

# How to complete claim form DP222JP

## Support worker claim



Department  
for Work &  
Pensions

### Part 1 - Customer Details

Enter your Title, Surname, Other Names, nine digit Access to Work reference number and email address.

### Part 2 – Claim Details

**Important note:** Each claim form can only be used for up to one calendar month. If you are claiming for support that covers more than one-month you will have to complete two separate claim forms. Separate forms should also be used if payments have to be made to different suppliers.

- Enter the dates of the period that you are claiming for. For example **01/01/05** to **31/01/05**
- In the main table, enter each separate date that you received support and the number of hours support you received each day
- Below the main table, enter the **total costs paid** to the support worker during the stated period
- Enter any **Agreed additional costs** such as admin charges or mileage (**please note mileage will only be paid at a maximum of 25p per mile**)
- Then enter any **Employer contributions** that need deducted
- Please deduct any employer contributions from the total amount and then enter this in the amount **claimed from Access to Work** box
- **Please note** that the amount claimed back might be paid to you, your employer or your support provider and that you are responsible for making sure any other contributions are paid

**Important note:** Please attach invoices (original or certified copies) and/or diaries for the support that has been received.

### Part 3 – To be completed by your employer or support worker

Please pass the form to your employer or support worker to fully complete **Part 3**.

**Important note:** If you are employed the claim form must be countersigned by your employer. However, if you are self-employed your support worker can countersign the claim form for you.

**Important note:** The claim form must be signed by your employer or support worker on the same day or day after you have completed **Part 4**.

### Part 4 - Declaration

Please complete where or who you wish the payment to be made to.

**Important note:** If this is a new PAYEE or involves a change to an existing payee we will require a DP228 form to be completed with the relevant bank details for payment.

Read the declaration points in **Part 4** and sign and date the form.

Then return your claim form and relevant documents to the office address detailed at the back of the form.

**Please ensure that you have completed all parts of the claim form, as incomplete forms may delay reimbursement.**

DP222JP 05/20

# Access to Work

## Support worker claim

### 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](http://www.gov.uk/access-to-work/apply)  
Please complete Parts 1 to 4 then send this form to the address at Part 5.

## 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. Give a list below of dates with the number of hours claimed for each date, followed by the total number of hours claimed.

From (dd/mm/yy)	to (dd/mm/yy)				
Date	Hours claimed	Date	Hours claimed	Date	Hours claimed
				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: <ul style="list-style-type: none"><li>• amount paid</li><li>• person or company who provided transport</li><li>• dates they provided transport</li><li>• start and end point of each journey with full addresses or postcodes</li></ul>			
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

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**Support worker details**

Signature

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 nine 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.

**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

**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](http://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.