

## If this is hard for you to read

We can provide this information in a different way such as large print or in other formats.

Please get in touch with us for more information on how we can help you.

## About this form

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

Claims to Personal Independence Payment should only be made on an original form provided and approved by the Department. This form must only be completed for the person it was issued for. Copies will not be accepted as valid claims.

### How to fill in the form

Please use a pen. If you make a mistake, cross it out. Do not use correction fluid. **Answer all the questions that apply to you.**

### Special Rules for End of Life

We have special rules for people nearing the end of life. This means people with a progressive disease who are not expected to live for longer than 12 months.

**01** Do you want to claim under the special rules for people nearing the end of life?

No **Go to About you**

Yes

What is your illness?

## About you

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

<p><b>02 Surname or family name, in full</b></p> <input type="text"/>	<p><b>08 Your date of birth</b> DD/MM/YYYY <input type="text" value=" / /"/></p>
<p><b>03 All other names, in full</b></p> <input type="text"/>	<p><b>09 Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female</p>
<p><b>04 Your title</b> For example, Mr, Mrs, Miss, Ms or other. <input type="text"/></p>	<p><b>10 Your address, in full</b></p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="Postcode"/>
<p><b>05 Please tell us the name you want us to use when we write to you, if it is different from above</b> For example, if you have a different title, or letters after your name, such as Sir John Smith BSc. <input type="text"/></p>	<p>If we cannot write to you at this address, please give us an address we can write to.</p>
<p><b>06 Previous surname</b> Tell us any other surname you have been known by. If you have had more than one previous surname, tell us the surname you used last. <input type="text"/></p>	<p><b>11 Address we can write to</b></p> <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>
<p><b>07 Your National Insurance (NI) number, if you have one</b> You can get this from your National Insurance number card, payslips or letters from the Department for Communities. <input type="text"/></p>	

## How to contact you

**12 A phone number where we can contact you or leave a message**

Include the dialling code.

If this is a mobile number we may use this number to send you text messages to keep you informed of the progress of your PIP claim.

**13 Do you have another number we can contact you on?**

No **Go to question 14**

Yes

Please tell us about this

**14 Do you have a textphone number?**

Textphones do not receive text messages from mobile phones. They are for people who cannot speak or hear clearly.

No **Go to question 15**

Yes

Please tell us about this

**15 How would you prefer us to contact you?**

Tick all options for how you would like us to contact you.

Phone

Letter

Other alternative format

Please specify

**16 Do you need us to communicate with you in another format?**

No

**Go to Signing the form for someone else**

Yes

Please specify

## Signing the form for someone else

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

- you have already been legally appointed to receive and deal with their benefits. That is, you are a benefit appointee, a Controller appointed by the Department of Justice or hold a Power of Attorney,
- the person you are 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 are claiming for them under the Special Rules for End of Life.

### 17 Are you signing the form for someone else?

- No **Go to Nationality**
- Yes

### 18 Why are you signing the form for them?

- I am an appointee  
Appointed by DfC.
- I hold Power of Attorney
- I am a Controller appointed by the Department of Justice
- I am a Corporate Acting Body or Corporate Appointee

For example, an organisation appointed to act on behalf of a person the benefit is for such as a Health and Social Care Trust, or firm of solicitors.

Tell us the name of your organisation.

Unless we have already seen this authority, we will 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.

### 19 Do you want to be appointed to act on their behalf?

This could be because:

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

- No
- Yes

We will contact you about this.

### 20 Are you claiming for them under the Special Rules for End of Life?

The special rules for people nearing the end of life are for people with a progressive disease who are not expected to live for longer than 12 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.

- No
- Yes

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

<b>21</b>	<b>Surname or family name, in full</b>	<input type="text"/>
<b>22</b>	<b>All other names, in full</b>	<input type="text"/> <input type="text"/>
<b>23</b>	<b>Your title</b> For example, Mr, Mrs, Miss, Ms or other.	<input type="text"/>
<b>24</b>	<b>Please tell us the name you want us to use when we write to you, if it is different from above</b> For example, if you have a different title, or letters after your name, such as Sir John Smith BSc.	<input type="text"/>

<b>25</b>	<b>Your address, in full</b>	<input type="text"/> <input type="text"/> <input type="text"/>
	Postcode	<input type="text"/>
	If we cannot write to you at this address, please give us an address we can write to.	
<b>26</b>	<b>Address we can write to</b>	<input type="text"/> <input type="text"/> <input type="text"/>
	Postcode	<input type="text"/>

SAMPLE

## How to contact you

Only fill in this section if you are signing the form for someone else.

<p><b>27 A phone number where we can contact you or leave a message</b> Include the dialling code.</p> <input type="text"/> <p>If this is a mobile number we may use this number to send you text messages to keep you informed of the progress of the PIP claim.</p>	<p><b>30 How would you prefer us to contact you?</b> Tick all options for how you would like us to contact you.</p> <p><input type="checkbox"/> Phone</p> <p><input type="checkbox"/> Letter</p> <p><input type="checkbox"/> Other alternative format Please specify</p> <input type="text"/>
<p><b>28 Do you have another number we can contact you on?</b></p> <p><input type="checkbox"/> No <b>Go to question 29</b></p> <p><input type="checkbox"/> Yes Please tell us about this</p> <input type="text"/>	<p><b>31 Do you need us to communicate with you in another format?</b></p> <p><input type="checkbox"/> No <b>Go to Nationality</b></p> <p><input type="checkbox"/> Yes Please specify</p> <input type="text"/>
<p><b>29 Do you have a textphone number?</b> Textphones do not receive text messages from mobile phones. They are for people who cannot speak or hear clearly.</p> <p><input type="checkbox"/> No <b>Go to question 30</b></p> <p><input type="checkbox"/> Yes Please tell us about this</p> <input type="text"/>	

## Nationality

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

<p><b>32</b> Are you a British national?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <b><u>Go to question 44</u></b></p>	<p><b>38</b> What EUSS status have you been granted?</p> <p><input type="checkbox"/> Settled status For example, 'Indefinite leave to remain'. <b><u>Go to question 44</u></b></p> <p><input type="checkbox"/> Pre-settled status For example, 'Limited leave to remain'. If you have lived in the UK for 5 years you must apply to the EU Settlement Scheme again to get settled status. If your pre-settled status expires, your benefit may stop. <b><u>Go to question 44</u></b></p> <p><input type="checkbox"/> Application pending For example, you have applied to the EUSS but you are waiting for a decision. <b><u>Go to question 44</u></b></p> <p><input type="checkbox"/> Refused For example, you have not been granted any status. <b><u>Go to question 41</u></b></p>
<p><b>33</b> Are you an Irish national?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <b><u>Go to question 44</u></b></p>	
<p><b>34</b> What is your nationality?</p> <p><input type="text"/></p>	
<p><b>35</b> Are you a Swiss or European Economic Area (EEA) citizen?</p> <p><input type="checkbox"/> No <b><u>Go to question 39</u></b></p> <p><input type="checkbox"/> Yes</p>	
<p><b>36</b> Did you start living in the United Kingdom (UK) on or before 31 December 2020?</p> <p><input type="checkbox"/> No <b><u>Go to question 39</u></b></p> <p><input type="checkbox"/> Yes</p>	
<p><b>37</b> Have you made an application to the European Union Settlement Scheme (EUSS) or have you been given an immigration status from the EUSS?</p> <p><input type="checkbox"/> No or do not know You must apply straight away. For more information and how to apply to the EUSS go to <a href="http://www.nidirect.gov.uk/staying-ni-if-eu-citizen">www.nidirect.gov.uk/staying-ni-if-eu-citizen</a> or call 0800 915 4604. <b><u>Go to question 39</u></b></p> <p><input type="checkbox"/> Yes</p>	

**39** Have you been granted refugee or humanitarian protection status?

Do not know

No

Yes

**40** 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”.

Do not know

No

Yes

**41** 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 question 44**

Limited leave to remain  
This includes pre-settled status.  
**Go to question 44**

Limited leave to remain extension applied for  
**Go to question 42**

Indefinite leave to remain  
This includes settled status.  
**Go to question 44**

No leave to remain  
**Go to question 44**

Do not know  
**Go to question 44**

**42** When does your leave to remain end?

If you have lived in the UK for 5 years, you must apply to the EU Settlement Scheme again to get settled status. Your benefits may stop if your pre-settled status expires.

DD/MM/YYYY

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

This includes if you have pre-settled status and have applied to the EU Settlement Scheme for settled status. Only answer this question if you have applied for an extension to your leave to remain.

DD/MM/YYYY



## Working and living abroad

**44** Which country do you normally live in?

**45** 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.

No **Go to question 47**

Yes

Which country did you go to?

When did you go?

From

DD/MM/YYYY

To

DD/MM/YYYY

Why did you go?

For example, holiday, work, medical treatment, as a member of HM Armed Forces or as a family member of someone in HM Armed Forces.


When you went away, did you intend to return?

No

Yes

**46** Are there any more periods abroad you should tell us about?

No

Yes

Please use the space at

**Other information: question 87**

to tell us when you went, where you went, why you went and if you intended to return.

**47** Are you, or a family member, receiving any pensions or benefits from an EEA country or Switzerland?

By 'family member' we mean husband, wife, civil partner or a parent you are dependent on. Check any letters you have from where you have worked, or ask your family members about this.

Do not know

No

Yes

**48** Are you, or a family member, working in or paying insurance to an EEA country or Switzerland?

By 'family member' we mean husband, wife, civil partner or a parent you are dependent on. By insurance we mean insurance connected to your work, like UK National Insurance. We do not mean insurances like holiday insurance, travel insurance or motor insurance.

Do not know

No

Yes

## Being in hospital, a hospice, residential or nursing care

If you are in any one of the following places when you claim, it may affect when and what we can pay you. Even if you live in any of the following places you should still claim Personal Independence Payment. We can then decide if any Personal Independence Payment can be paid, and from when.

### Being in hospital or a hospice

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

No

Yes Go to question 51

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

No Go to question 54

Yes

**51** When did you go in?

DD/MM/YYYY

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

Do not know

No

Yes

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


Postcode

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### Being in residential or nursing care

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

No

Yes Go to question 56

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

No Go to The main healthcare professional that supports you

Yes

**56** When did you go in?

DD/MM/YYYY

	/		/	
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**57** Please tell us the full name and address of the place you are staying


Postcode

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**58** Are you paying all of the costs for your stay without help from a Health and Social Care Trust, Education Authority, a Government Department or a charity?

Do not know

**Go to The main healthcare professional that supports you**

No

**Go to question 59**

Yes

**Go to The main healthcare professional that supports you**

**59** Who is paying for the costs of your stay?

Please tick all boxes that apply.

Health and Social Care Trust

**Go to question 60**

Education Authority

**Go to question 61**

A charity

**Go to question 61**

A Government Department

**Go to The main healthcare professional that supports you**

**60** Do you have an agreement with a Health and Social Care Trust to repay any of the costs?

Do not know

No

Yes

**61** Tell us the name of the Health and Social Care Trust, Education Authority or charity that is paying

## The main healthcare professional that supports you

Please tell us about the healthcare professional who can best tell us about your health condition or disability and how it affects you. For example:

- GP
- hospital doctor
- consultant, or
- specialist nurse.

**62** What is their job?

**63** What is their name?

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

**65** Phone number  
Include the dialling code.

## Sharing information about your health condition.

Any information that we ask you for is necessary to enable DfC to carry out its official duties. The legal basis for the request is GDPR Article 6(1)(e) and Article 9(2)(b) for special category information.

## Further health or social care professional that supports you

Please tell us if there is another health or social care professional or someone else we can contact who can tell us about your health condition or disability. For example:

- community psychiatric nurse
- occupational therapist
- physiotherapist
- support worker
- social worker
- counsellor
- carer
- family member, or
- friend.

**66** Is there someone else we can contact to tell us about your health condition or disability?  
 No  
 Yes

**67** What is their job?

**68** What is their name?

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

**70** Phone number  
Include the dialling code.

## How we pay you

We ask for your account details before we decide on a claim so we can pay you straight away if you qualify for benefit. This does not guarantee that you will 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

It is 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 are not sure about the details, ask the bank or building society.

**71 Name of the account holder**

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

**72 Name of the bank or building society**

**73 Sort code**

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

<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>
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**74 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.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**75 Building society roll or reference number**

If you are 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 are not sure if the account has a roll or reference number, ask the building society.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## Special Rules for End of Life

Only answer **questions 76 to 80** if you are claiming under the Special Rules for End of Life.

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

It is important that you send us an **SR1** form to support your claim if you have not sent one for your PIP claim or any other benefit in the last 12 months.

The **SR1** is a report about your medical condition. You will not have to pay for it. You can ask the doctor's receptionist, a nurse or a social worker to arrange it for you. You do not have to see the doctor. Your doctor or specialist can send it to us for you.

**76** Are you going to send us an SR1 to support your claim?

- Do not know
- No
- Yes

Do not wait until you have got the **SR1**. Please continue with your claim. It will be helpful if you send the **SR1** back to us within the next 5 days.

### About getting around

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

- No
- Sometimes
- Yes

**78** 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?

- No
- Sometimes
- Yes

**79** Do you have difficulty walking short distances of up to 50 metres?

This is about the length of 5 buses.

- No
- Sometimes
- Yes

**80** Do you have difficulty walking short distances of up to 20 metres?

This is about the length of 2 buses.

- No
- Sometimes
- Yes

We may contact the health and social care professional you have told us about for more information about your claim.

**Go to The Motability Scheme**

## The next stage of claiming

### If you have not claimed under the Special Rules for people nearing the end of life.

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 will need any help or support to fill in the form, contact a local support organisation as soon as possible to arrange help.

#### 81 Are you signing this form for yourself?

No

**Go to Disability Living Allowance (DLA)**

Yes

#### 82 Would you normally need someone to help you complete forms and understand letters?

No **Go to question 83**

Yes

Who will you ask to help you?

For example:

- a family member
- friend
- neighbour
- support worker, or
- local support organisation such as a local advisory service and other similar advice organisations.

Please ask them to help you fill in the form as soon as possible.

#### 83 Do you have difficulty communicating with us?

This could be things like sending information to us or understanding information that we may send to you, due to your health condition or disability.

For example, you may have a condition such as:

- mental health condition
- behavioural condition
- learning disability
- developmental disorder, or
- dementia or other conditions affecting memory.

No

If your needs change, you can let us know at any time.

Yes

## Disability Living Allowance (DLA)

**84** Are you getting DLA, or have you ever been awarded DLA?

No **Go to The Motability Scheme**

Yes

PIP is a new benefit for you, and we will be asking you to send us any supporting information about how your condition affects you.

**85** Would you like us to also use any medical evidence we still hold from your previous DLA claim?

This evidence could be a report from:

- a GP
- hospital
- school, or
- other health or social care professional.

If you have had a medical examination for DLA we could use the report from the examining medical practitioner (EMP). If an Employment and Support Allowance report was used to support your DLA claim we could use this report.

No

We will just use the information that you send us with your form to help us make our decision. If DLA medical evidence is held, it may still be used at a future point during your claim.

Yes

We will obtain your DLA file and ensure any medical evidence we still hold is taken into account.

## The Motability Scheme

The Motability Scheme allows disabled people to lease a car, scooter or powered wheelchair in exchange for all or some of their mobility payments.

**86** If you are eligible to join the Motability Scheme would you like us to post you information about the help they can offer you?

We will not share your personal details with Motability.

No

Yes

If you decide you do not want to receive information about Motability in the future, please contact us on **0800 587 2952** to let us know.



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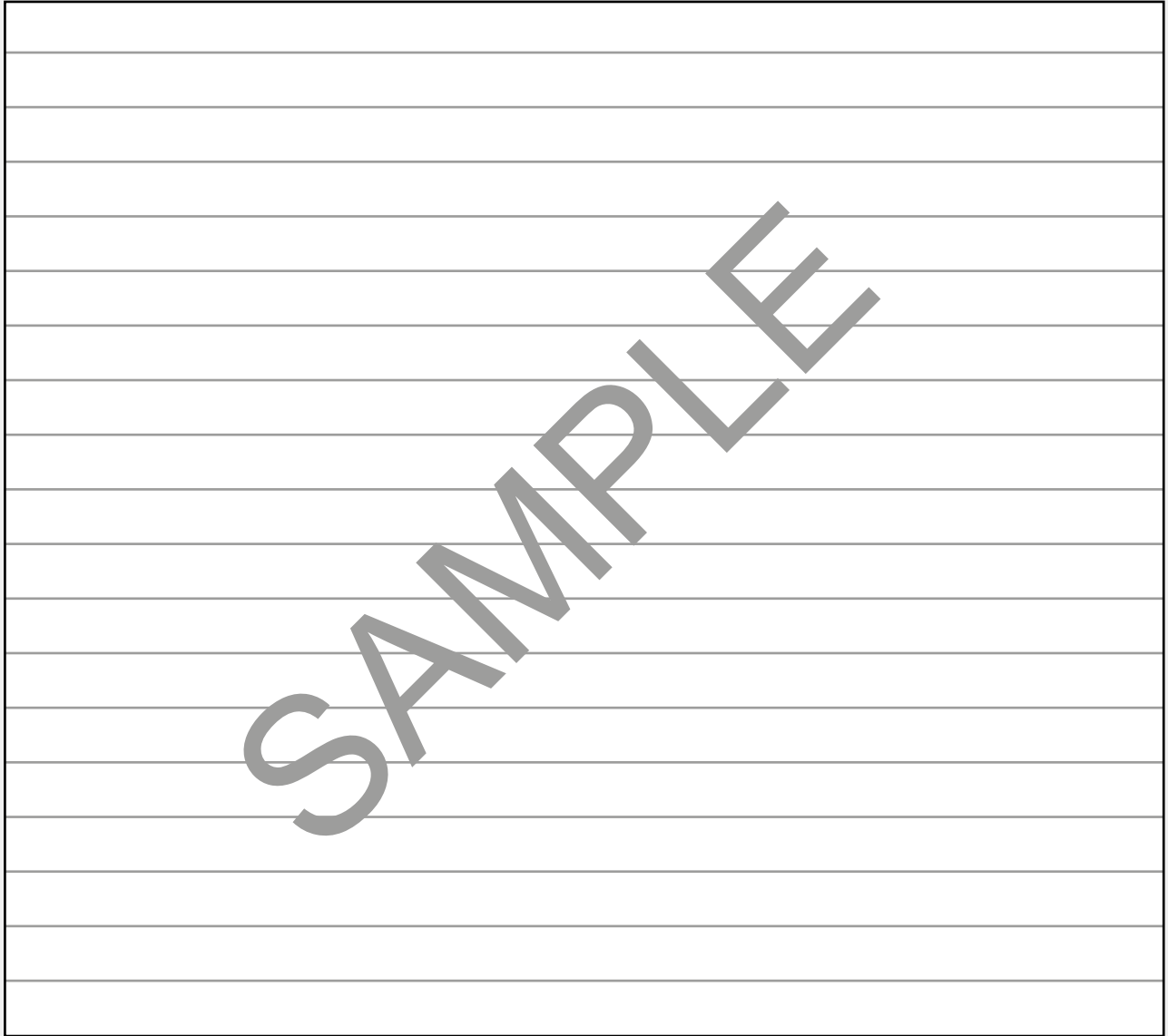
## Other information

**87 Please use this space to tell us anything else you think we might need to know**

If there is not enough space, please use a separate sheet of paper.

Make sure that you:

- put your full name and National Insurance number on each sheet of paper, and
- sign and date each sheet that you use.



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## 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.

Now read and sign the **Declaration**.

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## Declaration

We cannot pay any benefit until you have 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 Communities 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.

<b>88</b>	<b>This is my claim for Personal Independence Payment</b>
	Signature
	<input type="text"/>
	Date
	DD/MM/YYYY
	<input type="text"/>

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## What happens next

If you are sent the claim form **How your disability affects you**, you will need to complete the form and return it with copies of supporting information that explains how your health condition or disability affects you carrying out day-to-day activities.

By supporting information, we mean things like:

- social care plans
- reports from health professionals
- prescription lists
- test results
- statements from carers or family members.

**Please only send copies, not originals.**

The date to return everything by will be printed on the front of the **How your disability affects you** form.

Arrange any help you need to complete the form or collect your supporting information now, because we may end your claim if it is not returned in time.

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## What happens next continued

If you require extra time to provide further evidence, please contact us on **0800 587 0932**.

Additional evidence to support your claim can be important and may help us make a decision on your claim.

Once we receive your **How your disability affects you** form you may need to have an assessment. It is important you attend this assessment otherwise your claim may be stopped.

You can ask for your assessment to be recorded. To do this please contact the health assessor when you receive your appointment. After your appointment you will receive a link to your recording by text message or email.

SAMPLE

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## Returning the completed form

Please return the completed form to this address:

**Freepost RTRT-EKUG-KXJR**  
**PIP MOU**  
**PO Box 42**  
**Limavady**  
**BT49 4AN**

Put the completed form in the envelope provided, making sure the address shows through the envelope window. The envelope does not need a stamp unless you live outside the United Kingdom.

If you have access to the internet, you can get information about Personal Independence Payment by going to the Personal Independence Payment website at [www.nidirect.gov.uk/pip](http://www.nidirect.gov.uk/pip)

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## Checklist

**To make sure we have all the information we need to process this form, please check:**

- the person who has completed the form has signed the declaration on page 19

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## How DfC collects and uses information

The information the Department for Communities (DfC) collects from and about you depends mainly on the reason for your business with us.

We will use information about you for all of the Department's purposes, which include:

- The payment of social security benefits, grant loans and pensions
- Child Maintenance
- Employment and Training
- Investigation of offences relating to social security
- Social Security Research and Statistics.

DfC uses information to deal with enquiries and complaints, to provide DfC services, to protect public funds, and to conduct research and produce statistics to monitor and improve our services.

We will obtain information about you as the law allows from other organisations to check the information you give to us, protect public funds, and to improve our services.

DfC also shares information with other organisations as the law allows, for example to protect against crime, and with HM Revenue and Customs.

DfC uses external suppliers to help deliver some services. We also use technology to make decisions and improve our services. We will only ask you for information about your health when this is needed for a benefit or service you are using. We will keep your information secure, and make sure nobody has access to it who should not.

Please look at the DfC Privacy Notice on [www.communities-ni.gov.uk/privacy-notice](http://www.communities-ni.gov.uk/privacy-notice) to find out more about:

- your information rights
- how to request a copy of your information
- DfC's data controller details and other data protection information
- how long DfC will keep your data for; and
- more detail about how DfC uses personal information.