



# Information Hub

## Help Booklet 3

One in four people will experience a mental health problem. How can we help?


Free Information & Referral Service



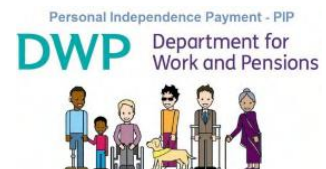
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**Open:**  
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Creating opportunities,  
Realising potential



ESA, UC & PIP



Questionnaires & Mandatory Reconsiderations



Download the Info Hub Help Booklets from our website at:  
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October 2019  
Help Booklet 3



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## Introduction

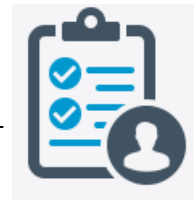
This guide helps you through the process of challenging a decision by the Department for Work and Pensions (DWP) to refuse you either:

- ⇒ **Employment & Support Allowance (ESA), either the Support Group or the Work Related Activity Group (WRAG)**
- ⇒ **Universal Credit (UC) Limited Capability for work and work-related activity (LCWRA)**
- ⇒ **Personal Independence Payment (PIP)**

### You might disagree with the decision made about your claim because:

- you didn't get it
- you got a lower rate than you expected
- you think your award isn't large enough

This might be after you have completed a work capability assessment, health questionnaire or face-to-face medical assessment.



If you want to challenge a decision made by the DWP, you first need to request a **mandatory reconsideration**. This is where you ask the DWP to take another look at their decision.



It is very important to obtain supporting medical evidence to submit alongside your mandatory reconsideration.

If the DWP do not change their decision and you still think it is wrong, you can then proceed to an **appeal**. Every Pound Counts can help you at this stage.



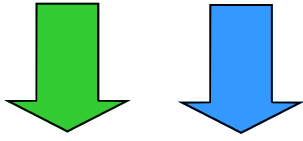
- This guide will also help you complete a **ESA, UC** and **PIP** health questionnaire.
- You might also be tested on the questions listed in this guide in a face-to-face health assessment.

- See our Help Booklet 1 for an overview on **ESA, UC** and **PIP**

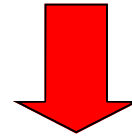


# ESA, UC & PIP The Process

## Begin Claim for ESA or UC



## Begin Claim for PIP



## Complete Health Questionnaire

**ESA50 (Limited Capability for Work Questionnaire form)** or **UC50 form**. Send back to DWP by deadline. Send in evidence.



Complete **PIP2** form (How your disability affects you) Send back by deadline. Send in evidence along with questionnaire.

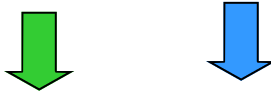


## Face-to-Face assessment

Attend face-to-face assessment.



Attend face-to-face assessment.

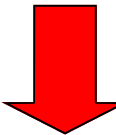


## Decision

**ESA** or **UC** will let you know if claim has been successful, what rate of payment you will be on, for what duration and if there will be any activity requirements.



**PIP** will let you know if your claim has been successful, the rate of payment you will receive and for what duration.



## Mandatory Reconsideration

If you do not agree with the decision for your benefit, you can ask them to look at it again. This is called a mandatory reconsideration. For **ESA**, **UC** and **PIP** you need to request a mandatory reconsideration in writing within a month of their decision. You need to send a letter/ statement along with any additional evidence from a health professional.



## Appeal



If you do not agree with your mandatory decision, you can put in an appeal. You will need to submit an SSC1 form along with your mandatory reconsideration notice within a month of the decision of your mandatory reconsideration. **Every Pound Counts** can help you at this stage.



## Appeal Tribunal Hearing



Attend your tribunal hearing. An independent tribunal will decide if the DWP made the right decision.

# ESA

**ESA**  
Employment & Support Allowance

- ESA is divided into two groups:

**The Support Group** – Designed for people who are considered unable to engage in any form of work-related activity in the foreseeable future.

**The Work-Related Activity Group** (sometimes called WRAG) – Designed for people who are considered able to move towards work with the right support.

- The ESA Support Group receives a higher rate of support than the WRAG.

**If you think you should be in the support group, you can ask for this to be reconsidered.**

## Universal Credit **UC** Universal Credit

- With Universal Credit, there is only 1 element for individuals who are considered unable to engage in work. This is known as Limited Capability for work and work-related activity (LCWRA).

## PIP

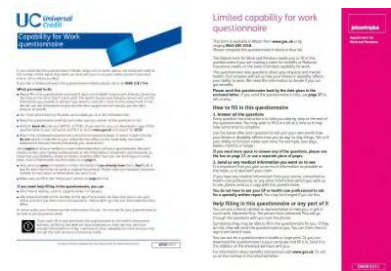
Personal Independence Payment - PIP  
**DWP** Department for Work and Pensions



- PIP is a benefit replacing DLA (Disability Living Allowance) . It is a benefit for people who live with long-term disabilities, or long-term health conditions that impact on their daily life.
- PIP has a **daily living** and a **mobility** component. There are 2 rates for each of these components: the standard rate, and the enhanced rate for people who are more severely affected by their condition.
- You can receive both the **daily living** and **mobility** components of PIP, or just of one of the 2.

# Limited Capability for Work

- When you apply, the Department for Work and Pensions (DWP) has to check that you are not well enough to work. They call this having '**limited capability for work**'. If you have **limited capability for work** you can get **ESA**, or **UC** with a limited capability for work element.
- The test the DWP uses to decide if you have limited capability for work is called the Work Capability Assessment (WCA).
- They will usually send you a form with questions about your health. This is the '**ESA50**' form, **UC50** also known as the '**Capability for Work questionnaire**'. If you need help completing your form the info hub at Mosaic Clubhouse can book you an appointment with Tulse Hill Community Advice Centre.
- To claim you need evidence including a '**fit note**' from your GP that says you are unwell.
- When you have completed the form most people will have to go to a **medical assessment**.



## Your Face-to-Face Assessment & Decision

- At your face-to-face assessment you will be asked questions about a 'typical day'.
- A decision-maker at the DWP will consider the evidence provided on your application form, your medical evidence and the report submitted from your face-to-face assessment and decide whether you have limited capability for either work or work-related activity.
- If you had a **PIP** assessment, they will decide if your health condition or disability limits your ability to carry out the activities and how much help you need with them.
- The DWP will let you know if your claim has been successful, the rate of payment you will receive and for what duration, and any activity requirements. The DWP estimates that this process will take 13 weeks from start to finish, during which time you will be paid assessment rate **ESA** and **UC**. Sometimes the process takes longer.





# ESA & UC Questionnaires

- Once you have started your claim, you will be sent and asked to fill in a health questionnaire. **With ESA this form is called the Limited Capability for Work Questionnaire. With Universal Credit this is known as a Capability for Work questionnaire.**

**UC Universal Credit**  
**Capability for Work questionnaire**

If you would like this questionnaire in Braille, large print or audio, please call Universal Credit on the number at the top of any letters we have sent you or use your online journal if you have one to tell us what you need.  
If you live in Wales and want this questionnaire in Welsh please call us on **0800 328 1744**.

**What you need to do**

- Please fill in this questionnaire and send it back to the Health Assessment Advisory Service by the date on the letter that it came with. The Health Assessment Advisory Service will use the information you provide to decide if you need to come for a face-to-face assessment or not. We will use this information to give you the best support we can and pay you the right amount of benefit.
- You must send it back by the date we've asked you to in the enclosed letter.
- Read this questionnaire carefully and make sure you answer all the questions in full.
- Write in **black ink** and use CAPITAL LETTERS. If you want to, you can download a copy of the questionnaire to your computer and fill it in. Go to [www.gov.uk](http://www.gov.uk) and search for **UC50**.
- Return the completed questionnaire using the enclosed envelope. It doesn't need a stamp. **Do not** send it or take this to your Jobcentre Plus office as this could delay the Health Assessment Advisory Service processing your assessment.

Send **copies** of all your medical or other information back with your questionnaire. We don't always contact your medical professionals so this information is important, and should let us know how your disability, illness or health condition affect how you can do things on a daily basis. A list of information we find helpful is on **page 5**.

- Only send us **copies** of medical or other information if **you already have** them. **Don't** ask or pay for new information or send us original documents. Please write your National Insurance number on each piece of information you send to us.
- Make sure you fill in the "About you" section on **page 2** in full.

**If you need help filling in the questionnaire, you can**

- ask a friend, relative, carer or support worker to help you.
- call Universal Credit on the number at the top of any letters we have sent you or use your online journal if you have one to ask questions. Please don't go into your local Jobcentre Plus office.

In some cases, your answers can be written down for you. You can ask for your questionnaire to be sent to you by post to check.

**!** If you don't fill in and send back this questionnaire to the Health Assessment Advisory Service by the date we have asked you to, then we may not have enough information to make a decision on your capability for work and you may not get the right amount of Universal Credit.

Universal Credit is operated by the Department for Work and Pensions **UC50 12/17**

## Limited capability for work questionnaire

This form is available in Welsh from [www.gov.uk](http://www.gov.uk) or by ringing **0845 600 3018**. Please complete this questionnaire in black or blue ink.

The Department for Work and Pensions needs you to fill in this questionnaire if you are making a claim for benefits or National Insurance credits on the basis of limited capability for work. This questionnaire asks questions about your physical and mental health. Your answers will tell us how your illness or disability affects your ability to work. We need this information to decide if you can get benefits.

**Please send this questionnaire back by the date given in the enclosed letter.** If you send the questionnaire in lots, use **page 17** to tell us why.

### How to fill in this questionnaire

#### 1. Answer all the questions

Every question has instructions to take you step-by-step to the end of the questionnaire. You may wish to fill it in a bit at a time as it may take some time to complete.

Use the boxes after each question to tell us in your own words how your illness or disability affects how you do day-to-day things. Tell us if your ability to function varies over time. For example, over days, weeks, months or longer.

**If you need more space to answer any of the questions, please use the box on page 17, or use a separate piece of paper.**

#### 2. Send us any medical information you want us to see

It is important that you give us as much information as possible as this helps us to deal with your claim.

If you have any medical information from your doctor, consultant or health care professional, or any other information which you wish us to see, please send us a copy with this questionnaire.

**You do not have to see your GP or health care professional to ask for a specially written report.** You may be charged if you do this.

### Help filling in this questionnaire or any part of it

You can ask a friend, relative or representative to help you, or get in touch with Jobcentre Plus. The person from Jobcentre Plus will go through the questions with you over the phone.

Sometimes they may be able to fill in the questionnaire for you. If they do this, they will send the questionnaire to you. You can then check it, sign it and send it back.

You can ask for a questionnaire in braille or large print. Or you can download the questionnaire to your computer and fill it in. Send it to the address on the envelope we have sent you.

For information about benefits and services visit [www.gov.uk](http://www.gov.uk). Or call us on the number in the attached letter.

**jobcentreplus**  
Department for Work and Pensions

**ESA50 01/13**

- There is no guarantee that the ESA assessor will contact the preferred healthcare professional you nominate on your ESA50 form or UC50 form. So it is a good idea to get written evidence from your doctor or care coordinator in support of your claim. Send this in with your form.
- You will also want to get written evidence from other healthcare professionals you see (e.g. psychologists, occupational therapists).
- You could be found to have **Limited Capability for Work** if it would pose a 'substantial risk' to your health or to the health of someone else if you were required to work.
- If your doctor or care coordinator thinks it would pose a 'substantial risk' to your health or to the health of someone else if you were required to work, they should also include this evidence.

**If you need help completing your form the info hub at Mosaic Clubhouse can book you an appointment with Tulse Hill Community Advice Centre.**

# ESA & UC Questionnaires

- The assessors will not make a decision based on your mental health condition but only on your ability to work.
- It is a good idea to show your doctor or care coordinator the list of activities covered in the questionnaire so they know what areas to include in their evidence. The activities are:

## Physical activities

- Mobilising unaided
- Standing and sitting
- Reaching
- Picking up and moving or transferring by the use of the upper body and arms
- Manual dexterity
- Making yourself understood
- Understanding communication
- Navigation and maintaining safety
- Continence
- Consciousness during waking moments

## Mental, cognitive & intellectual activities

- Learning tasks
- Awareness of everyday hazards
- Initiating and completing personal action
- Coping with change
- Getting about
- Coping with social engagement
- Appropriateness of behaviour with other people



- The next few pages will focus on the **Mental, cognitive & intellectual activity** questions listed in the **ESA** and **UC** capability for work questionnaires, ( These are Questions 11– 18 in the questionnaire).

- In order to be awarded **Limited Capability for Work** you must score at least **15 points**. These points can be added up from a number of different activities from both the physical and mental disabilities categories.
- With the **ESA** questionnaire, Part Three of the form includes a question on eating. It also is where you can add additional evidence from a health professional, which determines if you will be placed in (or remain in) the ESA support group.



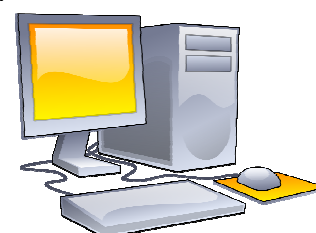
## Question 11 – Learning How To Do Tasks



- **Cannot learn how to do a simple task, such as setting an alarm clock (15 points).**
- **Cannot learn anything beyond a simple task such as setting an alarm clock (9 points).**
- **Cannot learn anything beyond a moderately simple task such as the steps involved in operating a washing machine to clean clothes (6 points).**

### Consider:

- learning how to use a new computer for things like sending and receiving emails
- making a cup of tea for someone - filling a kettle, putting tea bags in a teapot, pouring it into a cup and then adding milk and sugar
- do you need to ask for help every time
- you can learn it the first time around, but will have forgotten the next time you try
- you don't follow instructions or directions well, and need to break them down into very small steps
- it'd take you a long time to learn how to do it - try to compare how long it'd take you with someone who doesn't have your condition.
- if there's anything that you couldn't learn to do (or struggled with) because you find it too difficult - for example using a dishwasher
- if you need to practice and repeat tasks regularly to learn them - and how long it'd take you
- whether medication you're taking has affected your ability to learn new tasks - try to compare what it was like before you started taking the medication
- whether you can focus on tasks
- if you have problems with your short-term memory
- if you have good and bad days - and what it's like for you on different days
- whether you'd be able to learn more than one new task in a day



## Question 12 – Awareness of Hazards or Danger



Reduced awareness of everyday hazards leads to a significant risk of injury to self or others, or damage to property or possessions requiring supervision to maintain safety:

- The majority of the time (15 points).
- Frequently (9 points).
- Occasionally (6 points).

### Consider:

- whether you understand the risks in everyday tasks like boiling water and using sharp objects
- whether you can stay safe sometimes, but sometimes have accidents - think about why they happen, such as if you've cut yourself on a sharp object, or burned yourself in the kitchen or with an iron
- whether you know how to avoid danger, for example you don't worry about traffic or crossing roads
- if you've ever fallen or injured yourself in the street (think about how it affected you afterwards) - such as you hurt yourself and now avoid certain streets



### You should explain (and give examples):

- if you're at risk of hurting yourself - for example you don't always notice when something is dangerous because of depression or anxiety
- if you sometimes act on impulse and only realise how dangerous it was afterwards - for example you have bipolar and take risks when you're on a high
- if you forget to be careful, behave irrationally or take sudden risks in an unpredictable way



# Question 13 - Initiating Actions (planning, organisation, problem-solving, prioritising or switching tasks)



Cannot, due to impaired mental function, reliably initiate or complete at least two personal actions

- Always (15 points).
- Most of the time (9 points).
- Frequently (6 points).



Consider Routine tasks including:

- showering
- dressing
- collecting a prescription
- preparing a basic meal
- ironing clothes
- paying a bill
- making appointments



Think about whether you could complete 2 of these tasks, one after the other, for example before you leave the house to go to an appointment.

It's important to explain whether:

- your condition makes it hard for you to concentrate
- you need to be reminded or encouraged
- you get confused
- you get distracted
- you forget what you're doing
- your medication affects how you complete tasks
- your condition makes you lack motivation
- your condition makes you lack energy or you get tired
- you have good days and bad days



## Question 14 - Coping with Change



- **Cannot cope with any change to the extent that day-to-day life cannot be managed (15 points).**
- **Cannot cope with minor planned change to the extent that day-to-day life is significantly more difficult (9 points).**
- **Cannot cope with minor unplanned change to the extent that day-to-day life is significantly more difficult (6 points).**

### Consider:

Think about having to eat lunch at a different time to usual - or a planned bus diversion, which takes you on a different route home.



Don't feel embarrassed if you have to tick "no", for example if:

- you can't deal with change at all - even if you're warned about it
- change makes you withdraw and refuse help
- change affects your behaviour
- change stops you from being your normal self afterwards, for example you need someone to calm you down and it affects you all day

Don't feel embarrassed if you have to tick "no", for example if it takes a lot of planning and mental preparation to get ready for something - and you find it hard to cope if it gets cancelled.

### You should explain things like:

- whether you have problems coping with planned changes to your day
- whether you can't cope with sudden changes
- whether your medication affects how you cope with change
- how you cope with change - use examples, if you can
- how your day would be affected if your routine changes, for example whether you'd be able to do what you'd planned
- how often you'd be affected by change in this way
- anything you avoid doing because of potential problems; for example you avoid meeting friends for a meal because you'd be upset if you couldn't sit in a window seat



## Question 15 - Getting About



- **Cannot get to any place outside the claimant's home with which the claimant is familiar (15 points).**
- **Cannot get to a familiar specified place without being accompanied (9 points).**
- **Cannot get to an unfamiliar specified place without being accompanied (6 points).**

### Consider:

This question is about familiar places. Think about what would happen if you had to go to your local Post Office, bank or supermarket on your own.

Don't feel embarrassed if you have to tick "no", for example if:

- most of the time you can't go to familiar places even if another person comes with you.

If you can get to a familiar place, but only if someone comes with you, you should tick "yes" and explain why, for example if:

- you would feel anxious or distressed if you tried to go out without another person.



Explain how you feel getting to places. When thinking about this, ignore any help you may get from maps or mobile phone apps.

- if you have anxiety, panic attacks or agoraphobia.

This is about places you don't know. Think about what would happen if a friend or family member moved and you were going to their new house.

Don't feel embarrassed if you have to tick "no", for example if:

- you find it difficult to go to an appointment somewhere new, even if another person comes with you
- you can't go out and buy food on your own in a shop you don't normally go to - you'd have to only use shops you know or wait until someone can do it for you

If you can get to an unfamiliar place, but only if someone comes with you - tick "yes" and explain why you need the other person in the box.

### You should explain things like:

- if a mental health condition causes you problems going out - what the condition is and what medication you take for it
- what would happen if you tried to go to a familiar or unfamiliar place on your own
- any difficulties you get into when you go out - for example; panic attacks, getting lost or road accidents
- the difference it makes if you have someone with you
- if you have good and bad days, and what the differences are







## Question 16 - Coping with Social Situations

- Engaging in social contact is always impossible due to difficulty in relating to others / significant distress (15 points).
- Social contact with an unfamiliar person is always impossible due to difficulty relating to others / significant distress to the individual (9 points).
- Social contact with an unfamiliar person is not possible most of the time due to difficulty relating to others / significant distress to the individual (6 points).

### Consider

- whether you have difficulties relating to people, or if meeting and speaking to people causes you significant distress.
- you have a condition like autism, which means you find it hard to relate to people. You have a learning disability, you have issues with anger or aggression, you have a mental health condition

### **The DWP is trying to understand:**

- whether you have difficulties with people you know
- whether you have difficulties with people you don't know
- how often you have problems - whether it is all the time or most of the time

This could be anyone you've met before like your doctor, your neighbours or friends. It doesn't just mean people you're close to.

- seeing people you know makes you anxious or scared, for example because it makes you feel stressed or nervous
- you avoid meeting up with people



this could be someone like a shopkeeper, a person in the bus queue, or a neighbour you've never met. Consider how you'd feel if you needed to deal with the public in a job, for example in a shop or a hotel.

- speaking to strangers makes you scared or anxious, for example because it makes you feel stressed or nervous
- you try to avoid meeting and speaking to new people
- you try to not go out because you don't want to see people

You might need to tick 'it varies' if bumping into people you didn't expect to see makes you anxious or scared, but you're okay when you plan to meet them. If this is the case then explain what happens and how it makes you feel.

- how you feel when you have to meet and speak to people
- if you find it hard to relate to people - how they react to you, and how it makes you feel
- how often you avoid seeing or meeting people
- whether you find it easier to meet other people if someone you trust is with you
- whether you have good and bad days
- if you could cope with meeting or speaking to more than one person at a time
- whether it physically affects you, for example makes you feel hot, faint or dizzy





## Question 17- Behaving appropriately with other people

**Has uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace**

- **On a daily basis (15 points).**
- **Frequently (15 points).**
- **Occasionally (9 points).**



**Consider:**

Is it difficult for you to control your behaviour in front of other people or if you behave in an unusual way in front of them?

This could be because you have a mental health condition or a brain injury. It could also be relevant if you have a condition such as epilepsy or diabetes - depending on whether you have hypos or seizures, and how these affect you.

You should fill in this question if your behaviour has made other people feel uncomfortable, scared, upset or threatened.

Think about how often you've been unable to control your behaviour or reactions when other people are around. It could be people you know or people you don't know.

Try to be honest about what happens, even if you find it embarrassing.

You should say if you've upset people, for example, by:

- shouting or screaming
- hitting or threatening to hurt them
- completely ignoring them
- throwing something with the intention of breaking it, like a mug or plate
- saying inappropriate things, for example if you have a condition that makes you swear
- crying uncontrollably or all the time - remember to explain why this happens
- taking your clothes off

it's important you tell the DWP more by explaining your situation in the box.

You should explain if, for example:

- you've ever become violent towards someone - and say if you've been arrested because of it
- you've been barred from a shop, pub or other place
- your medication makes you behave in an inappropriate or unusual way
- you have a problem with drugs or alcohol that makes you aggressive or act inappropriately
- you know you upset people, but you can't control your actions
- you've been so upset that you can't calm down
- you won't go out because you're scared you'll do or say something that could affect other people

## Question18 - Eating and Drinking

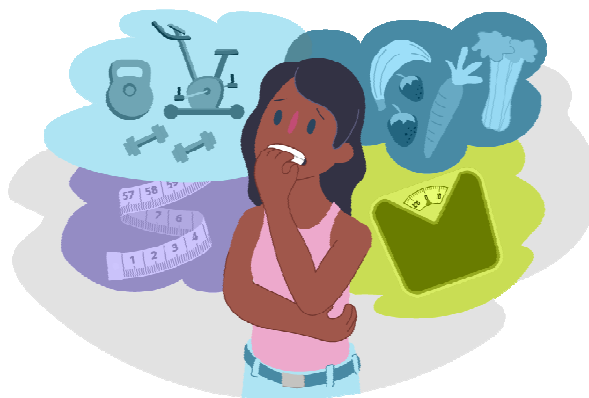


**This question is in Part 3 of the form.**

This isn't just about whether you can physically get food or a drink to your mouth - it's also about whether you forget to eat or drink, and if you don't want to eat or drink. It's important that you fill this in accurately if it applies to you, as it is a determining factor in being placed into the 'support group'.

For example you might:

- forget to eat because of depression
- avoid eating because it's painful for you to digest food
- have an eating disorder
- you have anorexia, bulimia or another type of eating disorder
- if your condition means you forget to eat or don't want to eat, how this affects you
- if someone needs to remind or prompt you to eat or drink





# PIP—Questions

- At the medical for **PIP** you will be assessed on your ability to carry out **PIP** activities. They will also look at your claim form ( *How your disability affects you PIP2 Form*) and any medical evidence from your GP or care coordinator.
- If you take in medical evidence on the day of a face-to-face assessment, they must take this into account. You will be asked questions on the day about your condition and your daily life. If you have a physical disability they will examine you and may ask to observe you performing certain tasks or movements. They will also observe how you cope with activities such as walking into the room, getting up and down from a chair, removing your coat, handling your bag and holding a conversation.
- **The next few pages will look at the questions on the *How your disability affects you (PIP2) form*.** There are examples of things that may be relevant to write about for each activity. These are suggestions to consider, but you may have many other things, which you want to write about.

**PIP** is a 'functional' assessment. **PIP** assessors will not make a decision based on your mental health condition but only on the impact it has on your ability to get around and do daily activities. When gathering your evidence for a **PIP** claim, it is a good idea to look at the list of **PIP** activities and think about which are relevant to you:

## Daily living activities

- Preparing food
- Taking nutrition
- Managing therapy or monitoring a health condition
- Washing and bathing
- Managing toilet needs or incontinence
- Dressing and undressing
- Communicating verbally
- Reading and understanding signs, symbols and words
- Engaging with other people face-to-face
- Making budgeting decisions

## Mobility activities

- Planning and following journeys
- Moving around

**If someone is providing evidence/writing a supporting statement or report for you, make sure they know that these are the activities.**

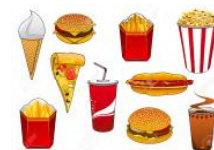
## Daily Living Activities and Descriptors

### Q3 Preparing Food

This question asks about your ability to prepare and cook a simple meal. A “simple meal”. This means a cooked one-course meal for one person, using fresh ingredients. **Examples of things you could write about:**



- Do you need to use an aid or appliance such as a stool or chair, lever taps, electric tin opener or lightweight pans?
- Does another person help you to cook, or cook for you, because of your health condition?
- Explain what they do to help you.
- Did you used to cook for yourself, but find that you can no longer do it because of your health condition? Are you unable to cook without help despite people trying to teach you?
- Do you find it difficult to motivate yourself to prepare or cook food, or sometimes feel too tired to prepare food?
- Do you tend to skip meals?
- Do you tend to eat ready meals, take-aways or snacks because it is difficult for you to prepare a meal from scratch or you lack motivation to do so?



There are many tasks and abilities involved in preparing a simple meal.

**Explain if you have difficulty with any of the following:**

planning what to cook, co-ordinating timings so different foods are ready at the same time, checking ‘best before’ dates, reading labels and instructions on food packets, chopping or peeling vegetables, opening tins or packets, weighing and measuring ingredients, operating the controls on the cooker or microwave, being able to lift a kettle or pan (not heavy pans, as this is a meal for one person), stirring or turning food while it cooks, remembering to check food while it is cooking, being able to identify when food is cooked properly, draining hot food and serving it onto a plate, remembering to turn the cooker off.

- Do you get impatient and have difficulty waiting for food to be cooked properly because of a learning disability or mental health problem?
- Would it be unsafe for you to prepare a meal unaided? For example, would you be at risk of burning yourself or starting a fire? Or would you be at risk of food poisoning because you can’t understand or remember how to cook food hygienically or check if meat is properly cooked? Is it dangerous for you to be around sharp objects or knives because you may cut yourself?
- Do you find it difficult to prepare food, or take a very long time to do it, because you are anxious about hygiene or have rituals (e.g. washing your hands repeatedly)?

## Q4 Eating and Drinking

This question asks about your ability to feed yourself by cutting up food on a plate, lifting it to your mouth and chewing and swallowing it or by using a therapeutic source.



### Examples of things you could write about:

- Do you need to use an aid or appliance for eating? For example, do you wear dentures and would you be unable to chew or eat properly without them? Do you use special cutlery or a lidded cup or straw, or do you have to use a bowl instead of a plate to avoid spillages?
- Do you wear a bib or an apron to protect your clothes from spillages?
- Do you use a therapeutic source to take nutrition, such as parenteral or enteral tube feeding?
- Do you need another person to help you with this?
- Do you have difficulty cutting up food on your plate? Does anyone help you?
- Are you at risk of choking? Do you have difficulty swallowing?
- Do you have any discomfort during or after eating, e.g. pain or nausea?
- Do you tend to spill or drop food while eating? Does your face get messy? Do you have to change clothes after a meal because you have spilt food on them?
- Do you play with food or make a mess with it because of a learning disability, dementia or a mental health condition?
- Do you find it difficult to motivate yourself to eat or drink, or do you forget to eat or drink?
- Do you tend to skip meals? Do you need prompting and encouragement to finish a meal or drink?
- Do you have a medical condition, which could get worse if you skip meals or eat the 'wrong' thing, e.g. diabetes?
- Do you need help to identify food, to understand what is safe for you to eat or to avoid foods you are allergic to? (for example, because of a sight problem or learning disability)
- Do you find it difficult to control the amount or type of food you eat, because of an eating disorder, learning disability or mental health problem? Do you have increased appetite due to a condition such as Prader Willi syndrome, or due to medication such as steroids? Do you binge or eat too much of foods that are unhealthy?
- Do you have a limited diet or refuse to eat certain types of food due an eating disorder, learning disability or mental health problem?
- Do you find it difficult to eat, or take a very long time, because you are anxious about contamination or have rituals?
- Have you gained or lost weight because of an eating disorder or another disability? If you are significantly underweight or overweight, you could state your weight and height or body mass index (BMI).
- Have you had to see a nutritionist or take nutritional supplements?

## Q5 Managing Treatments

This question asks about your ability to take medication, manage other treatments and monitor your health. It focusses on medication and treatment taken at home, not in a medical setting such as a hospital or surgery. The medication or treatment should be prescribed or recommended by a registered healthcare professional or pharmacist.



### Examples of things you could write about:

- Do you have to keep your pills in a dosette box? Explain why you need to do this, e.g. if you have memory problems or could get confused. Do you need help with this?
- Do you need physical help to get medication out of packets or to take medication?
- Do you need help to apply cream to parts of the body you can't easily reach?
- Do you need physical support, prompting or supervision when taking part in therapy at home? This could include physiotherapy exercises, home dialysis, speech therapy exercises or even relaxation exercises if recommended by a medical professional.
- Do you need prompting or assistance to put on bandages or dressings at home?
- Do you need help to use a TENS machine, inhaler or nebuliser or other medical equipment at home?

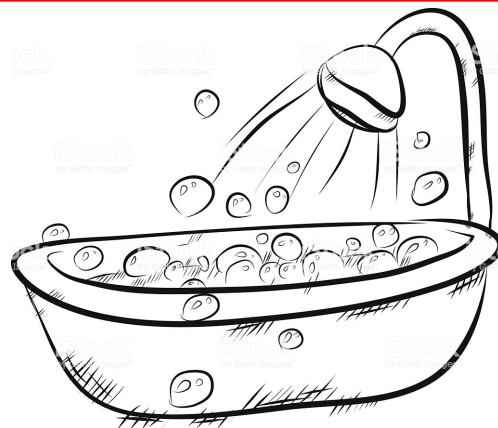
If someone helps you with therapy or treatments at home, explain how long they spend helping you each day or week.

- Do you have memory problems? Do you rely on an alarm, or another person, to remind you to take the correct medication at the correct time?
- Have you ever taken an overdose or missed medication that you were supposed to take, either deliberately or accidentally?
- Does a professional such as a district nurse or community psychiatric nurse regularly visit your home to monitor your condition, to treat you at home or to ensure that you are taking your medication? Are you on a community treatment order?
- Do you need help with checking or monitoring your condition? This could include help with checking blood sugar levels, checking urine or checking your skin for ulcers or infection.
- Do you have fits, seizures, hypoglycaemic attacks or blackouts? Can you tell when these are about to happen? Could they be dangerous?
- Do you recognise when your condition is getting worse? Could you seek medical attention if you needed it?
- Have you ever refused to comply with medical treatment when you needed it?
- Have you ever been detained under the Mental Health Act ('sectioned')?
- Could there be serious consequences if you didn't take your treatments correctly, or if you didn't get medical attention when you need it?



## Q6 Washing and Bathing (Descriptor 4)

This question asks about your ability to keep your body and hair clean. The PIP assessment **doesn't** cover other aspects of personal hygiene such as shaving, brushing teeth, cutting nails or coping with periods.



### Examples of things you could write about:

- Do you need to use an aid or appliance such as a shower seat, long-handled brush or handrails by the bath or shower?
- Do you sometimes feel too tired or depressed to wash, bathe or shower, or forget to do so? Would you go several days without a proper wash if nobody prompted or helped you?
- Do you strip wash at the sink because it is too difficult to have a bath or shower?
- Does another person help you to wash, bathe or shower? Explain what they do to help you.
- Do they help with washing your lower body, upper body, all of your body and/or hair?
- Are you at risk of slipping or falling while having a bath or shower? If you have fallen, describe what happened.
- Do you have blackouts, seizures or another condition which could make it dangerous for you to have a bath or shower without supervision?
- Do you need help to use the taps or the shower controls and check the water is the right temperature?
- Do you have difficulty climbing in or out of the bath or shower? If you have adaptations at home, such as a wet room or rails, explain if you have difficulty climbing in or out of an unadapted bath or shower, or are unable to do so.
- Do you find it difficult to stand in the shower?
- Do you need help to reach, open or dispense items such as shower gel or shampoo?
- Do you find it difficult or painful bending or reaching to wash your back, feet or any other part of your body? Say which part(s) of the body you find it difficult to clean.
- Do you need help with washing your hair and making sure you have rinsed it properly?
- Do you find it difficult to tell whether you have cleaned yourself properly? Do you forget to wash certain parts of your body?
- Do you wash more frequently than other people, or take longer to wash yourself, because of a condition such as obsessive compulsive disorder? Do you have rituals connected to washing or cleaning yourself?
- Do you find it difficult to look at or wash certain parts of your body, because of the way you feel about your body?

## Q7 Managing Toilet Needs (Descriptor 5)



This question asks about your ability to use the toilet and to manage incontinence. This includes getting on and off an unadapted toilet, emptying your bladder or bowel, and cleaning yourself afterwards. It does **not** include getting from another room to the toilet, coping with stairs, finding a toilet in a public place, adjusting your clothing before or after using the toilet, or cleaning the toilet or surrounding area.

### Examples of things you could write about:

- Do you use an aid such as a commode, raised toilet seat, rails by the toilet, incontinence pads, catheter, urine bottle, stoma bag, bottom wiper, bed pad or seat pad? Do you need help from another person to use the aid?

You will score points if you need a commode because of bladder or bowel urgency. However you won't score points if you need a commode solely because of mobility problems (e.g. if your only toilet is upstairs and you can't climb stairs).

- If you use incontinence pads, do you need help to change them? Do your clothes, chair or bedding sometimes become wet or soiled despite using pads?
- Do you have urgency (i.e. need to get to a toilet very quickly or suddenly)? Do you have toilet 'accidents' because of a bowel or bladder condition, or because of another disability such as epilepsy or anxiety? (However if you can't reach the toilet on time because you have difficulty with walking, you won't score any points for that.)
- If you have toilet accidents, do you need help to change your clothes or bedding when this happens? How often do you wet or soil yourself?
- Do you have difficulty with getting on an off the toilet or commode? Do you have to hold onto something (or someone) for support when getting on and off?
- Are you at risk of falls when getting on or off the toilet?
- Do you suffer from diarrhoea, constipation or urinary tract infections? How does this affect you?
- Do you have to use the toilet more frequently than average, or spend a very long time on the toilet?
- Do you have to be reminded to use the toilet, for example, before going out or before bed?
- Do you need help to use the toilet or cope with incontinence during the night?
- Do you have inappropriate toilet habits because of a learning disability, dementia or a mental health problem, for example, urinating in inappropriate places, soiling, refusing to use the toilet when prompted?
- Do you have to be reminded to wipe yourself clean after a bowel movement, or have difficulty reaching to do this properly?
- Do you have to be reminded or assisted to wash your hands after using the toilet?
- Do you get anxious or have rituals which you follow when using the toilet?

## Q8 Dressing and Undressing (Descriptor 6)

This question asks about your ability to dress and undress yourself, including putting on socks and shoes.



### Examples of things you could write about:

- Do you need to wear clothes, which are easy to put on or take off, such as clothes with elasticated waists, Velcro fastenings, or a front fastening bra?
- Do you need any other aids or appliances such as a shoe horn?
- Do you have to sit on the bed or sit in a chair while getting dressed?
- Do you have to wear a certain type of clothing, or avoid certain styles, because of your disability? For example, choosing clothing to accommodate a stoma bag, or having to wear extra layers because you feel cold due to your disability.
- Do you have restrictions on the type of clothes, which you will wear because of a mental health problem, learning disability or autism? Do you find standard items of clothing (e.g. socks or trousers) uncomfortable due to sensory issues?
- Do you sometimes feel too tired or depressed to get dressed? Do you tend to stay in your nightwear during the day, or go to bed in the clothes you have worn all day?
- Do you find it difficult to get undressed or to change your clothes because of the way you feel about your body?
- Do you need help to choose clean appropriate clothes to wear each day? Would you wear clothes that are dirty, worn out or unsuitable for the season or occasion if left to your own devices?
- Do you find it difficult or painful to bend to put on your lower clothing, socks or shoes?
- Do you have difficulty getting your arms into sleeves?
- Do you have difficulty with fastenings such as bra fastenings, buttons, zips, buckles and laces?
- If another person helps you to get dressed, explain how they help you. Do they help with dressing your lower body, upper body, or both?
- Do you need somebody to tell you if your clothes are inside out or incorrectly fastened? Do you sometimes take your clothes off in public or at inappropriate times, because of a learning disability, dementia or mental health problem?



## Q9 Communicating (Descriptor 7)

This question covers verbal (spoken) communication. The assessment looks at ability to speak, hear and understand your native language. It doesn't normally include the ability to retain or remember information. You can score points for this activity if you need to use an aid or appliance, or if you need **"communication support"**.



Communication support means help from another person who is trained or experienced in communicating with people with specific communication needs (e.g. a sign language interpreter), or who knows you well (e.g. a family member).

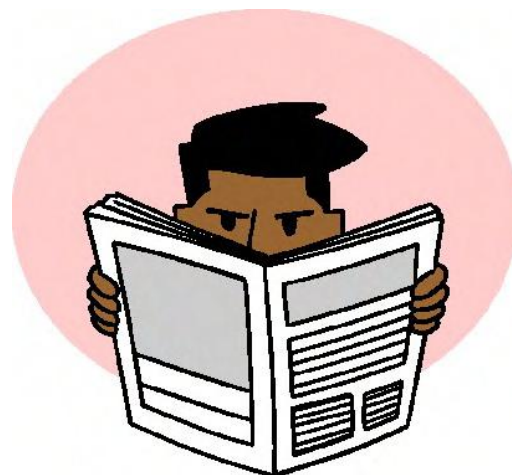
### Examples of things you could write about:

- Do you use an aid or appliance such as a hearing aid, electrolarynx, picture symbols or computer technology to help you communicate?
- Do you have a hearing problem? Is this worse in certain situations, for example, when there is background noise or outdoors?
- If you use a hearing aid, do you still have difficulty hearing when wearing the aid? If you are hard of hearing but don't or can't use an aid, explain why.
- If you lip read, describe any limitations or problems with that.
- Do you need someone to act as an interpreter when talking, for example, language or Makaton?
- Do you need to have things explained to you in a simple way? Do you need to be told things several times before you understand?
- Do you have difficulty understanding figures of speech or sarcasm?
- Do you sometimes give the impression that you have understood things when you haven't, or answer questions inaccurately because you don't understand the question or don't understand the importance of giving an accurate answer?
- Do you have a speech impairment, for example, stuttering or unclear speech? Do other people have difficulty understanding you? Do you need someone who is familiar with your speech to help you to communicate with others?
- Do you speak more quietly or loudly than usual because of your disability, or more quickly or slowly than usual? Do people have difficulty hearing or understanding you? Do you have pain or discomfort when you speak because of a physical condition?
- Do you communicate using written notes or gestures because of difficulty speaking or hearing?
- Do you find it tiring to talk or listen to people talking, or get distracted easily?
- Do you have delusions or hear voices that aren't there?
- When you attend appointments, does someone need to go with you to help you to communicate and/or help you understand what is being discussed? Does the appointment take longer because of your difficulty communicating?



## Q10 Reading (Descriptor 8)

This question covers ability to read and understand signs, symbols and words in your native language. This activity doesn't include ability to remember what you have read.



### Examples of things you could write about:

- Do you need to use an aid or appliance (apart from standard glasses or contact lenses) to read, for example a magnifier? If this was provided or recommended by a low vision clinic, say so.
- If you use an aid, explain if you still have difficulty when you use the aid, for example, if you use a magnifier you may still have to read slowly or be unable to read things that you can't get close to.
- Give examples of things that you have difficulty reading e.g. letters, forms, street signs, notices, signs on buildings or doors (e.g. identifying public toilets by the symbols on the door), labels and instructions, captions or subtitles on the TV. If someone helps you with reading, give examples of the things they help with.
- Are you only able to read large print or high-contrast text?
- Are you only able to read if the lighting conditions are right for you, for example, you may have difficulty reading in dim light, bright light or sunlight?
- Are you only able to read if you can get close to the thing you are reading, for example, you may have difficulty with scanning a room for signs/notices, or reading a street sign on the other side of the road?
- Do you have difficulty reading something that is moving, such as the number or destination on the front of a bus?
- Do you have difficulty with certain colours or styles of writing, which most people without a disability would be able to read, for example, text on a coloured background, italics or hand writing?
- Do you read much more slowly than average?
- Are you unable to read, or do you have difficulty reading, because of a learning disability?
- Do you have difficulty understanding written information (even if you can read the words) due to a learning disability, dementia or mental health problem?
- Do you lack motivation to read because of a mental health problem, for example, do you ignore correspondence or have you stopped reading books and magazines due to depression?
- Do you find reading tiring? Do you suffer from discomfort such as eyestrain or headaches when you read?
- Do you get distracted easily?

## Q11 Mixing with other People (Descriptor 9)

This question looks at your ability to mix with other people face-to-face, including both people you know well and people you don't know. You may score points if you have difficulty because of a disability, for example, learning disability, autism, anxiety or depression.



### Examples of things you could write about:

- Do you become distressed or anxious at the prospect of mixing with other people?
- Do you have panic attacks, or get tearful or upset in social situations? Describe what happens and how often it happens.
- Do you tend to avoid social activities or meeting people? Have you given up social activities, which you previously enjoyed, or lost touch with friends or relatives?
- Do you struggle with making or maintaining friendships?
- Do you find it difficult to talk to strangers or people you don't know well?
- Do you need somebody you know well to accompany you when mixing with other people, to reassure you or to help you behave appropriately?
- Do you have difficulty identifying people or remembering who they are?
- Do you get distracted or find it difficult to follow a conversation?
- Do you have difficulty taking part in conversations in an appropriate way, for example, do you interrupt, say things, which are not relevant to the conversation, make things up, or talk about subjects that other people might find inappropriate?
- Do you have difficulty understanding figures of speech, humour, sarcasm, tact or when it is appropriate to tell a white lie? Do you have difficulty adapting your behaviour to suit different situations?
- Do you have difficulty understanding body language? Do you have unusual body language, poor eye contact or tics which affect your ability to engage with people?
- Do you have difficulty managing anger, for example, do you sometimes lose your temper and shout or swear? Do you sometimes behave in an aggressive or threatening way because of your disability?
- Do you behave in ways that could upset other people, for example: ignoring people or walking away when they are talking to you; continuing to talk when others want to change the subject or end the conversation; touching or hugging people who don't want to be touched or hugged; staring at people?
- Are you vulnerable to being exploited or hurt because you are too trusting or don't understand when people are taking advantage of you? Do you worry that other people have bad intentions towards you, even when there is no evidence of this?



## Q12 Making Decisions about Money

### (Descriptor 10)

This question is about your ability to understand money and prices, work out a household budget and pay bills. It does not include being able to understand mortgages or interest rates. To score points, you must show that you have difficulty budgeting because of a disability or health condition – not just because of a low income or poor choices. This activity does **not** include physical aspects of walking around shops, getting cash out of a purse, seeing or carrying shopping.



#### Examples of things you could write about:

- Do you need help to manage your finances? Has someone got a power of attorney to help you manage your money? If someone helps you, explain what they do.
- Do you have difficulty understanding the value or concept of money?
- Do you have difficulty with simple maths due to a disability? Would you be unable to tell if a shopkeeper gave you the wrong change?
- Do you have difficulty budgeting your money over a week, fortnight or month?
- Do you tend to spend your money as soon as you get it (because of your disability, not just because of a low income or your own choice)?
- Do you buy things that you can't afford, for example, buying expensive or luxury items when you are on a low income?
- Do you buy things that you don't need, or buy more items than you need? Do you hoard items?
- Are you reluctant to spend money – even on items that you need and can afford – due to a learning disability, dementia or mental health problem?
- Do you need prompting to save money for future purchases?
- Do you have difficulty with making sure that you have enough money set aside to pay bills or important expenses, or remembering to pay bills at the correct time?
- Have you got into trouble because of not paying bills?
- Do you compulsively spend money on something? Have you got an addiction (such as alcohol, drugs or gambling), and are you receiving treatment for this?
- Do you spend more than you can afford on other people, such as giving money to friends or acquaintances? Are you vulnerable to being scammed or exploited because you can't understand or remember how to keep your money safe?
- Do you spend money without understanding how much you are spending, for example, running up large mobile phone bills or applying for something on the internet that you thought was free, but it cost money?

## Mobility Activities and Descriptors

Your answers to questions 13-14 on the form will be used to help determine your entitlement to PIP mobility component.



### Q13 Going Out (planning and following journeys) (Descriptor 1)

This question is about planning and following journeys in your local area. It doesn't look at your physical ability to get around, which is covered in the next question. This question could be relevant to you if you have sight problems, hearing problems, learning difficulties, severe anxiety or depression, agoraphobia, or autism.

This activity includes the ability to plan and follow journeys using public transport, but it does not take into account any physical difficulties involved in using public transport.

#### Examples of things you could write about:

- Do you have to use a specialist aid or appliance to help you find your way about, such as a white cane or a Satnav with specialist features to help people with a disability? (You won't score points if you use a standard Satnav.)
- Does going out makes you very anxious, panicky or distressed?
- If you have had panic attacks, describe how often it happens and how you feel.
- Do you have physical symptoms such as breathlessness or dizziness?
- Do you tend to avoid going out and need to be encouraged to go out?
- Do you sometimes have to cancel planned outings, or abandon outings and return home because you are too upset or anxious to continue?
- Do you leave your home very rarely, or only for essential journeys such as medical appointments?
- If your condition varies, are you only able to go out on a good day? Explain the proportion of good and bad days.
- Are you unable to go out at certain times of day (e.g. rush hour or in the dark) because of anxiety? Can you only go out at quiet times?
- Do you need to have someone with you when you go out, to help you find your way around or to make sure you are safe? If you never go out alone, or if you only go out alone to familiar places, say so.
- Do you find it difficult to understand or remember which way to go when following a journey?
- Do you have difficulty asking for directions, or following simple spoken directions?
- Do you have difficulty understanding written directions, or following a simple map?

- Would you get lost if you tried to follow a journey without help? Could this happen even in familiar areas?
- If you get lost, would you panic or get into danger?
- Do you find it difficult or distressing to have to cope with unexpected disruptions or changes to your journey, such as road works or a late bus?
- Do you get upset, anxious or angry if you encounter certain things on a journey, for example, crowds, dogs, or loud or sudden noises? Does this upset you so much that it affects your ability to follow a route safely, or presents a risk to you or other people?
- Do you have difficulty reading street signs or names and numbers on buildings?
- Do you have difficulty crossing roads safely because of a sight or hearing problem, learning disability or mental health problem?
- Do you need to take someone's arm or hold someone's hand so they can help you follow a route? Do you ever need to be physically restrained, for example, to stop you walking into the road when it isn't safe to do so?
- Do you have difficulty planning a journey to an unfamiliar place or public transport?
- Do you need help to buy a ticket and to make sure you are in the right place at the right time to catch a bus or train? Would you be unable to cope if a bus or train was delayed or cancelled, or if you accidentally got on the wrong bus or train?
- Do you have difficulty with finding your way around and avoiding obstacles due to a sight problem? Do you have more difficulty in dim light or in bright sunlight?
- Do you find it difficult to concentrate to follow a route in an unfamiliar area? Do you often have difficulty concentrating because you are tired, anxious or distracted?
- Are you at risk of suicide or self-harm when outdoors?
- Are you vulnerable to being hurt or exploited by other people because you are too trusting of strangers?
- Do you sometimes behave in a way which could upset or hurt other people, when you are out and about, for example, staring at people, talking to or touching strangers inappropriately, pushing past people, swearing or shouting, aggressive or threatening behaviour?
- Have you ever had contact with the police because you were at risk outdoors, or because your behaviour was putting other people at risk?
- Do you have a medical condition which could lead to you being confused or disoriented and unable to safely follow a route, for example, seizures, severe fatigue or hypoglycaemic attacks?
- Have you had to give up driving because you can no longer navigate safely?
- Give examples of how difficulties going out affects your everyday life, for example, do you have all your groceries delivered because you can't cope with going to the shop?
- Do you rely on taxis?
- Have you missed appointments or important occasions because you couldn't safely plan and follow the journey to get there?



## Q14 Moving Around (Descriptor 2)

This question asks about your physical ability to stand and move around without severe discomfort such as breathlessness, pain or fatigue. The assessment looks at your ability to move around outdoors on normal outdoor surfaces - this includes textured pavements and kerbs but not flights of stairs or rough terrain.



### Q 14a How far can you walk taking into account any aids you can use?

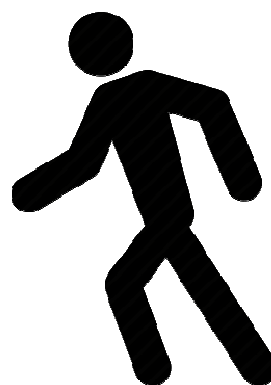
**This question is one of the most important questions on the whole form.**

You need to tick a box to say how far you can walk.

If you tick the box to say that you can walk 200m, or “between 50 and 200 metres” you probably won’t score enough points to qualify for the mobility component – unless you also score points for ‘going out’ (planning and following journeys).

Of course, it is important to be honest and not exaggerate the effects of your condition.

However, remember, the question is not just asking whether you can physically walk each distance if you have to. It is asking whether you can walk that distance **‘reliably’**. Don’t say that you can walk a certain distance unless you are sure that you can walk that distance **without significant discomfort, safely, repeatedly and at a reasonable speed, on most days.**



**It can be difficult to judge distances. As a guide, a double-decker bus is about 10 metres long.**

## Q14b Do you use an aid or appliance to walk?

## Q14c Do you use a wheelchair or similar device?



If you use an aid or appliance such as a wheelchair, crutches, walking stick, or special shoes, even just sometimes, tick the box and give further details in the 'extra information' box to explain why you need the aid and whether you have difficulty using it.



## Q14 Extra Information – Moving Around

### Examples of things you could write about:

- Could walking (or being outside) make your health condition worse?
- Do you have pain when you walk? Which parts of your body does this affect? Do you have this pain as soon as you start to walk? If not, how far can you walk before the pain starts? Describe how the pain feels; for example, cramp, shooting pain, stinging, burning or aching.
- Have you tried to use a walking aid, but found it unhelpful, for example, you tried a walking stick, but it caused pain in your hand or arm.
- Do you suffer from nausea, dizziness, breathlessness or another type of discomfort when you walk? Do you have the discomfort as soon as you start to walk? If not, how far can you walk before it starts?
- Do you have problems with your gait or manner of walking, for example, do you limp, shuffle, or stoop? Are you unsteady on your feet?
- Do you need physical support from another person while walking, for example, taking someone's arm or leaning on them?
- Do you have to hold onto things such as walls or street furniture to steady yourself?
- Have you had to abandon journeys before you reached your destination, because of difficulty walking?
- Do you get tired after walking a short distance? Do you become dizzy or unsteady when you are tired?
- When you are walking, do you sometimes have to stop and rest before continuing? Do you have to sit down to rest, or lean or hold onto anything for support? If you need to rest while walking or after walking, how long do you have to rest for?

- If you are at risk of falling, give details. How often do you fall, trip or stumble? If you have had falls, describe what caused them, for example, did your legs give way or did you trip? Did you have difficulty getting up after the fall due to weakness or fatigue? Did you injure yourself and need treatment?
- If you only avoid falls because you get a lot of help or supervision, and you would be at risk of falls if you didn't get that help, explain that.
- If you walk slowly, try to describe how slow you are, for example, it may take you twice as long to walk to your local shop as it would take someone who wasn't disabled.
- Do you have difficulty with kerbs or uneven surfaces such as textured paving? (The assessment is based on your ability to walk on normal outdoor surfaces, not including flights of stairs, steep hills or rough terrain.)
- Give examples of how difficulty walking limits your everyday life, for example, do you have all your groceries delivered because it is too difficult to walk to the local shop?
- Does your GP visit you at home because you can't get to the surgery? Do you use a disabled parking badge so you can park right outside the building you are visiting?
- Are you unable to walk outdoors at certain times of day, because your discomfort or fatigue is worse then?
- Do you feel tired and have to rest after walking outdoors? Do you sometimes have to rest in bed? If you walk outdoors, do you still feel tired the next day, or still feel pain or discomfort the next day?

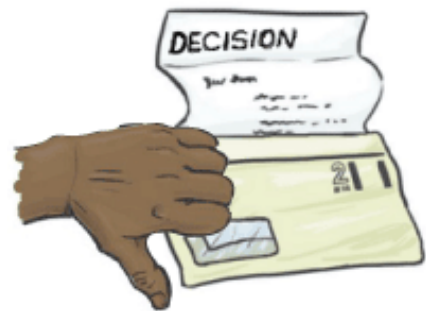




# Mandatory Reconsideration

You receive a letter from the DWP and you don't agree with the decision. What do you do next?

If you do not agree with the decision, you can ask the DWP to have another look at it. The process of doing this is called a **Mandatory Reconsideration**.



## Ask for Mandatory Reconsideration

- The best way to ask for a Mandatory Reconsideration is to write to the DWP at the address on your decision letter. You can use template letters in this guide to help you.
- You can also ask for a **Mandatory Reconsideration** over the phone. Use the phone number at the top of your decision letter. It is a good idea to keep a record when you contact the DWP.

- Enclosed with your decision letter from the DWP, you might receive a **Mandatory Reconsideration Form (CRM1 Form)** that you can complete and send to DWP. You can also download the form from the DWP website.



- If you decide to request a **Mandatory Reconsideration**, it is important that you do so within **one month** of the date at the top of the decision letter. Late requests may be refused so do not delay sending this request if you are still waiting for evidence.

**Beware with PIP that if you challenge a decision, it can be changed to make your award lower.**

## Before you ask for Mandatory Reconsideration

- If you're not sure whether to ask for **Mandatory Reconsideration** or what evidence to give, call the benefits office dealing with your claim. They'll be able to explain the reason for your benefit decision and answer any questions.
- You can still ask for **Mandatory Reconsideration** after you've spoken to your benefits office.



## If you want an explanation in writing

- You can ask for a written explanation from the benefits office dealing with your claim - known as a '**written statement of reasons**'.
- You do not need to do this for **PIP** - your decision letter will include a written statement.
- You can still ask for **Mandatory Reconsideration**, but must do this within 14 days of the date on your written statement of reasons.



## Late Mandatory Reconsiderations

- Sometimes the Department for Work and Pensions (DWP) will let you ask for a **Mandatory reconsideration** if you've missed the one-month deadline. You should write to the DWP to ask for the reconsideration, explaining why you could not ask in the one-month-time limit and asking for them to extend the deadline.
- You can only ask for a late reconsideration up to 13 months after the original decision. The later you ask, the stronger your reasons need to be.



### **The DWP will accept this late if:**

- it is reasonable,
- you couldn't ask earlier because of special circumstances.
- For example, your circumstances might be special if you were very unwell or in hospital when you got their decision. The DWP will not do this just because you did not know about the law or the time limits.
- You have requested a written statement of reasons for their decision.

## What happens to my benefits during mandatory reconsideration?

- If the DWP say you are fit for work, you will not get any **ESA** while you are going through **Mandatory Reconsideration**.

## What can I do if my **ESA** stops during mandatory reconsideration?

- You can apply for other benefits depending where you live. In Lambeth you may be able to claim **Universal Credit (UC)**.
- You should get the standard **UC** allowance .
- **However, Claiming Universal Credit (UC) might leave you worse off and you won't be able to go back onto ESA, even if your Mandatory Reconsideration or appeal is successful.**
- If you are going through a **Mandatory Reconsideration** for **ESA**, you do not have to move onto **UC**. If you can, try getting by on other benefits, for example **PIP** or savings or getting help from friends/family/food banks for financial support until a decision has been made with your **Mandatory Reconsideration**.
- **If you do decide to claim UC**, please, be aware that you will be expected to comply with pre-set job search expectations, and failure to do so may lead to you be sanctioned (UC payment being withheld).
- You can ask for easing of the conditions about looking for work whilst going through a **Mandatory Reconsideration** on **UC**. You would need to provide evidence from your GP that you have limited capability to work.

## Housing Benefit & Council Tax Benefits

• Sometimes, when you are on **ESA**, the council might write to you telling you they will suspend your housing benefit as your circumstances have changed and they think you could be working.



- If this happens, you need to let them know you are going through a **Mandatory Reconsideration**.
- You can continue to get Housing Benefit and council tax benefits even if your **ESA** stops.
- You may be asked to send more information or evidence. This might include sending the letter from the DWP stating you were not awarded **ESA**, **UC**, **PIP** (or were not awarded a particular component or element of these benefits).
- Tell the council about the money you're living on now. For example, you get help from friends or family or you go to a foodbank. They may need you to send them proof of this, for example your bank statements and a signed letter explaining your circumstances. You can email this to them.
- If the housing benefit office decides that your housing benefit was stopped wrongly, your housing benefit payments should start again within 14 days.

## How long will my Mandatory Reconsideration take?

- With **ESA** and **UC** It will usually be a person at DWP (called a decision-maker) who reconsiders the decision. They might call you to see if you have anything further to add, or if you can give more evidence.
- You'll have one month from when they call to send in this additional evidence. If you don't, they'll go ahead and make their decision based on what they already have.
- The DWP say they take as long as necessary to complete a **Mandatory Reconsideration**. This could be as little as **2 Weeks** in simple cases, but it can also take much longer.
- If you have not received your Mandatory Reconsideration Notice, it is a good idea to call the DWP after **2 weeks** to check they have logged your **Mandatory Reconsideration**.



# Evidence



- Supporting evidence can make a crucial difference to the success of a claim, **Mandatory Reconsideration** or appeal.
- It's important to get more medical evidence to support your case. This will help the DWP understand more about how your condition affects you.
- Your GP or care coordinator may have already written a simple letter about you, but this might not have been enough information about your condition. You can ask them to send more detailed evidence about you now, including information on how your condition affects your ability to work.
- A letter that just says what your diagnosis is or what your symptoms are isn't helpful. The evidence should explain how your condition makes it harder for you to work. It can say what would happen to your health if you had to start looking for work. Ideally, it will show how you meet the criteria for **ESA** or **UC LWRA**.

Ask someone who knows you well in the NHS or social services to write a letter to the DWP to support your claim. This could be your:

- GP,
- Care Coordinator,
- community psychiatric nurse (CPN),
- psychiatrist,
- social worker, or support worker.

If you can't get this evidence within your one-month deadline, don't worry - you can always send it in later. But you must make sure you at least send your request for a **Mandatory Reconsideration** on time.

- Think about exactly what you disagree with and why, especially if you think the assessor did not understand your health problems. You might want to focus on these areas when asking for extra evidence from health and care professionals. You could use the letters on the following pages and highlight the questions you want you want them to focus on.
- You could also refer to the list of activities in the questionnaire and assessment and ask your health or care professional to comment directly on these.
- For **ESA**, make sure they also consider if it would cause 'substantial risk' to the health of you or someone else if you were expected to work or to do work-related activity. If this is the case, ask them to provide detailed evidence on why this is.

# Letters To Health Professional Requesting Evidence



- When asking your GP, care coordinator or other health professional, you might find it useful to write them a letter requesting specifically what information you are after from them.
- There are 4 template letters you can use over the next few pages (3 for **ESA** & **UC**) (1 for **PIP**)
- You might find it helpful to highlight the specific descriptors or activities that apply to you, those that you feel the health professional can provide additional evidence for to support your argument.



## (Letter 1) Requesting Evidence from Health professionals (1/2)

[Your name]

[Your address]

[Day] [Month] [Year]

[Name of professional]

[Address of professional]

Dear Sir/Madam,

Re: [Your name]

Address: [Your address]

D.o.B: [Your date of birth]

I am currently making a claim for Employment Support Allowance (ESA)/Universal Credit [delete as appropriate] as I am unfit for work/am being transferred over to ESA from another benefit [delete as appropriate].

It has been established that evidence from medical professionals involved with the diagnosis, care and treatment of a patient can be extremely useful in helping decision makers at the Department for Work and Pensions (DWP) to make decisions. Evidence from medical professionals can also help a decision to be made at the initial claim stage and could eliminate the stress of having to go through an appeal or medical assessment. It is important that this evidence is not just a list of my diagnoses, but shows how my illness affect my ability to do things.

I would be very grateful therefore if you could fill in this form and send it back to me. Please be aware that I am not in a position to pay for any report or information.

The information contained therefore focuses on mental rather than physical health needs. If there is information regarding my physical health needs in addition to my mental needs that you think is relevant, then, please, include this at the end of the form. I would be grateful for any information that you could provide.

Yours faithfully,

[Your name]

## (Letter 1) Requesting Evidence from Health professionals (2/2)

1. Please, state what conditions I suffer from and what medications and treatments have been prescribed.
2. How is my ability to learn simple tasks (e.g. setting an alarm clock or operating a washing machine) affected by my medical condition(s) or any treatment I am receiving for my medical condition(s)?
3. How is my awareness of everyday hazards, e.g. Boiling water or sharp objects, affected by my medical condition(s) or any treatment I am receiving for my conditions(s)? Does this pose a significant risk to my safety or another's safety?
4. How is my ability to initiate and complete personal tasks affected by my medical condition(s) or any medication I am taking?
5. How is my ability to initiate and cope with change affected by my medical conditions? Does this affect my ability to manage my day-to-day life?
6. How is my ability to get to places affected by my medical conditions? Do I need supervision to get to familiar or unfamiliar places?
7. How is my ability to cope with social engagement affected by my medical conditions? Am I caused distress by social engagement and does this preclude social engagement?
8. How is my behaviour, when considering the appropriateness of the behaviour, affected by my medical conditions? Do I show signs of aggressive, uncontrolled or disinhibited behaviour? And would this be unreasonable in a workplace?
9. If I am required to attend work-focused interviews or work programmes. Would this have a detrimental effect on my health? If yes, how would I be affected?
10. Is there any other information that you think is relevant?

Signature

Date

Hospital/Surgery Stamp

## (Letter 2) Requesting Evidence from Health professionals (1/3)

To: (add name of professional)

Address: (add address of professional)

Date: (add date)

Dear Sir/Madam (delete as applicable)

Request for medical evidence

Name: (add your name)

Address: (add your address)

D.o.B: (add your date of birth)

I am appealing a decision about my entitlement to Employment Support Allowance (ESA) / Universal Credit (delete as appropriate) and I am writing to ask if you would offer some evidence, which may help my case. Evidence from medical professionals can be extremely useful in helping decision makers at the Department for Work and Pensions (DWP) make correct decisions.

I would be very grateful if you could answer the questions that you think are relevant to my condition from the list below and return them to me in the envelope provided. (Please, be aware that I am not in a position to pay for any report or information) (Insert if applicable).

The appeal is about a decision made in (add date mm/yy) so I would be grateful if you could provide information based on how my condition affected me at that time.

The questions focus on my mental health rather than my physical health. But if you have information regarding my physical health, please, include this at the end of the form.

Yours sincerely

## **(Letter 2) Requesting Evidence from Health professionals (2/3)**

(add your name)

Please, state what condition(s) I suffer from and what medication(s) and treatment(s) have been prescribed.

Can you look at the questions below and add some information for the ones you think are relevant for me?

1. How is my ability to learn simple tasks (e.g. setting an alarm clock or operating a washing machine) affected by my medical condition(s)?
2. How is my awareness of everyday hazards, (e.g. Boiling water or sharp objects), affected by my medical condition(s)? Does this pose a significant risk to my safety or others?
3. How is my ability to initiate and complete personal tasks affected by my medical condition(s)?
4. How is my ability to initiate and cope with change affected by my medical condition(s)? Does this affect my ability to manage my day-to-day life?
5. How is my ability to get to places affected by my medical condition(s)? Do I need supervision to get to familiar or unfamiliar places?

## (Letter 2) Requesting Evidence from Health professionals (3/3)

6. How is my ability to cope with social engagement affected by my medical condition(s)? Am I caused distress by social engagement and does this preclude social engagement?

7. How is my behaviour affected by my medical condition(s)? Do I show signs of aggressive, uncontrolled or disinhibited behaviour? And could this be considered unreasonable in a workplace?

8. If I am required to attend work-focused interviews or job programmes. Would this have a detrimental affect on my health? If yes, how would I be affected?

9. Is there any other information that you think is relevant?

Signature Date

Hospital/Surgery Stamp

Thank you very much, in advance for any help you can provide towards my appeal.

## **(Letter 3) Requesting Evidence from Health professionals (1/3)**

To: *(add name of professional)*

Address: *(add address of professional)*

Date: *(add date)*

Dear Sir/Madam

### **Request for medical evidence**

Name: *(add your name)*

Address: *(add your address)*

D.o.B: *(add your date of birth)*

I am appealing a decision about my entitlement to Employment Support Allowance (ESA) / Universal Credit *(delete as appropriate)* and I am writing to ask if you would offer some evidence that may help my case. Evidence from medical professionals can be extremely useful in helping decision makers at the Department for Work and Pensions (DWP) make correct decisions.

I would be very grateful if you could answer the questions that you think are relevant to my condition from the list below and return them to me in the envelope provided. (Please be aware that I am not in a position to pay for any report or information) *(Insert or delete as applicable)*.

The appeal is about a decision made in *(add date mm/yy)* so I would be grateful if you could provide information based on how my condition affected me at that time.

The questions focus on my mental health rather than my physical health. But if you have information regarding my physical health, please, include this at the end of the form. Thank you very much, in advance for any help you can provide towards my appeal.

Yours sincerely

*(Add your name)*



### **(Letter 3) Requesting Evidence from Health professionals (2/3)**

Please, state what condition(s) I have been diagnosed with and what medication(s) and treatment(s) have been prescribed.

Can you look at the questions below and add some information for the ones you think are relevant for me?

How is my ability to learn simple tasks (e.g. setting an alarm clock or operating a washing machine) affected by my medical condition(s)?

How is my awareness of everyday hazards, (e.g. Boiling water or sharp objects), affected by my medical condition(s)? Does this pose a significant risk to my safety or others?

How is my ability to initiate and complete personal tasks affected by my medical condition(s)?

How is my ability to initiate and cope with change affected by my medical condition(s)? Does this affect my ability to manage my day-to-day life?

How is my ability to get to places affected by my medical condition(s)? Do I need supervision to get to familiar or unfamiliar places?

### (Letter 3) Requesting Evidence from Health professionals (3/3)

How is my ability to cope with social engagement affected by my medical condition(s)? Am I caused distress by social engagement and does this preclude social engagement?

How is my behaviour affected by my mental condition(s)? Do I show signs of aggressive, uncontrolled or disinhibited behaviour? And could this be considered unreasonable in a workplace?

If I am required to attend work focused interviews or job programmes. Would this have a detrimental affect on my health? If yes, how would I be affected?

Is there any other information that you think is relevant?

Signature

Date

Hospital/Surgery Stamp

## **(Letter 4) Requesting Evidence from Health professionals (1/3)**

To: *(add name of professional)*

Address: *(add address of professional)*

Date: *(add date)*

Dear Sir/Madam *(delete as applicable)*

### **Request for medical evidence**

Name: *(add your name)*

Address: *(add your address)*

D.o.B: *(add your date of birth)*

I am appealing a decision about my entitlement to Personal Independence Payment (PIP) and I am writing to ask if you would offer some evidence, which may help my case. Evidence from medical professionals can be extremely useful in helping decision makers at the Department for Work and Pensions (DWP) make correct decisions.

I would be very grateful if you could answer the questions that you think are relevant to my condition from the list below and return them to me in the envelope provided. (Please, be aware that I am not in a position to pay for any report or information) *(Insert if applicable)*.

The appeal is about a decision made in *(add date mm/yy)* so I would be grateful if you could provide information based on how my condition affected me at that time.

The questions focus on my mental health rather than my physical health. But if you have information regarding my physical health, please, include this at the end of the form.

Yours sincerely

*(add your name)*.

## **(Letter 4) Requesting Evidence from Health professionals (2/3)**

Please, state what conditions I suffer from, and what medications, treatments and therapies have been prescribed or recommended.

Can you look at the questions below and add some information for the ones you think are relevant for me?

When answering the relevant questions please think about my ability to perform each activity safely, to an acceptable standard, repeatedly (as necessary) and within a reasonable time. Please, indicate where I am unable to perform these activities without either physical help, or someone prompting me to carry out the activities.

1. To what extent do my condition(s) affect my ability to prepare food?
2. To what extent do my condition(s) affect my ability to take appropriate nutrition?
3. To what extent do my condition(s) affect my ability to manage therapy or monitor my health condition?
4. To what extent do my condition(s) affect my ability to wash or bathe?
5. To what extent do my condition(s) affect my ability to manage my toilet needs or incontinence?

## **(Letter 4) Requesting Evidence from Health professionals (3/3)**

6.To what extent do my condition(s) affect my ability to dress or undress?

7. To what extent do my condition(s) affect my ability to communicate verbally?

8.To what extent do my condition(s) affect my ability to read and understand signs, symbols and words?

9. To what extent do my condition(s) affect my ability to engage with other people (who I both know and do not know) face to face?

10. To what extent do my condition(s) affect my ability to make budgeting decisions?

11. To what extent do my condition(s) affect my ability to plan and follow journeys (both those that are familiar and unfamiliar to me)?

12. To what extent do my condition(s) affect my ability to physically move around?

Signature Date Hospital/Surgery Stamp

Thank you very much, in advance for any help you can provide towards my claim.

# Letters to send to DWP



Department  
for Work &  
Pensions



- You will need to write a letter/statement to the DWP saying why you disagree with their decision.

## What to write

When you ask for **Mandatory Reconsideration**, tell the DWP :

- Your national insurance number
- Date of Birth
- The date of your decision letter
- Why you disagree with their decision

## **You should also include the following:**

- point out any problems or mistakes in the medical report or the medical examination
- say which 'descriptor' and activity applies to you
- provide examples of why the 'descriptor' applies
- refer to any supporting letters or additional evidence to support your argument
- start the process again with the next relevant 'descriptor'

**Think about all the questions in the pages. Think about the examples of your condition and what they might have missed out.**

If you are late, tell them why.

When you explain why you disagree with their decision, tell the DWP:

- How many points you think you should have scored for each activity
- What you think they did not take into account about your disability
- Give examples of things they should consider

**Post your letter by recorded delivery or ask for a proof of postage at the Post Office and keep the receipt. This can help you later if the DWP says you haven't met the deadline or if the letter gets lost.**

**There are 4 template letters you might find useful on the next few pages.**



# Letter 1—Mandatory Reconsideration

[Your name]

[Address]

[Telephone number]

[Reference number i.e. National Insurance Number]

(Date)

Dear Sir or Madam

I am writing to you to request a mandatory reconsideration following your decision letter dated [insert date here] for my Personal Independence Payment/Employment Support Allowance/Attendance Allowance (delete as appropriate) claim.

I disagree with this decision for the following reasons:

If this request is received outside the one-month time limit, please, accept it for the following reasons:

It would be helpful for you to contact the health professionals in this letter to gather further evidence to assist you in the reconsideration, as they will be able to provide you with an up-to-date and accurate picture of my current circumstances:

[Name of professional, address and phone number – put in here what they can advise on.]

I have advised these professionals that I am requesting reconsideration and that you will be in touch with them regarding the collection of evidence.

I would be most grateful if you could inform me of progress in this matter and advise me whether I need to take any more steps to deal with this as soon as possible.

Yours, faithfully,

[Insert your name here]

# Letter 2—Mandatory Reconsideration

Mr Anon Smith  
123 Street Street  
Lambeth  
SW8 XXX

ESA Reconsideration Section  
London Benefit Centre  
123 Street Street  
London  
SWX XXX

Date: xxxxxxxx

Re : Mr Anon Smith

Date of Birth: 01.01.20XX

National Insurance No: AW 00 11 22 33 A

Dear Sir / Madam,

Please reconsider your decision that I am able to work.

I do not consider that the assessment of my health conditions was accurate. It did not fully take into account my difficulties in relation to my health and ability to work.

I am unable to work for the following reasons:-

(write a short description of the reasons why you are unable to work) .....

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I have provided further evidence in support of my request.

Thank you.

Yours, faithfully,

# Letter 3—Mandatory Reconsideration

ESA Reconsideration Section

Re:

Date of Birth:

National Insurance No:

Dear Sir / Madam,

Please reconsider your decision that I am able to work. I do not consider that the assessment of my health conditions was accurate. It did not fully take into account my difficulties in relation to my health and ability to work.

I am unable to work for the following reasons:-

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I intend to provide / have provided further evidence in support of my request.

Thank you.

Yours, faithfully,

## Letter 4 Mandatory Reconsideration

### PIP reconsideration request letter

Address to send to

Date

Dear Sir or Madam

**Ref: NI Number**

I am writing to ask you to reconsider the decision of .....(Date of letter sent to you)... that states that

a) I am not entitled to PIP or b) I have only been awarded the .... Rate and consider this to be incorrect, for the following reasons:-

I do not consider that sufficient weight was given to how my mental/physical health affects my ability to look after myself adequately. In particular the decision maker has failed to take into account that...

*e.g. I cannot speak to people I don't know, when they talk to me I feel panicked and anxious and become really distressed, sometime aggressive towards them.*

*e.g. I cannot go out on my own at all.*

*e.g. I don't bother to cook at all, I cannot see the point, my daughter will bring me meals as she knows I will only eat junk food.*

*e.g I often forget my medication and my daughter will remind me daily.*

*e.g. I will spend many days in bed, not bothering to get dressed or washed, sometimes my daughter*

*or my friend are ringing the bell and shouting through the letterbox at me. My daughter will use her*

*key and try and motivate me to at least get up.*

*(The above are examples only, and you may want to think of difficulties you have experienced and write them here, however you do not need to write vast amounts, the most important thing is to get your request in in time. You can write as little as you want to here, but the more you can explain which points you disagree with, the better)*

I enclose reports from my GP/ Consultant.

I look forward to hearing from you.

Yours, faithfully,

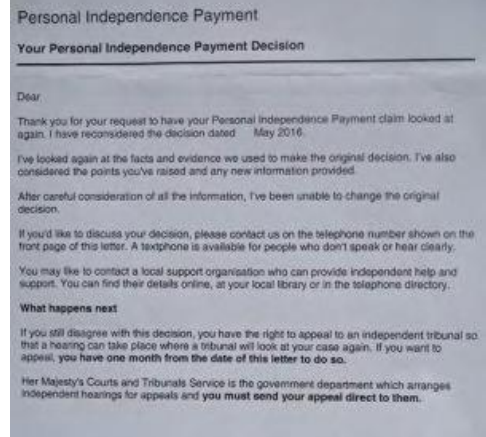
Your name and address

# Appeals



## What happens next?

- The benefits office that gave you the original benefit decision will reconsider it - you'll get a 'mandatory reconsideration notice' telling you whether they've changed the decision. It'll explain the reasons for that decision and the evidence it was based on.
- Your benefit may increase, decrease, stop or stay the same following **Mandatory Reconsideration**.
- If the DWP reverse their original decision, your benefits arrears will be backdated.



- If you disagree with the reconsidered decision, then you can appeal to the Social Security Tribunal. We can book you in for an appointment with **Every Pound Counts** at this stage to help you.



- If you go on to appeal the decision, you can send in additional evidence with your appeal form ('SSC1'). The SSC1 must be submitted within a month of your reconsideration decision. If you need to get a specific piece of evidence and it is not ready by this deadline, you can send it in later or bring it to an appeal hearing.
- The tribunal is independent of government. A judge will listen to both sides of the argument before making a decision.
- You usually need to do this within one month of the date of your mandatory reconsideration notice.
- You cannot appeal to the Social Security and Child Support Tribunal until you get your mandatory reconsideration notice.

# TOP TIPS

- Send evidence that is specific to your individual situation and explains how your condition affects your daily life.
- Make copies of important documents. Don't send originals.
- Don't miss the deadline for sending off your application form because you are waiting for evidence to come through – this could lead to your **ESA**, **PIP** or **UC** being stopped. If you do get additional evidence after the deadline for sending off your form, you can bring it to your face-to-face assessment.
- Talk to whoever is providing support for your health as early as possible about providing evidence - if possible, before you start your claim. If you are expecting your doctor or care coordinator to provide evidence about specific barriers to work or daily activities you need to make sure you tell them as and when you experience them – don't wait until you decide to make a benefits claim.
- When completing a form or asking for a reconsideration:
  - Describe the difficulties you face in as much detail as possible.
  - If you've applied for **PIP** or other benefits before, don't assume that the Department for Work and Pensions will look at the information you've given them previously. They may look at information from your previous claims - but sometimes this is not possible.
- **PIP** uses a **point-scoring system**. To get **PIP**, you need to score enough points (unless you are terminally ill). However, the form doesn't include details of the point-scoring system.
- Before completing a benefits health questionnaire, have a look at the point-scoring system showing how the points system works. Think about how you could score points. Remember, you can't score points for anything that is not on the list.
- **Provide plenty of detailed information about your condition and how it affects you.** The person who decides your claim probably won't have specialist knowledge of your condition, and people with the same medical condition can have very different needs and difficulties. Things that seem obvious to you may not be obvious to the person who decides your claim. It is the effect that your condition has on you that matters, not what the diagnosis is.
- For each activity, there are some questions with tick boxes, followed by a larger box where you can give extra information to describe what difficulties you have or what help you need. If you have any difficulty with an activity, you should always fill in the larger box with an explanation.





# TOP TIPS

- **Don't worry about repeating yourself on the form.** You may need to repeat the same information on different pages.
- You may be able to score points if you need to use an **aid or appliance** such as handrails by the bath, a lever tap or a stool to sit on when preparing food. To score points, you must show that you **need** to use the aid or appliance – not just that you prefer to use the aid or appliance for convenience.
- An aid or appliance doesn't just mean things that are specially designed for people with disabilities. You may be able to score points if, because of your disability, you rely on equipment that a non-disabled person might sometimes use, but could manage without e.g. you may need to sit on your bed to get dressed, or need to use a food processor because it is too painful to chop food with a knife.
- If you use any aids or appliances, explain their limitations. If you use an aid or appliance and also need help from another person, it is important to make that clear. This is because you can usually score more points if you need assistance from another person.
- If you have tried an aid or appliance but found it unhelpful, explain this, too.
- The **PIP** assessment is based on whether you are able to complete activities reliably.
- You can score points if you need **prompting** to perform activities. This could apply to you if you find it difficult to get started on activities such as getting dressed or preparing a meal, tend to put them off, or forget to do things. Or perhaps you need somebody to remind you how to do things, or encourage you to keep going until you have completed an activity.
- Don't be vague. **Give examples or describe specific incidents where possible.** For example, if you are at risk of falls, describe recent occasions when you have fallen; explain why you fell, where you fell and whether you injured yourself.
- Sometimes people feel embarrassed about describing the effects of conditions such as incontinence, depression or self-harm, but it's important to explain them. Many people have these issues and it's vital to fully describe your difficulties to increase your chance of getting the correct rate of benefit.
- If you run out of space when answering a question, you can add additional information by attaching separate sheets of paper to the form. Write your name and national insurance number on every extra sheet of paper and make clear which questions they refer to. Staple the extra sheets to the form.

## TURN2US

**Turn2Us** Find out what benefits you could get, how to claim, how your benefits will be affected when you start work using the turn2us online calculator. [www.turn2us.org.uk](http://www.turn2us.org.uk)



**Citizens Advice Bureau** website gives a lot of details on benefits. It is written in an accessible and clear format.

**W:** [www.citizensadvice.org.uk/benefits](http://www.citizensadvice.org.uk/benefits)



**Rethink** Have many factsheets you can download from their websites on benefits. The '**Work Capability Assessment**' Factsheet gives you good examples of what to write in your questionnaire.



**Disability Rights UK. PIP—A guide to making a claim.** Covers how to apply, how to fill out a claim form, the consultation and how to appeal decisions. Download online.

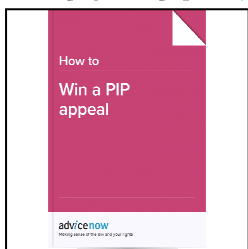


**[www.c-app.org.uk](http://www.c-app.org.uk)**



The online tool walks users through the relevant processes, allowing them to answer the sorts of questions they will be asked in a face-to-face benefit assessment, and to get an indication of the result they might expect from their application.

**advice now**



**Advice Now.** We would recommend using the Advice Now Mandatory Request Letter Tool. It's simple to use and once you have input a few details, it creates a template letter tailored specifically for you. They also have a detailed guide on winning a PIP appeal.

[www.advicenow.org.uk/pip-tool](http://www.advicenow.org.uk/pip-tool)

**Money Health and Money Advice**

This website has lots of information on benefits. It also contains template letters, which you can download.

**W:** [www.mentalhealthandmoneyadvice.org](http://www.mentalhealthandmoneyadvice.org)



