



Department for
Communities

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Personal Independence Payment

How your disability affects you - information booklet

**This information booklet will help you fill in your
Personal Independence Payment (PIP) form**

In it we:

- explain the questions we ask
- help you answer the questions
- give you examples of other things you can tell us
- explain the supporting evidence you can send us
- tell you what you need to do next

Contents

Before you fill in the form	3
Evidence to support your claim	3
What to send	3
What you could send and what not to send	4
Filling in this form	5
If you are filling in this form for someone else or helping them	5
If the person claiming PIP is capable of answering for themselves, but needs someone else to physically put the answers onto the form	5
Section 1 - About your health condition or disability	6
Section 2 - About your health professionals	6
Section 3 - How your health condition or disability affects your day-to-day life	7
Question 3 - Preparing food	8
Question 4 - Eating and drinking	8
Question 5 - Managing your treatments	9
Question 6 - Washing and bathing	9
Question 7 - Using the toilet and managing incontinence	10
Question 8 - Dressing and undressing	10
Question 9 - Talking, listening and understanding	10
Question 10 - Reading	10
Question 11 - Mixing with other people	11
Question 12 - Managing money	11
Question 13 - Planning and following a journey	11
Question 14 - Moving around	12
Section 4 - What happens next	12
Final checklist	12

Before you fill in the form

It is useful to have the things listed below. Do not worry if you only have some of them:

- the names and contact details of professionals who regularly support you
- details of your medication or an up-to-date printed prescription list
- supporting evidence that helps us understand your needs, shows how you carry out activities and how these activities are affected by your health condition or disability

Evidence to support your claim

Examples of the things you could send to us are shown in the table on page 3. There is also an online Department for Communities (DfC) video you might find helpful. To find it, go to NI direct and search 'PIP information videos'.

We understand that it can take a while to collect this evidence, so we suggest you start collecting it before filling out your form.

But it is important to make sure you return your form on time. If you are waiting for any supporting evidence, send us what you already have along with your completed form **before the date on the front of your form**.

You can send any more supporting evidence you get afterwards to the address on the covering letter. When you get it, send a photocopy of it to us **straightaway**. Write your reference number on it so we can link it to your claim. You can find your reference number at the top of the letter that came with the form (the reference number is usually the same as your National Insurance number).

If you are waiting for more evidence, such as a report from a recent medical assessment, tell us at **Question 15 – Additional information**

Sending us evidence to support your claim may mean:

- we can make a decision on your claim more quickly
- we can make an accurate decision on your claim and give you the right level of support
- an assessment with a health professional may not be needed

Evidence to support your claim - what to send

Only send us:

- information about how your health condition or disability affects your daily life
- **documents you already have available to you**, unless you do not already have 'reports,

statements or diaries from carers or family members'. If you want to include this type of evidence and do not have it already, please ask them to provide it to you

- **photocopies** as we cannot return documents

Write your full name and reference number on the top of each photocopy you send to us. You can find your reference number at the top of the letter that came with the form (the reference number is usually the same as your National Insurance number).

WHAT YOU COULD SEND	WHAT NOT TO SEND
Reports or care or treatment plans from: <ul style="list-style-type: none"> ✓ Occupational therapists ✓ GP or consultants ✓ Social workers ✓ Community psychiatric nurses ✓ Learning disability support teams ✓ District nurses ✓ Physiotherapists 	<ul style="list-style-type: none"> ✗ Appointment cards or letters ✗ Letters arranging hospital admissions ✗ General information or fact sheets about your condition ✗ Fact sheets about your medication ✗ Information about tests you are going to have ✗ Bus tickets, train tickets, directions or maps for appointments you have attended
<ul style="list-style-type: none"> ✓ Reports, statements or diaries from carers or family members ✓ Hospital discharge or outpatient clinic letters about your condition or diagnosis ✓ Letters from your consultant(s) about your condition or diagnosis 	
Test results from: <ul style="list-style-type: none"> ✓ Scans ✓ Diagnostic tests ✓ Hearing or vision tests 	
Other <ul style="list-style-type: none"> ✓ Your current repeat prescription list ✓ Statement of special educational needs, Care Plan ✓ Certificate of visual impairment 	

Filling in this form

Please use a pen to fill in the form.

The form is in 4 sections:

- **Section 1 – About your health condition or disability**
- **Section 2 – About your health professionals**
- **Section 3 – How your health condition or disability affects your day-to-day life**
- **Section 4 – What happens next**

We know that talking about your personal needs can be difficult, but we need you to tell us as much as you can on the form.

Please read the information carefully and take time to answer all the questions. **You do not have to fill in the form in one go.**

If you think you will need help to prepare for and fill in this PIP claim form, you may want to ask a friend, relative, carer or local support worker to read this information booklet. You can then talk about how much and what sort of help you need.

If you need help filling in any part of this form or need more time to complete the form, you can phone **0800 012 1573** (0800 587 0937 if using a textphone).

When filling in the form remember:

- there is no right or wrong way of answering the questions
- it does not matter if words are spelt wrong
- you do not have to fill all of the space provided

If you need more space, use the **Additional information section at Question 15.**

If you need even more space, you can use separate pieces of paper. Remember to send them to us with this form.

If you do this, write your name and reference number at the top of each extra page. You can find your reference at the top of the letter that came with the form (the reference number is usually the same as your National Insurance number). Tell us which questions your comments refer to.

If you are filling in this form for someone else or helping them

If you are filling in some or all of the form because the person claiming PIP is not capable of answering for themselves, you can tell us about their needs and the help you give them from your point of view.

For example, “Alex always has difficulty cooking safely by himself as he forgets if the hob is on”.
For example, “As his carer, I help Alex by supervising him while he cooks and prompting him if he forgets something”.

This can be as well as or instead of the claimant giving the information themselves.

If the person claiming PIP is capable of answering for themselves, but needs someone else to physically put the answers onto the form

If the person claiming PIP needs help to physically put their answers onto the form, for example due to a visual or physical impairment, they can answer from their own point of view.

For example, “I always have difficulty cooking by myself as I cannot safely cut up ingredients or lift pans because of my severe arthritis.

IMPORTANT: The person claiming needs to sign the Declaration on page 8 themselves, unless:

- you have already been appointed to receive and deal with their benefits. For example, you are a benefit appointee (appointed by DfC), a Deputy or Receiver, or have a Power of Attorney, or
- they are too ill or disabled to sign for themselves

If either of the above applies then you must sign the Declaration on their behalf.

Section 1 – About your health condition or disability

This section is split into 3 parts:

- **Question 1a**

We need to know about your health condition or disability.

- **Question 1b**

We need to know about any tablets, medication and any side effects they have on you.

- **Question 1c**

We need to know about any treatment you have had, currently have or have planned for the future.

Section 2 – About your health professionals

We ask you to send us supporting evidence with your form, but sometimes we may contact the health professionals who support you for further information.

Please tell us about the health professionals who treat or care for you most regularly and who are best placed to advise us on how your health condition or disability affects you.

For example, a GP, hospital doctor, specialist nurse, community psychiatric nurse, occupational therapist, physiotherapist, social worker, counsellor or support worker.

You can list details of up to 3 health professionals. If you need to add more, use the extra space at Question 15.

Section 3 – How your health condition or disability affects your day-to-day life

PIP is assessed on how your condition affects you, not the condition itself.

Please tell us if your health condition or disability means you have had difficulties with daily living or getting around for at least 3 months and this is expected to continue for at least a further 9 months.

If your needs change regularly, please make sure you tell us about this on the form. These changes will be fully considered during your claim.

We use the information to see how much help you need to carry out 12 activities.

There are **10 activities for the daily living part of PIP** and **2 for the mobility part**. A score is given for each and we add these together to give us a total for each part.

We have given examples throughout the form to help you think about how different conditions, not just physical ones, may affect you. They also help you think about what help you may need.

Daily living activities

- Preparing food
- Eating and Drinking
- Managing your treatments
- Washing and bathing
- Using the toilet and managing incontinence
- Dressing and undressing
- Talking, listening and understanding
- Reading
- Mixing with other people
- Managing money

Mobility activities

- Planning and following a journey
- Moving around

To help us understand your needs, tell us about the difficulty you have with each activity and how this relates to your condition.

Can you complete each activity:

- safely
- within an acceptable time (about twice the time it may take another person who does not have a disability)

- to an acceptable standard
- as often as you need to

Tell us:

- what the difficulty is
- how often you have good days and bad days
- how or why your condition varies over the course of a day, week or year
- when you started to have difficulties

Tell us how you manage each activity, including any:

- aids or specialist equipment you use (like a perching stool or a Dosette box)
- help you get from someone else (do they help you physically, prompt or encourage you?)
- help you need but do not get (like with dressing or undressing)

Daily living activities

Tell us how your health conditions or disabilities affect you for each of the daily living activities, put a cross in either '**No**' or '**Yes**'. If you answer '**Yes**' please tell us about the difficulties you face and help you need.

Question 3 - Preparing food

This question is about your ability to prepare and cook a simple one course meal for one from fresh ingredients. This includes things like:

- food preparation such as peeling, chopping or opening a can, and
- safely cooking or heating food at or above waist height on a cooker hob or in a microwave oven

Aids and appliances for this activity might include things like prostheses, a perching stool, spiked chopping boards, liquid level indicators and adapted cutlery.

Help for this activity might include someone:

- physically assisting you to prepare or cook food or doing it for you
- supervising you to make sure you are safe
- prompting, encouraging or reminding you to cook food or how to do so

Question 4 - Eating and drinking

This question is about your ability to eat and drink, including your ability to cut food into pieces, get food and drink to your mouth, chew food and swallow. It includes the use of therapeutic sources such as tube feeding. A feeding tube could be a parenteral or enteral tube feeding with a rate limiting device such as a delivery system or feed pump.

Help for this activity might include someone:

- reminding you when to eat
- cutting your food into pieces or putting food in your mouth

- supervising you to make sure you finish eating
- prompting, encouraging or reminding you to eat or drink
- helping you manage a feeding tube

Question 5 - Managing your treatments

This question is about your ability to monitor any health conditions, manage medication and manage treatments.

‘Monitor health conditions’ means being able to detect any changes in a condition and take necessary actions as advised by a health professional. For example, this includes being able to monitor blood sugar levels, mental state and pain levels.

‘Manage medication’ means to take regular medication prescribed or advised by a doctor, nurse or pharmacist in the right way at the right time. This includes tablets, inhalers and creams.

‘Home treatments’ include things like physiotherapy and home dialysis, regardless of whether these are NHS or private.

Aids and appliances for this activity might include things like a Dosette box for tablets or an alarm or reminders.

Help for this activity might include someone:

- prompting or reminding you to take medication or how to do it
- supervising you while you take medication
- physically helping you to take medication or manage a treatment
- monitoring a health condition like diabetes

Question 6 - Washing and bathing

This question is about your ability to wash and bathe. Wash includes washing your body, face, limbs, underarms and hair. Bathe means getting into and out of both a normal bath and a normal shower.

Aids and appliances for this activity include things like shower seats and grab rails.

Help for this activity might include someone:

- prompting, encouraging or reminding you to wash and bathe yourself or how to do it
- supervising you to make sure you are safe
- physically washing or bathing you

We know that talking about your personal needs can be difficult, but we need you to tell us as much as you can on the form.

Question 7 - Using the toilet and managing incontinence

This question is about your ability to manage your toilet needs, including

- getting on or off a normal toilet

emptying your bladder or bowels

- dealing with incontinence, including using a collecting device like a stoma bag or catheter
- cleaning yourself afterwards

Aids and appliances for this activity might include things like raised toilet seats, bottom wipers, commodes, bidets and incontinence pads.

Help for this activity might include someone:

- physically helping you to get on and off the toilet
- supervising that you clean yourself properly

We know that talking about your personal needs can be difficult, but we need you to tell us as much as you can on the form.

Question 8 - Dressing and undressing

This question is about your ability to dress and undress, including selecting, putting on and taking off appropriate and un-adapted clothing, which may include fastenings such as zips or buttons.

This includes putting on and taking off socks and shoes.

Aids and appliances for this activity might include things like long-handled shoehorns, button hooks, zip pulls or sock aids. Modified buttons, front fastening bra, Velcro fastenings and shoe aids. Help for this activity might include someone:

- physically helping you
- selecting clothes for you, and
- prompting or reminding you when to dress and undress.

Question 9 - Talking, listening and understanding

This question is about your ability to communicate with others in your native spoken language.

This means your ability to speak to people and hear and understand what they are saying to you.

Aids and appliances for this activity might include hearing aids, picture symbols, assistive computer technology or voice aids.

Help for this activity might include someone:

- prompting or encouraging you to communicate
- interpreting speech into sign language for you
- telling you what someone is saying, what it means or speaking on your behalf

Question 10 - Reading

This question is about your ability to read and understand signs, symbols and words written or printed in your native written language. If you access information using Braille, please tell us about that in this section.

Aids and appliances for this activity might include magnifiers, but do not include normal spectacles or contact lenses.

Help for this activity might include someone:

- helping you to understand the meaning of signs, symbols or words
- prompting you about the meaning of simple information

Question 11 - Mixing with other people

This question is about how well you understand what is going on and how you react when meeting and mixing with other people. This includes whether you become aggressive due to frustration, or whether severe anxiety or stress prevents you from mixing with people.

Help for this activity might include someone:

- prompting or encouraging you to do so
- being there to support or reassure you
- helping you keep calm if you become frustrated or aggressive whilst mixing with people

Question 12 - Managing money

This question is about your ability to make decisions about spending and managing your money. This includes being able to understand how much things cost, how much change you should get in a shop, managing your own budgets, paying bills and planning future purchases. It looks only at your decision making ability, not the physical elements such as going to a post box to send a bill payment or putting money in a purse or wallet.

Help for this activity might include someone:

- prompting or encouraging you
- reminding you to do it or how to do it
- doing it for you

Mobility activities

Tell us how your health conditions or disabilities affect you for both of the mobility activities, put a cross in either '**No**' or '**Yes**'. If you answer '**Yes**' please tell us about the difficulties you face and help you need.

Question 13 - Planning and following a journey

This question is about your ability to work out and follow a route to another place, including using public transport, and if severe anxiety or distress prevents you from being able to go out and complete a journey. It does not look at your physical ability to get around, which is covered in the next section.

Help for this activity might include someone:

- to help you plan a route or plan it for you
- to prompt or encourage you to avoid severe anxiety or distress when going out
- to be with you when going out to reassure you

- to be with you when going out to help you to follow and complete a journey, including to help overcome severe anxiety and distress
- to be with you when going out to keep you safe or stop you getting lost
- to help you deal with public transport or unexpected circumstances

We also want to know if you need a guide dog to safely follow a route, or an aid such as a long cane.

Question 14 - Moving around

This question is about your ability to stand and physically move around. We want to know how far you can walk and if you use aids, appliances and devices to get around, including walking sticks, frames or prostheses and devices such as wheelchairs and mobility scooters. Tell us how long it takes, how well or often you complete this activity and if it causes pain, breathlessness, tiredness or dizziness.

Section 4 - What happens next

When we receive your form, we may invite you to attend an assessment with a health professional. This will give you the chance to tell us more about how your health condition or disability affects your daily life.

There are some online DFC videos you might find helpful. To find them, go to NI direct and search 'PIP information videos'.

If we invite you to an assessment, you must attend. If you do not attend and you do not have good reason, your PIP claim will end. If you currently get Disability Living Allowance this will stop.

However, if you have given us enough supporting evidence, an assessment may not be needed. We may call you if we have got any questions about this form. The number may show as withheld, unrecognised or may start 0800.

Final checklist

Use the final checklist at the end of the form before you return your form to us. If you can tick all the questions in the checklist, your form should be ready to send back.

You will find the address to send the form back to on the last page.

Remember to tear off the letter on the front of the form and keep it safe. If you need to send more supporting evidence later, the letter has the address you need to send it to and the reference for your claim. The reference number is usually the same as your National Insurance number.

Place the form and photocopies of the supporting evidence you already have in the envelope provided, so the address shows through the window. It does not need a stamp.

We advise you make a copy of the form and your supporting evidence for future reference before you send it back.