

Personal Independence Payment Information Booklet

How your disability affects you - Information booklet

This information booklet will help you fill in the form. In it we:

- explain the questions we ask,
- tell you how to answer the questions,
- give you examples of other things you can tell us, and
- tell you what you need to do next.

When you see ⓘ in the form, use this **information booklet** to help you understand and answer the questions.

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Things to do before you fill in the form

Before you fill in the form, it will be useful to have ready some of the things listed below. Don't worry if you only have some of them.

- The name of professionals who might be supporting you on a regular basis.
- Details of your medication or an up-to-date printed prescription list if you have one.

You may find it helpful to keep a diary – write down a list of things you've needed help with or found difficult over a number of days. If the impact of your health condition or disability varies over time, you may want to keep a record of this. You can send in the diary with your form if you want to. You don't have to fill in the form in one go. Take your time and describe all the help you need.

It is very important that you provide us with any relevant evidence or information you already have that explains your circumstances. For example, this might include prescription lists, care plans, reports or information from professionals such as a GP, hospital doctor, specialist nurse, community psychiatric nurse, occupational therapist, physiotherapist, social worker, support worker or counsellor, or any other information you think would be helpful for us to see. The supporting evidence you send doesn't need to be recent.

Please only send in photocopies of things you already have available to you. Don't request other documents which might slow down your claim or for which you might be charged a fee – for example, from your GP. If we need this evidence, we'll ask for it ourselves.

Please send any documents you have available now in the same envelope as the form. Any delay in receiving evidence which you intend to rely on may mean:

- your claim to Personal Independence Payment will take longer to assess, or
- you may be required to see a health professional to be assessed when it may not have been necessary, or
- we may not be able to get all the information we need on which to make a decision on your claim which accurately reflects your daily living or mobility needs.

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How we collect and use information

The information we collect about you and how we use it depends mainly on the reason for your business with us. But we may use it for any of the Department's purposes, which include:

- social security benefits and allowances,
- child support,
- employment and training,
- private pensions policy, and
- retirement planning.

We may get information from others to check the information you give us and to improve our services. We may give information to other organisations as the law allows, for example to protect against crime. To find out more about how we use information, visit our website www.dwp.gov.uk/privacy-policy or contact any of our offices.

Where to get help and advice about Personal Independence Payment

You can:

- phone 0845 850 3322,
- use a textphone and call 0845 601 6677 if you have speech or hearing difficulties, and
- you could also contact local advice agencies who can provide independent help and support.

If you're awarded Personal Independence Payment you or your carer may be entitled to:

- Carer's Allowance or Carer's Credit, and
- Access to the Motability scheme if you're awarded the Enhanced rate of the Mobility component of Personal Independence Payment.

About the questions in the form

If you want help filling in this form or any part of it you can phone 0845 850 3322. If you have speech or hearing difficulties, you can contact 0845 601 6677. You can ask a friend, relative or representative to help you complete this form. For information about benefits and services go to www.gov.uk/pip

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The form includes a number of questions about your ability to carry out key everyday activities. These will help us to understand the effect of your health condition or disability on your everyday life and assess your entitlement to the benefit.

It asks questions on twelve activities:

- preparing food,
- eating and drinking,
- managing treatments,
- washing and bathing,
- managing toilet needs,
- dressing and undressing,
- communicating,
- reading,
- mixing with other people,
- making decisions about money,
- going out, and
- moving around.

We want to know if you can do these safely, to an acceptable standard, as often as you need to and in a reasonable time. We will ask you questions about if you use aids and appliances to carry out the activities and if you need help from another person.

In each section, please tick one of the boxes marked, yes, no or sometimes for each of the questions asked. Then provide more detail in the Extra Information box about how your health conditions or disabilities affects your ability to do the activities, the difficulties you face and the help you need. In particular:

- If you can do them safely, to an acceptable standard, as often as you need to and in a reasonable time.
- If you need help from another person, tell us what kind of help you need (for example if they need to encourage, remind or explain how to do something, supervise you, physically help you or reassure you).
- If you use aids and appliances, tell us what type they are.
- If you can do some parts of the activity but not others.
- If you're unable to do the activity at all.
- If your needs vary, tell us in what way and how often – for example, telling us about good and bad days or how your needs vary throughout the day.
- If you can do an activity but it takes you a long time.
- If you regularly have accidents - such as falls - or are at risk of having accidents.
- If you have side effects from doing the activity – either during or after the activity – like pain, breathlessness, tiredness or stress and anxiety, tell us about these.

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Aids and appliances are things that help you to carry out the activities. For example:

- a hoist, monkey pole or bedraiser may help you get out of bed,
- a commode, raised toilet seat or rails may help you with your toilet needs,
- bath rails, a shower seat or a hoist may help you bathe or shower,
- a long handled shoehorn, button hook, zip pull or sock aid may help you dress,
- a stair lift, raised chair, wheelchair or rails may help you move about indoors,
- a walking stick, walking frame, crutches or artificial limbs may help you get around,
- special cutlery or a feeding cup may help you eat and drink, and
- a hearing aid, magnifier or pictures and symbols may help you communicate.

Q1 About professionals you may see

These professionals may be contacted by us to provide further information to support your claim. Address – this is where you see them such as the health centre or hospital address.

Q2 About your health conditions or disabilities

By health conditions or disabilities, we mean physical, sight, hearing or speech difficulty, learning, developmental or behavioural difficulties or mental health problems.

About the difficulties you have and the help you need

Q3 Preparing food

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

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

Aids and appliances in this section might include things like, prostheses, perching stool, lightweight pots and pans, easy grip handles on utensils, adapted cutlery and single lever arm taps.

Help in this section might include someone:

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

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Q4 Eating and drinking

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

Help in this section might include someone:

- reminding you when to eat,
- cutting your food into pieces or putting food in your mouth,
- supervising you to make sure you don't choke,
- prompting, encouraging or reminding you to eat or drink, and
- helping you manage a feeding tube.

Q5 Managing treatments

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

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

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

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

Help in this section might include someone:

- prompting or reminding you to take medication or how to do it,
- supervising you while you take medication,
- physically helping you to take medication or manage a treatment, and
- monitoring your mental state.

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Q6 Washing and bathing

This section is about your ability to wash and bathe, including washing your body, face, limbs, underarms and hair; and using a normal bath or shower.

Aids and appliances in this section include things like shower seats and grab rails.

Help in this section might include someone:

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

We understand talking about your personal care needs can be difficult but we need you to tell us as much as you can.

Q7 Managing toilet needs

This section is about your ability to managing your toilet needs, including getting on or off and being able to use a normal toilet; being able to pass water or solids; dealing with incontinence, including using a collecting device like a bottle, bucket or catheter; and cleaning yourself afterwards.

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

Help in this section might include someone:

- prompting, encouraging or reminding you to go to the toilet or how to do so, and
- physically helping you to go to the toilet or clean yourself afterwards.

We understand talking about your personal care needs can be difficult but we need you to tell us as much as you can.

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Q8 Dressing and undressing

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

Aids and appliances in this section might include things like long handled shoehorns, button hooks, zip pulls or sock aids. Modified buttons, front fastening bra, velcro fastenings and shoe aids.

Help in this section might include someone:

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

We understand talking about your personal care needs can be difficult but we need you to tell us as much as you can.

Q9 Communicating

This section is about your ability to communicate with others in your native vocal language. This means your ability to speak to people and hear and understand what they're saying to you.

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

Help in this section might include someone:

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

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Q10 Reading

This section is about your ability to read and understand signs, symbols and words written or printed in your native written language. It does not include Braille.

Aids and appliances in this section might include magnifiers but do not include normal spectacles or contact lenses.

Help in this section might include someone:

- reading for you, and
- helping you to understand the meaning of signs, symbols or words.

Q11 Mixing with other people

This section is about your ability to get on with other people, understand how they're behaving towards you and behave appropriately to them, including whether severe anxiety or stress prevents you from doing this.

Help in this section might include someone:

- prompting or encouraging you to do so,
- being there to support or reassure you, and
- helping you understand how people are behaving towards you.

Q12 Making decisions about money

This section is about your ability to make decisions about spending and managing your money. This includes being able to understand how much things cost, how much change you should get in a shop, managing budgets, paying bills and planning future purchases. It looks only at your decision making ability, not the physical elements of managing your money.

Help in this section might include someone:

- encouraging you,
- reminding you to do it or how to do it, and
- doing it for you.

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Q13 Going out

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

Help in this section might include someone:

- to help you plan a route or plan it for you,
- to prompt or encourage you to go out,
- to be with you when going out to reassure you,
- to be with you when going out to keep you safe or stop you getting lost, and
- to help you deal with public transport or unexpected circumstances.

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

Q14 Moving around

This section is about your ability to physically move around. We will ask you about how far you can walk and if you use aids and appliances to get around, including walking sticks, frames or prostheses and wheelchairs. Telling us about how long it takes and if you have any side effects like pain, breathlessness, tiredness or dizziness will be important.

What to do now

Check you have filled in all questions that apply to you or the person the claim is for and sign the declaration.

Remember it is important you send us a photocopy of any evidence and information you have, including any reports by health professionals, as it will help us to deal with your claim. List the documents you are sending.

Tear off the letter on the front page; you don't need to send this back. On the last page of the form you'll see the return address. Place the form and any reports in the envelope provided so that the address shows through the window. It doesn't need a stamp. You may wish to photocopy the form before you send it back.

If you receive any additional evidence or information that you are waiting for which may help with your claim, for example because you are awaiting a report from a recent assessment, please send that to us **as soon as possible**. You should send any new evidence or information to the address on the covering letter.

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What happens next?

It's likely you'll be contacted by an organisation that carries out assessments for Personal Independence Payment on behalf of the Department for Work and Pensions, asking you to have a face to face consultation with a health professional. You will be able to take someone with you to this. If we've enough information already, a consultation may not be needed. If you have speech or hearing difficulties, you can contact us using the textphone number. Don't return this Booklet as you may need it in the future.

Declaration

Please read the declaration, sign in the signature box and enter the date in the date box. Print your name in the box "Print your name here".

EXAMPLE