

Office stamp

Our phone number is

Code	Number	Ext
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Textphone users with speech or hearing difficulties call

Code	Number
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If you get in touch with us, tell us this reference number

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Date

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Extra money - Severe Disability Premium

You may be able to get extra money with your Income Support, Jobseeker's Allowance or Employment and Support Allowance because

- you are getting the middle or highest rate of the care component of Disability Living Allowance, or
- your partner is getting Attendance Allowance.

We call this extra money a **Severe Disability Premium**. Before we can decide if you can get this, we need some more information.

What to do now

Please answer the questions on this form.

Some of the questions are about Carer's Allowance.

Carer's Allowance is a social security benefit to help people who look after someone who gets

- Attendance Allowance, or
- Constant Attendance Allowance, or
- Disability Living Allowance.

Send the form back to us as soon as you can. Use the envelope we have sent you. It does not need a stamp.

Where to get help and advice

For more information about your claim, get in touch with us. Our phone number and address are at the top of this letter.

Please turn over ►

About you

Does anyone get Carer's Allowance for looking after you?

No

Yes

Please tell us about the person who looks after you.

Their full name

Their address

Postcode

Their daytime phone number

Code	Number
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Has anyone claimed Carer's Allowance for looking after you, but has not yet been paid?

No

Yes

Please tell us about the person who has claimed.

Their full name

Their address

Postcode

Their daytime phone number

Code	Number
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Are you registered blind or severely sight impaired?

No

Yes

Do you live with a partner?

We use *partner* to mean

- a person you are married to or a person you live with as if you are married to them, or
- a civil partner or a person you live with as if you are civil partners

No

Go to **About other people who live with you.**

Yes

Go to the next question **About your partner.**

About your partner

Does your partner get

- Attendance Allowance, or
- Constant Attendance Allowance, or
- the care component of Disability Living Allowance?

No

Yes

If they get Disability Living Allowance, please tell us if the care component is at the highest, middle or lower rate.

Highest rate

Middle rate

Lower rate

About your partner continued

Does anyone get Carer's Allowance for looking after your partner?

No

Yes Please tell us about the person who looks after your partner.

Their full name

Their address

Postcode

Their daytime phone number

Code	Number
------	--------

Has anyone claimed Carer's Allowance for looking after your partner, but has not yet been paid?

No

Yes Please tell us their full name.

Is your partner registered blind or severely sight impaired?

No

Yes

About other people who live with you

Does anyone live with you?

No Go to the Declaration.

Do not include anyone who only shares a bathroom, toilet, hall or stairway with you.

Yes Please tell us about them below and on the next 2 pages.

If more than 3 people live with you, use a separate sheet of paper to answer these questions.

	Person 1	Person 2	Person 3
Their surname	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to you <small>For example, son, aunt, tenant, landlord, lodger, none.</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Extra money – Severe Disability Premium continued

About other people who live with you continued

	Person 1	Person 2	Person 3
Do they get Attendance Allowance or Constant Attendance Allowance?	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Do they get the care component of Disability Living Allowance?	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
If Yes, what rate of care component is paid?	Lower <input type="checkbox"/>	Lower <input type="checkbox"/>	Lower <input type="checkbox"/>
	Middle <input type="checkbox"/>	Middle <input type="checkbox"/>	Middle <input type="checkbox"/>
	Highest <input type="checkbox"/>	Highest <input type="checkbox"/>	Highest <input type="checkbox"/>
Their age	<input type="text"/>	<input type="text"/>	<input type="text"/>
Their date of birth if under age 18	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are they registered blind or severely sight impaired?	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Do they pay you or your partner any money for rent?	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
If Yes, how much?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How often?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do they pay you or your partner any money for food?	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
If Yes, how much?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How often?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do you or your partner pay them any money for rent?	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
If Yes, how much?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How often?	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please turn over ►

About other people who live with you continued

	Person 1	Person 2	Person 3
Did a charity or any other organisation arrange for them to live with you? If the council arranged it, tick No.	No <input type="checkbox"/> Go to About where you live. Yes <input type="checkbox"/>	No <input type="checkbox"/> Go to About where you live. Yes <input type="checkbox"/>	No <input type="checkbox"/> Go to About where you live. Yes <input type="checkbox"/>
If Yes, do you pay for this service?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

About where you live

Do you and another person share the rent or jointly own the property?
Include any close relatives.

No Go to the Declaration.
Yes Please tell us their full name.

Are they related to you?
No
Yes

When did you and the other person start to pay the rent or mortgage together?

Was this the date you first started to live in the property?
No
Yes

Declaration

I understand
that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action.

I declare
that the information I have given on this form is correct and complete as far as I know and believe.

Your signature

Date