

Your Answers

Helper details

Name	Helper Name
How you know them	Carer

About you

Full name	Mr A N Other
National Insurance number	AB123456C
Date of birth	13/12/1982

Your contact details

Your address	87/89 Chapel St Manchester Salford M3 5DF
Phone number	1234567890
Alternative phone number	

How you want to be contacted

Text message updates	No
Get decision letter in alternative format	Yes Large print
Get a copy of your completed application to be posted to you	Yes

Nationality and where you live

Your nationality	British
Living in England, Scotland or Wales?	Yes
Have you been out of the country for more than 4 weeks in the last 3 years?	No

Where you are now

You are currently not staying in a hospital, a care or nursing home, sheltered housing, a residential college, a hospital or a hospice

Payments from abroad

Have you or any of your close family worked abroad or been paid benefits from outside the United Kingdom?	Yes
Have you or your close family claimed or been paid any benefits or pensions from any of these countries?	Yes
Have you or your close family worked or paid National Insurance in any of these countries?	Yes

Professionals who know about your condition

You agree to us contacting professionals who will share information about your condition with us

Professional 1

Their profession	Doctor
Their name	Dr Name
Their address	address line 1 M3 5DF
Their phone number	12032109012
When you last saw them	last week

Your conditions and disabilities

Condition 1

Name of condition	Condition 1
How long has it affected you	1/1/2010

Your medications

Your medications

Medication 1

Name of medication	Medication 1
Dosage	50 mg
How often you take it	Daily

Managing your medication

Your condition affects you:	<ul style="list-style-type: none">remembering to take your medicationmaking sure you have enough medication
When managing your medication:	<ul style="list-style-type: none">Someone needs to remind you to take itSomeone needs to help you take it
Your condition affects you managing your medication:	At least once a day
You manage your medication:	i could end up at risk

Your treatments and therapies

Treatment 1

Name of treatment or therapy	treatment one
When or how often	monthly

Do you have treatment or therapy at your home address?	Yes
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Managing your treatment

How many hours a week they help you	20
Why you rely on someone to help manage your treatment or therapy at home	Why does someone need to help you manage your treatment or therapy at home
How someone helps manage your treatment or therapy at home	How does someone help you manage your treatment or therapy at home

Side effects

You do not get any side effects from your medication, treatment or therapy
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Monitoring your condition

Do you have a condition that, if not monitored, means you could be at risk or a danger to yourself or others?	Yes
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Help monitoring your condition

you rely on someone else to help monitor your condition	Yes
How do they monitor your condition?	check on me
Why do you rely on someone else to monitor your condition?	im at risk

Information you can send

You are sending the following information	<ul style="list-style-type: none">care or treatment plansmedical test results (including any relevant sight and hearing tests)
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Aids and adaptations

Where do you have to use aids or adaptations?	<ul style="list-style-type: none">Hallway or stairs stair liftBathroom or toilet bath chairOutside mobility scooter
List any other aids or adaptations you have to use all or most of the time	

Getting up and moving around

Your condition affects you:	<ul style="list-style-type: none">standingmoving between roomsusing the stairs
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When getting up and move around:	<ul style="list-style-type: none">Someone has to help you moveYou rely on aids or something else to help
Your condition affects you moving around your home:	More than half the time
You get up and move around on a typical day:	moving around has an affect on my condition

Your sight

Your condition does not affect your sight

Your hearing

Does your condition affect your hearing?	Yes
What do you find difficult, or need help with?	<ul style="list-style-type: none">You need a hearing aidYou need two hearing aidsYou have a cochlear implantYou rely on someone to help communicate sign languageYou cannot hear at all sign language
How does your condition affect your hearing?	what im doing

Your speech

Your condition does not affect your speech

Using the toilet

Your condition does not affect you using the toilet

Washing yourself

Your condition does not affect you washing yourself

Getting dressed

Your condition does not affect you getting dressed or changed

Making a hot meal from fresh ingredients

Your condition affects you:	<ul style="list-style-type: none">understanding how to make a hot meal from fresh ingredientsbeing able to make a hot meal safely
When preparing and cook a hot meal from fresh ingredients:	<ul style="list-style-type: none">Someone would have to supervise you, help you or cook for youYou would rely on aids or something else to help
Your condition affects you making a hot meal from fresh ingredients:	More than half the time
You would prepare or cook a hot meal from fresh ingredients on a typical day:	cooking a meal has an effect on your condition

Eating and drinking

Your condition affects you:	<ul style="list-style-type: none">knowing how much to eat or drinkholding cutleryputting food or drink in your mouth
When eating and drinking:	<ul style="list-style-type: none">Someone has to encourage or remind you to eat or drink
Your condition affects you eating and drinking:	Every time you eat or drink
You eat and drink on a typical day:	cooking a meal has an effect on your condition

Getting out and walking about

Does your condition affect you getting out and walking about?	Less than half the time
How far can you walk without stopping?	<ul style="list-style-type: none">5 to 20 metres (eg to the street outside your home)20 to 50 metres (eg to the end of your street)

- 50 to 100 metres (eg around the supermarket)

How do you get out and walk about? cant walk

Mixing and communicating with people

Your condition affects you:

- Getting across what you want to say
- Understanding how people are behaving towards you
- acting appropriately
- mixing with people without feeling anxious or distressed

When mixing with people:

- Someone has to supervise you
- You manage without help, but with difficulty

Your condition affects you mixing with people:

More than half the time

You mix with people when you have to:

mixing with people has an effect on
your condition

Planning a local journey

You would plan a local journey to somewhere you have never been before:

- You would manage without help, but with difficulty

You would plan a local journey if you had to:

it would take you long time to plan a journey

Following a route

Your condition affects you:

- recovering from getting lost
- dealing with any unexpected changes to the route

When following a route:

- Someone would have to be with you
- You would rely on an assistance dog or something else to help you find your way

You would follow a route if you had to:

getting somewhere you have never
been would have an effect on your
condition

Understanding written information

Your condition affects your understanding of:

- symbols such as pound signs (£) or exclamation marks (!)
- signs, such as safety signs

How you work out what they mean:

- Someone has to remind you what things mean

You understand written information
on a typical day:

Dealing with money

Your condition affects you:

- Understanding how much things cost

When dealing with money:

- Someone has to explain things to you
- Someone has to remind you or encourage you to pay bills

You deal with money if you have to:

Additional information

Include anything else that explains how your condition or disability affects you.

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