



DISABILITY LIVING ALLOWANCE

Rates of Benefit

Care Component

Higher £71.40

Middle £47.80

Lowest £18.95

Mobility Component

Higher £49.85

Lower £18.95

How To Claim

To obtain a claim form telephone freephone **0800 882200**

What is Disability Living Allowance?

It is a benefit for people with disabilities from date of birth to 65th birthday. It is aimed at people who need help looking after themselves and at people who find it difficult to walk or get around. It is made up of two parts – the care component and the mobility component.

Care Component

Low rate care component

a) You require in connection with your bodily functions attention from another person for a significant portion of the day whether during a single period or a number of periods.

or

b) You cannot prepare a cooked main meal for yourself if you have the ingredients.

A significant portion of the day is generally considered to be at least 1 hour. You would need to put down on the claim form all the active help you need from another person with bodily functions.

What is the cooking test?

The test is whether you are able to prepare a reasonable, main daily meal freshly cooked on a traditional cooker. It is a meal for one person only. It does not matter whether you do not wish to cook such a meal or cannot afford to do so.

The tasks involved include planning what to prepare; peeling and chopping vegetables; using taps, using a cooker (this may mean standing & bending); coping with hot pans.

Middle rate care component

This is paid when you need attention for more than a significant portion of either the day or night.

Daytime

You need frequent attention throughout the day in connection with your bodily functions.

or

Continued supervision throughout the day in order to avoid substantial danger to yourself or others.

At night

You reasonably require prolonged or repeated attention with your bodily functions

or

In order to avoid substantial danger to yourself or others you require another person to be awake for a prolonged period or at frequent intervals for the purpose of watching over you.

Highest rate care component

This is paid when you need attention for more than a significant portion of both day and night. The conditions for this component are the same as described for day time and night time above.

Care Needs

Frequent attention is when you need help from another person three or more times throughout the day. It is generally not sufficient to need attention only when you get up in the morning (for example, getting out of bed, washing, bathing) and just before you go to bed but also some need for attention during the day, for example, using the toilet or getting up from a chair.

The care is the help you need to look after yourself rather than what people do instead such as cleaning, shopping, etc. Please note that the rules regarding night care needs are different to day needs. You may well qualify for the middle rate if you need attention from another person on two occasions most nights.

What is Supervision?

This means the need for somebody to be around to keep an eye on you. The supervision must be frequent or regular but does not need to be non-stop. The supervision must lead to a real reduction in the risk of harm. The danger to yourself must not be too remote a possibility.

Examples of supervision could be because of the danger of falls or epileptic fits, to prevent self-harm or suicide attempts.

Mobility Component

a) Lower rate mobility component

This cannot be paid to children under five. You qualify for this component if you cannot get about in unfamiliar places because of physical or mental disability without guidance or supervision from another person most of the time.

Children under sixteen must also show that they need substantially more guidance than a person at their age would normally require.

This is aimed at people who can walk but need somebody to guide or supervise them.

People who are visually impaired or have a learning disability are most likely to qualify. You would probably qualify if you suffer from agoraphobia but would have to actually go out on occasions.

If you suffer from panic attacks when outside you would have to demonstrate what another person could do to guide or supervise you rather than just to reassure you.

b) higher rate mobility component

This can be paid to children aged three or over.

This is paid if you are:

- i) Unable to walk
- ii) Virtually unable to walk without severe discomfort
- iii) The exertion required to walk would constitute a danger to your life or lead to a serious deterioration in your health
- iv) You have no legs or feet
- v) You are both deaf and blind
- vi) You are entitled to the higher rate care component and are severely mentally impaired with extremely disruptive behaviour so that you need to be physically restrained to prevent you causing injury to somebody or damage to property.

What does virtually unable to walk without severe discomfort mean?

The Disability Living Allowance Unit or Tribunal must take into account the factors of distance, speed, time and manner of walking.

If you suffer from severe discomfort any further distance you can walk should be ignored.

Although each case is taken into account on all the individual circumstances, if you cannot normally walk 50 yards or metres without severe discomfort you would usually qualify for this component.

If you walk very slowly, with a limp, with an unusual gait or suffer breathlessness brought on by walking a very short distance you may qualify under this regulation.

Qualifying Periods

You must pass the disability tests throughout the three months before your claim. You also must be likely to satisfy the test throughout the six months after your claim.

How you fill in the form is very important. If you do not put something down on the form at this stage it is less likely that a decision maker, visiting examining doctor or Appeal Tribunal will believe you about facts you only mention later.

Here are some tips about completing the questionnaire:

1. Be honest about your disability. You should not exaggerate but neither should you understate your problems. You should put the problems down even if you find them embarrassing.
2. The form is designed to try to ask the relevant questions. So, you should answer the questions on each page. For example, if the question is about getting out of bed do not answer about getting dressed.
3. You do not need to fill every page in full to be entitled. If you need no help with any function tick no help needed.
4. Your condition may vary. You should put on the form what help you need on the worst days. You should then state that your condition is sometimes not as bad as this. If you are in pain, for example, walking or getting dressed or you feel exhausted afterwards, mention this.
5. Make sure you mention all medical conditions and medication taken. If you have a specialist give full details of this.
6. Always keep a copy of your claim form. You may have a visiting doctor come to your home to examine you and make a report. Any slight inconsistency in your answers may mean you will not be believed about the extent of your condition.
7. You only need to complete section one of the claim form if you are prepared to be examined by a visiting doctor and the decision based on their report.
8. A renewal claim is considered afresh. Always put full information on a renewal form.

APPEALS

If you are turned down it is always worth asking advice about an appeal. If you get a lower rate than you expected you should seek advice as you can lose what you already have. You have one month to appeal from the date of the letter telling you the decision.

Coventry Law Centre will advise you about appealing and may represent you at the hearing. The Law Centre offers free legal advice and representation.

You can contact the Law Centre for an appeal appointment on 024 76223053.

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