tell us how you manage this activity now, including the use of any aids that you need. [redacted] has support of a family friend to assist with attending appointment and going out in public to manage engagement with communication skills to prevent lack of understanding. He needs support with mixing with people to prevent violent outburst or disrespectful behaviour.

Tell us about any changes to the help you need or the help you get from another person. [redacted] support has increased as he is not in a position to understand what is being asked or relaying information. He tends to get people to speak for him to prevent alterations with other people. The support worker has had to provide daily support to manage his daily needs such as dealing with his correspondence.

10. Making decisions about spending and managing your money

Tell us if something has changed and approximately when. [redacted] needs support with managing his budget as he will often buy stuff that he does not need. This can lead to getting into debt with household bills such as rent and council arrears. Failure to manage his money correctly results in falling behind in repayment plans. Tell us how you manage this activity now, including the use of any aids that you need. [redacted] has the support of a family friend who sit with him when he get his benefits to support him in managing his repayment plan and ensuring that he makes payments to prevent legal action.

Tell us about any changes to the help you need or the help you get from another person. He has support in apply for the fuel allowance with his gas and electricity suppliers. He has also had support in applying water help for a discount on the water bills to prevent arrears. Rent arrears direct has also been applied for to ensure repayment plan comes direct out of his benefits. School uniform grant has also got to be applied for to support with purchase of a school uniform for his son. He need support to purchase food on a weekly basis.

11. Planning and following a route to another place

Tell us if something has changed and approximately when. [redacted] tends to travel by car with the support of an adult as he finds it hard to plan and follow a route. He can become very anxious and upset when going out in public. He does not like being and tends to want to stay at home. He can become very disoriented when out in public. Tell us how you manage this activity now, including the use of any aids that you need. When he assist of an adult to support him in getting to his appointment. He prefers online appointment rather than face to face appointments as he does not like travelling after been involved in two car accidents. He does need support in this tasks.

Tell us about any changes to the help you need or the help you get from another person. He needs his son or an adults to booked the taxi, advise the driver of the postcode and communicate on his behalf as he becomes distress and oppositional when dealing with people he don't know.



12. Moving around

How far can you walk?

To give you an idea of distance, 50 metres is approximately 5 buses parked end to end

Less than 20 metres

☒

Between 20 and 50 metres

☐

Between 50 and 200 metres

☐

200 metres or more

☐

Do you need to use an aid or assistance from another person to help you walk (tick the boxes that apply to you).

No

☐

I sometimes need an aid

☐

I always need an aid

☒

I sometimes need assistance

☐

I always need assistance

☒

Tell us how you manage this activity now, including the use of any aids that you need.

[REDACTED] needs the use of crutches or a person to support him with the mobility needs. Since he has been shot and been involved in two car accidents, this has led to a decreased mobility. Tell us about any changes to the help you need or the help you get from another person. He needs consistent care with supporting him with his mobility needs. He finds it hard to stand for long periods within his day. He does not like being on his feet due to the pain in his leg and his hip. He cannot support himself without the assistance of another person.

The Motability Scheme

The Motability Scheme allows disabled people to lease a car, scooter or powered wheelchair in exchange for all or some of their mobility payments.

If you're eligible to join the Motability Scheme would you like us to post you information about the help they can offer you? We won't share your personal details with Motability.

☒

Yes

☐

No

If you decide you don't want to receive information about Motability in the future, please contact us on **0800 121 4433** to let us know.

13. Is there anything else you think we should know about your health condition or disability?

For example, you may be waiting for adaptations to your home.

██████ has suffered with PTSD for several years which include symptoms of Flashbacks, Nightmares, feeling anxious all the time and having difficulties sleeping. ██████ often experience of feelings of isolation, irritability and guilt. ██████ has problems sleeping and find concentrating difficult. ██████ often wakes up out of sleep in sweats, nightmares and finds it hard to fall back to sleep. ██████ finds it very hard to trust and believe the word of a professional and often has negative thoughts about himself and the world. This has also lead to ██████ feeling depressed and feeling worthless. ██████ does not like seeking the help of other people but knows without the input of his support network that he will fall into worst depression which could lead to further downfalls in his life. He has had handrails fitted throughout his flat to support with his mobility and ensuring that he maintains his flat and the care and daily needs of his son and himself.



Section 4 - Final checklist

Now please check you've completed all the form - tick the boxes when you have:



1	Signed your declaration .	Page 8	Yes	
2	Answered all the questions.	Pages 9 to 19	Yes	
3	Included photocopies of supporting information with this form.		Yes	

- please send this form and your supporting information to us in the envelope provided. On the back of this form you will see the address to return it to
- place it in the envelope provided so that the address shows through the window. It doesn't need a stamp
- remember to include your supporting information

What happens next

We may call you if we've got any questions about the information you give us on this form.

We will write to you if we need you to attend a face-to-face consultation with a health professional.

We will write to you when we've made our decision on your award.

How the Department for Work and Pensions collects and uses information

When we collect information about you we may use it for any of our purposes. These include dealing with:

- social security benefits and allowances
- child support
- employment and training
- financial planning for retirement
- occupational and personal pension schemes

We may get information about you from others for any of our purposes if the law allows us to do so. We may also share information with certain other organisations if the law allows us to. To find out more about how we use information, visit our website

www.gov.uk/dwp/personal-information-charter or contact any of our offices.





Award Review - How your disability affects you (PIP)



Freepost RTEU-HGTR-JXZX
Personal Independence Payment 2
Mail Handling Site A
Wolverhampton
WV98 1AB

Please return the completed form to this address.

Put the completed form in the envelope provided, making sure the address shows through the envelope window. The envelope does not need a stamp unless you live outside the United Kingdom.

If you have access to the internet, you can get information about Personal Independence Payment by going to the Personal Independence Payment website: **www.gov.uk/pip**