

Support worker claim



Department
for Work &
Pensions

Communicating in a way that meets your needs

Please tell us if you need us to communicate with you in a different way. For example, large print, braille, British Sign Language, translations, email, audio or something else. You can find our contact details at **www.gov.uk/access-to-work/apply** Please complete Parts 1 to 4 then send this form to the address at Part 5 or upload using the instructions you have been sent.

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. List the dates below with the number of hours of support being claimed for each date, and put the total number of hours of support being claimed at the bottom.

From (dd/mm/yy)

to (dd/mm/yy)

Date	Number of hours of support being claimed
1/1/2018	1
2/1/2018	1
3/1/2018	1
4/1/2018	1
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Date	Number of hours of support being claimed
1/1/2020	1
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Date	Number of hours of support being claimed
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**Total cost of support
in this period**

Total number of hours of support being claimed

Please attach original receipts or invoices. If you do not have the originals, please attach certified copies.

Receipts must show:

- amount paid
- the support worker's name
- the date of the support you are claiming for
- 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

Please pass this form to your employer to sign and date this section.

If you are self-employed

Please pass this form to your support worker to sign and date this section.

If you represent an agency who supplied the support worker

Please sign and date this section. Please attach copy(s) of invoices and support worker timesheets. We need them to pay the claim.

I certify that the person named in Part 1 of this form has received the number of hours support shown in Part 2 and that this support is as agreed with Access to Work.

Employer or agency details

Signature

Position

Name

Name and
address of
company
or company
stamp.

Date

Support worker details

Signature

If you are using
our online service
please type your
name in the
signature box.

Name

Date

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 confirm:

by submitting this claim that the information I have given is complete and correct this is the only claim I have made for these costs

my claim is only for reimbursement against the agreed support

I understand if I spend my award on items not agreed by Access to Work, DWP may not reimburse me

I understand that Access to Work may not accept claims for reimbursement, if the claim is made 9 months or more after the costs were incurred

I understand you may check and validate my claim with other sources. These may include employers, suppliers and providers

while I am getting Access to Work I will report changes to my circumstances

I understand if I give wrong or incomplete information, or I do not report changes as they happen, I may:

- be prosecuted
- need to pay a financial penalty
- have my Access to Work reduced or stopped
- be paid too much Access to Work and have to pay the money back

I understand and agree that DWP may recover any monies wrongly paid to me because I did not:

- provide correct or complete information or
- accurately report a change in my circumstances

I want the payment to be made to

Please sign to confirm:

I have read and accept the terms and conditions in my Award Letter (ATW01CL). I confirm that this declaration is correct. If you are using our online service please type your name in the signature box.

Signature

Name

Date

Part 5 Return details

When you have filled in this form send it to:

Access to Work
Operational Support Unit
Harrow Jobcentre
Mail Handling Site A
Wolverhampton
WV98 1JE

If you are using our online service

Save this form to your device for example a smartphone, tablet or PC and then upload it to our online service. You do not need to print this form.

How DWP collects and uses information

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

- social security benefits and allowances
- child maintenance
- employment and training
- investigating and prosecuting tax credits offences
- private pensions policy and
- retirement planning

We may get information about you from other parties for any of our purposes as the law allows to check the information you provide and improve our services.

We may give information about you to other organisations as the law allows, for example to protect against crime.

To find out more about our purposes, how we use personal information for those purposes and your information rights, including how to request a copy of your information, please visit

www.gov.uk/dwp/personal-information-charter

Equality and Diversity

We treat people fairly, regardless of their disability, ethnicity, gender, sexual orientation, transgender status, marital or civil partnership status, age, religion or beliefs.