Making a claim for PIP - example PIP1 form

Claims to Personal Independence Payment are started over the phone by calling the PIP new claims number - 0800 917 2222 (or text phone 0800 917 7777).

Once the claim has been registered, DWP will send the claimant a PIP2 ‘How your disability affects you’ form for completion. You can find out more about the claim process and how it works in the toolkit.

In exceptional circumstances, where claimant is unable to deal with DWP by phone, or needs extra help, they can request a paper version of the initial claim form (PIP1).

This captures the same basic information that DWP take over the phone. The forms will be personalised to the individual who requested them, and should not be copied or used for other claimants.

An example of the form is included overleaf for information only. Please do not try to use printed versions of this form.

This area for automatic personalisation for customer's name and post code.

Department for Work & Pensions

Personal Independence Payment

Claim form

This is the first stage of the Personal Independence Payment claim process.

This form has been issued for the person named on it only. This form **cannot** be used to claim Personal Independence Payment for anyone else. If it is used by another person it will not be accepted as a claim for Personal Independence Payment by that person.

How to fill in the form

Please use a pen. If you make a mistake, cross it out.
Don't use correction fluid.

Answer all the questions that apply to you.

About you

If you're filling in this form for someone else, tell us about **them**, not you.

Surname or family name

Other names

Title
For example, Mr, Mrs, Miss, Ms

Please tell us the name you want us to use when we write to you, if it's different from above.
For example, if you have a different title, or letters after your name, such as Sir John Smith BSc.

Previous surname
Tell us any other surname you have been known by. If you've had more than one previous surname, tell us the surname you used last.

SPECIMEN ONLY - NOT FOR USE

This area for automatic personalisation for customer's name and post code.

About you continued

National Insurance (NI) number
You can get this from your National Insurance number card, payslips or letters from the Department for Work and Pensions.

Letters Numbers Letter

Date of birth
Use the format **dd/mm/yyyy** to tell us dates in this form.

/ /

Gender

- ☐ Male
- ☐ Female

Address

Postcode

If we can't write to you at this address, please give us an address we can write to.

Address we can write to

Postcode

SPECIMEN ONLY - NOT FOR USE

This area for automatic personalisation for customer's name and post code.

About you continued

Phone number where we can contact you or leave a message. Include the dialling code. If your home number is a mobile, tick **Mobile**.

Phone number

Tick the box that applies. Home ☐ Mobile ☐ Work ☐

Is there another number we can contact you on?

Phone number
Include the dialling code.

Tick the box that applies. Home ☐ Mobile ☐ Work ☐

Textphone number
Textphones don't receive text messages from mobile phones. They're for people who cannot speak or hear clearly.

How would you prefer us to contact you?
We'll use this whenever we can.

☐ By letter
☐ By phone

Do you need communications in another format such as large print, braille or audio CD?

Yes ☐ Tell us which format:
Large print ☐ Braille ☐ Audio CD ☐

No ☐

If you live in Wales, do you want us to communicate with you in Welsh?

Yes ☐
No ☐

SPECIMEN ONLY - NOT FOR USE

This area for automatic personalisation for customer's name and post code.

Signing the form for someone else

You can fill in the form for someone else, but they must still sign themselves unless:

- you've already been legally appointed to receive and deal with their benefits. That is, you are a benefit appointee, a deputy or hold a Power of Attorney, or
- the person you're claiming for is too ill or disabled to claim for themselves and you want to be appointed to receive and deal with their benefits, or
- you're claiming for them under the special rules for terminally ill people.

Are you signing the form for someone else?

Yes ☐ Continue below.

No ☐ Go to **page 6**.

Why are you signing the form for them?
Please select one of the following.

I am an appointee, appointed by the Department for Work and Pensions ☐

I hold Power of Attorney ☐

I am a Deputy ☐

I am a Tutor (under Scottish law) ☐

I am a Guardian (under Scottish law) ☐

I am a Curator bonis or Judicial factor (under Scottish law) ☐

I am a Corporate Acting Body or Corporate Appointee ☐
For example, an organisation appointed to act on behalf of the person the benefit is for such as a local authority or firm of solicitors.

Please tell us the name of your organisation:

Unless we've already seen this authority, we'll need to see it before we can process this claim. Please send us your power of attorney or any relevant documents with this claim. You can send the original document, or a certified copy.

I want to be appointed to act on their behalf ☐
Tick this box if

- the person you're claiming for is too ill or disabled to claim for themselves and you want to be appointed to handle their benefit affairs, or
- you're in the process of becoming a legally appointed representative.

We'll contact you about this.

I am claiming for them under the special rules for terminally ill people ☐
The special rules for terminally ill people are for people with a progressive disease who are not expected to live for longer than six months. You may wish to tell the person the benefit is for, about this claim. This is because we will send letters about Personal Independence Payment to this person.

SPECIMEN ONLY - NOT FOR USE

This area for automatic personalisation for customer's name and post code.

Signing the form for someone else continued

If you're signing the form for someone else, please tell us **your** details here.

Surname or family name

Other names

Title
For example, Mr, Mrs, Miss, Ms

Please tell us the name you want us to use when we write to you, if it is different from above.

Address

Postcode

If we can't write to you at this address, please give us an address we can write to.

Address we can write to

Postcode

Phone number where we can contact you or leave a message. Include the dialling code. If your home number is a mobile, tick **Mobile**.

Home ☐ Mobile ☐ Work ☐

Is there another number we can contact you on?
Phone number
Include the dialling code.
Tick the box that applies.

Home ☐ Mobile ☐ Work ☐

Textphone number
Textphones don't receive text messages from mobile phones. They're for people who cannot speak or hear clearly.

How would you prefer us to contact you?
We'll use this whenever we can.

☐ By letter
☐ By phone

Do you need communications in another format such as large print, braille or audio CD?

Yes ☐ Tell us which format:
Large print ☐ Braille ☐ Audio CD ☐
No ☐

If you live in Wales, do you want us to communicate with you in Welsh?

Yes ☐
No ☐

SPECIMEN ONLY - NOT FOR USE

This area for automatic personalisation for customer's name and post code.

Nationality

What is your nationality?
For example, British, Irish, Turkish, Spanish.

If you're **British**, **Irish**, **Swiss** or a national of any of the following countries, go to **page 8**.

Austria
Belgium
Bulgaria
Cyprus
Czech Republic
Denmark (but not the Faroe Islands and not Greenland)
Estonia
Finland (but not the Aland Islands)
France (including Corsica, Guadeloupe, Martinique, Reunion and French Guiana, but not Monaco)
Germany
Greece (including Crete and the Greek Islands)
Hungary
Iceland
Italy (including Sicily, Sardinia and Elba but not Vatican City and San Marino)
Latvia
Liechtenstein
Lithuania
Luxembourg
Malta
Netherlands
Norway
Poland
Portugal
Romania
Slovakia
Slovenia
Spain (including the Balearic Islands, the Canary Islands and the Spanish enclaves of Cueta and Melilla)
Sweden

SPECIMEN ONLY - NOT FOR USE

If you're **not** British, Irish, Swiss or a national of one of the countries on the list, go to **page 7**.

This area for automatic personalisation for customer's name and post code.

Nationality continued

a Does your passport, or any other document from the Home Office, say "No recourse to public funds"?
Check the inside pages of your passport and documents from the Home Office for the words "No recourse to public funds".

- Yes ☐
- No ☐
- Don't know ☐

b What restrictions, if any, are there on your leave to remain?
'Leave to remain' is permission to stay in the UK either temporarily ('limited leave to remain') or permanently ('indefinite leave to remain').

No restrictions	☐	Go to **page 8**.
Limited leave to remain	☐	Go to **question c** below.
Limited leave to remain extension applied for	☐	Go to **questions c** and **d** below.
Indefinite leave to remain	☐	Go to **page 8**.
No leave to remain	☐	Go to **page 8**.
Don't know	☐	Go to **page 8**.

c When does your leave to remain end?

/ /

d When did you apply for an extension to your leave to remain?

/ /

SPECIMEN ONLY - NOT FOR USE

This area for automatic personalisation for customer's name and post code.

About time spent abroad

a Which country do you normally live in?

b Have you been abroad for more than 4 weeks at a time in the last 3 years?
By 'abroad' we mean outside Great Britain and Northern Ireland.
Include any holidays of more than 4 weeks.

Yes ☐ Answer the questions below.

No ☐ Go to **page 9**.

Which country did you go to?

When did you go?

From / / to / /

Why did you go?
For example, holiday, work, medical treatment, as a member of HM Forces or as a family member of someone in HM Forces.

When you went away, did you intend to return?

Yes ☐

No ☐

Tick this box if there are any more periods abroad you should tell us about. ☐

Please use a separate piece of paper to tell us when you went, where you went, why you went and if you intended to return. Put your name, date of birth and National Insurance number at the top of the piece of paper.

SPECIMEN ONLY - NOT FOR USE

This area for automatic personalisation for customer's name and post code.

About time spent abroad continued

c Are you, or is a family member, receiving any pensions or benefits from another EEA country or Switzerland?
By 'family member' we mean husband, wife, civil partner or a parent you're dependent on. Check any letters you have from where you've worked, or ask your family members about this.

- Yes ☐
- No ☐
- Don't know ☐

d Are you, or is a family member, working in or paying insurance to another EEA country or Switzerland?
By 'family member' we mean husband, wife, civil partner or a parent you're dependent on. By insurance we mean insurance connected to your work, like UK National Insurance. We don't mean insurances like holiday insurance, travel insurance or motor insurance.

- Yes ☐
- No ☐
- Don't know ☐

SPECIMEN ONLY - NOT FOR USE

This area for automatic personalisation for customer's name and post code.

Being in hospital or a hospice

If you're in hospital when you claim, we won't usually pay benefit until you leave, unless you're a private patient paying all the costs. We may pay benefit if you're claiming under the special rules for terminally ill people and you're in a hospice.

a **Are you in hospital or a hospice as an in-patient now?**

Yes ☐ Go to **question c**.

No ☐ Go to **question b**.

b **Have you been in hospital or a hospice in the last 4 weeks?**

Yes ☐ Go to **question c**.

No ☐ Go to **page 11**.

c **When did you go in?**

/ /

d **If you are in hospital, are you a private patient paying all your own costs?**

Yes ☐

No ☐

Don't know ☐

e **Please tell us the full name and address of the hospital or hospice.**

Postcode

SPECIMEN ONLY - NOT FOR USE

This area for automatic personalisation for customer's name and post code.

Being in residential or nursing care

If you're in any of the following places when you claim, we won't usually pay the daily living part of Personal Independence Payment unless you're paying all the costs for this yourself without help from a local or public authority.

a Are you living in a care home, nursing home, sheltered housing, a residential college or a hostel now?

Yes ☐ Go to **question c**.

No ☐ Go to **question b**.

b Have you been in a care home, nursing home, sheltered housing, a residential college or a hostel in the last 4 weeks?

Yes ☐ Go to **question c**.

No ☐ Go to **page 12**.

c When did you go in?

/ /

d Please tell us the full name and address of the place you are staying.

Postcode

e Are you paying all of the costs for your stay without help from a local authority, health authority, education authority, the Department for Work and Pensions (DWP) or a charity?

Yes ☐ Go to **page 12**.

No ☐ Go to **question f**.

Don't know ☐ Go to **page 12**.

f Who is paying for the costs of your stay?

Please tick the box that applies:

Local authority ☐ Go to **question g**.

Health authority ☐ Go to **question h**.

Education authority ☐ Go to **question h**.

A charity ☐ Go to **question h**.

DWP ☐ Go to **page 12**.

g Do you have an agreement with the local authority to repay any of the costs?

Yes ☐

No ☐

Don't know ☐

h Tell us the name of the local authority, health authority, education authority or charity that is paying.

SPECIMEN ONLY - NOT FOR USE

This area for automatic personalisation for customer's name and post code.

The main healthcare professional who supports you

Please tell us about the healthcare professional who can best tell us about your health condition and how it affects you. For example a GP, hospital doctor or consultant, or specialist nurse.

Don't worry if you see more than one healthcare professional. We'll ask you for more information about the people you see in the next stage of the claiming process.

What is their job?

What is their name?

Address
For example, the address of the health centre, surgery or hospital where they work.

Postcode

Phone number
Include the dialling code.

Consent

We may want to get information about your health condition or disability and how it affects you when we deal with:

- your claim for Personal Independence Payment
- any request to reconsider or appeal a decision about your claim.

We may want to contact your GP, or other people or organisations, to get this information.

You don't have to agree to us contacting these people or organisations. If you don't agree to this, we may not have all the information we need when we make a decision about your claim.

Do you agree that:

- **we, or someone working on our behalf, may ask your GP, or other people or organisations, for this information**
- **your GP, or other people or organisations, can give us, or someone working on our behalf, this information?**

Yes ☐

No ☐

Signature

Date

/ /

SPECIMEN ONLY - NOT FOR USE

This area for automatic personalisation for customer's name and post code.

How we pay you

We ask for your account details before we decide on a claim so we can pay you straightaway if you qualify for benefit. This doesn't guarantee that you'll get Personal Independence Payment.

You must read the information in the letter we sent with this form before you fill in the account details.

Please tell us the account details below.

It's very important you fill in all the boxes correctly, including the building society roll or reference number, if you have one. If you tell us the wrong account details your payment may be delayed or you may lose money.
You can find the account details on your chequebook or bank statements. If you're not sure about the details, ask the bank or building society.

Name of the account holder
Please write the name of the account holder exactly as it's shown on the debit card, chequebook or statement.

Sort code
Please tell us all 6 numbers, for example: 12-34-56.

Account number
Most account numbers are 8 numbers long. If your account number has fewer than 10 numbers, please fill in the numbers from the left.

Building society roll or reference number
If you're using a building society account you may need to tell us a roll or reference number. This may be a mix of letters and numbers, and may be up to 18 characters long. If you're not sure if the account has a roll or reference number, ask the building society.

SPECIMEN ONLY - NOT FOR USE

This area for automatic personalisation for customer's name and post code.

Special rules for terminally ill people

We have special rules for people who are terminally ill. This means people with a progressive disease who are not expected to live for longer than another six months.

Do you want to claim under the special rules for terminally ill people?

Yes ☐ Answer the questions below.

No ☐ Go to **page 16**.

What is your illness?

Please tell us if there is another healthcare professional or someone else we can contact who can tell us about your illness.
For example, another healthcare professional, or a carer, family member or friend.

What is their name?

Address

Postcode

Phone number
Include the dialling code.

It's important that you send us a **DS1500** form to support your claim if you have not sent one for this or any other benefit in the last six months.

The **DS1500** is a report about your medical condition. You won't have to pay for it. You can ask the doctor's receptionist, a nurse or a social worker to arrange it for you. You don't have to see the doctor.

Are you going to send us a **DS1500** to support your claim?

Yes ☐

No ☐

Don't know ☐

Don't wait until you've got the **DS1500**. Please continue with your claim. Send the **DS1500** to us as soon as you can.

SPECIMEN ONLY - NOT FOR USE

Special rules for terminally ill people continued

About getting around

Only answer these questions if you are claiming under the special rules for terminally ill people.

You may be able to get the mobility component of Personal Independence Payment if you have difficulty moving or need help getting around.

Do you need someone else to plan any journey for you that you wish to take?

- Yes ☐
- No ☐
- Sometimes ☐

Do you have difficulties following the route of a familiar journey?
For example, do you need

- another person with you
- an assistance dog, or
- aids, such as a white stick?

- Yes ☐
- No ☐
- Sometimes ☐

Do you have difficulty walking short distances of up to 50 metres?
This is about the length of five buses.

- Yes ☐
- No ☐
- Sometimes ☐

Do you have difficulty walking short distances of up to 20 metres?
This is about the length of two buses.

- Yes ☐
- No ☐
- Sometimes ☐

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The next stage of claiming – if you have claimed under the special rules for terminally ill people

We may contact the healthcare professional you have told us about for more information about your claim. Go to **page 17**.

The next stage of claiming

If you have not claimed under the special rules for terminally ill people
The next stage of claiming Personal Independence Payment will start when we send you another form through the post so you can tell us how your condition affects you. You need to fill in the form and send it back to us.

If you think you'll need any help or support to fill in the form, contact a local support organisation as soon as possible to arrange help.

If you are signing the form for someone else go to **page 17**.

If you are signing the form for yourself, read the information and complete the questions below.

We understand that some people find it difficult to return forms because of a mental-health or behavioural condition, learning difficulty, developmental disorder or memory problems. This could mean any kind of learning difficulty or dementia. It could mean anxiety or depression, obsessive-compulsive disorder, psychosis, schizophrenia or personality disorder, attention deficit hyperactivity disorder (ADHD), autistic spectrum disorder, or developmental delay.

By mental-health conditions we mean, for example
- depression, anxiety, post-traumatic stress disorder (PTSD), obsessive-compulsive disorder (OCD), psychosis, schizophrenia, personality disorder.

By behavioural conditions we mean, for example
- attention deficit hyperactivity disorder (ADHD), conduct disorder.

By learning difficulty we mean, for example
- Down's syndrome, fragile X syndrome.

By developmental disorder we mean, for example
- autistic spectrum disorder, developmental delay, speech or language disorder.

By memory problems we mean, for example
- any form of dementia – for example Alzheimer's, dementia with Lewy bodies, vascular dementia, dementia associated with other conditions. Memory problems as a result of brain injury after an accident.

Do you have a condition like this?

Yes ☐
No ☐
Don't know ☐

Do you see a psychiatrist or community psychiatric nurse (CPN), psychologist or counsellor about your condition?

Yes ☐
No ☐
Don't know ☐

SPECIMEN ONLY - NOT FOR USE

This area for automatic personalisation for customer's name and post code.

What to do now

Check that you have answered all the questions that apply to you.

Read the information we sent with this form. It tells you about how we collect and use information and where to go for help and advice about this and other benefits.

Make sure you have **signed the consent section** on **page 12**.

Now read and sign the declaration below.

Declaration

We cannot pay any benefit until you've signed the declaration and returned the form to us. Please return the signed form straightaway.

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

I understand that if I knowingly give false information, my benefit may be stopped and I may be liable to prosecution or other action.

I understand that I must promptly tell the office that pays my Personal Independence Payment of anything that may affect my entitlement to, or the amount of, that benefit.

I understand that the Department for Work and Pensions may use the information which it has now or may get in the future to decide whether I am entitled to

- the benefit I am claiming
- any other benefit I have claimed
- any other benefit I may claim or be awarded in the future.

This is my claim for Personal Independence Payment.

Signature

Date

/ /

Print your name here

Send the claim form back to us straightaway. On the last page you will see the address to return this form. Put this form in the envelope we have sent you so that the address shows through the window.
It does not need a stamp.

SPECIMEN ONLY - NOT FOR USE

Please return the completed form to this address

Put the completed form in the envelope provided, making sure the address shows through the envelope window. The envelope doesn't need a stamp. If you've access to the internet, you can get information about Personal Independence Payment by going to the Personal Independence Payment website at **www.gov.uk/pip**

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