

Filling out a DLA Form for your child

August 2024

Questions 1 - 23

You will need to show that your child's needs are different to those of other children of the same age. The application will be assessed by someone who has not met your child so try to include as much detail and information as possible.

Question 1

If you believe your child has less than 12 months to live you will need to tick yes here. You will not need to complete questions 54 to 72 and a decision regarding your claim will be made urgently, this is usually within 4 weeks.

Questions 2 – 22

These questions are about your child such as name, age and address.

Question 23

Remember a diagnosis can be relevant but is not essential for your child to qualify for DLA. **It is their needs that are assessed.**

Include any tests or assessments that your child has had even if you do not have the results.

TOP TIP:


Do not wait for the results of a test or assessment. The date and type of test can be noted on the form and any results sent to the DWP at a later date.

Special rules

We have special rules for children who are nearing the end of life and are not expected to live longer than another 12 months.

To find out more about special rules, please read **page 5** of the information booklet.

01 Are you claiming for a child under the special rules?
☐ No **Go to question 2**
☐ Yes You do not need to answer the care questions which are **questions 54 to 72**.



To help us deal with the claim as quickly as possible, it is important you send us an SR1 form about the child's medical condition. You can get the form from the child's doctor or specialist. You will not have to pay for it. The doctor's receptionist, a nurse or a social worker can arrange it for you.

If you have not got an SR1 form by the time you have filled in the claim form, send the claim form anyway. If you wait the child's payments could be delayed. Send the SR1 form as soon as you can or ask your doctor or specialist to send it to us for you.

About the child

Please use BLOCK CAPITALS when completing the child's names.

02 Their surname or family name

03 All their other names in full

04 Any other names the child has had

05 Their National Insurance (NI) number
This is the same as their Child Reference number. See page 8 of the notes.

06 Their date of birth
DD/MM/YYYY

07 Their sex
☐ Male
☐ Female

08 Their home address
Where the child normally lives

Postcode

09 Their nationality
For example, British, Spanish, Turkish

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About the child's health professionals or specialist support

To help us understand how the child's health condition or disabilities affect their day-to-day life, we may contact the child's health professionals for more information about their difficulties.

For example, a hospital doctor, consultant, nurse, occupational therapist, physiotherapist, educational psychologist, social worker or support worker. This will help us make a decision on your claim more quickly.

23 Has the child had or are they due to have any assessments by a health professional or specialist to help diagnose, manage or monitor their health condition or disabilities?
By 'health professional assessments' we mean: audiogram, MRI scan, speech therapy, cognitive development or IQ test or something else
☐ No **Go to question 24**
☐ Yes
Tell us if the child is waiting for an assessment appointment.

Date and type of test	What did the test show?	Are they waiting for results
Example June 2016 eyesight test.	They needed to see a hospital doctor	<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes

Question 24

Include as much evidence as you can, such as:

- Prescription details
- Reports and letters from healthcare professionals or social workers
- An education, health and care plan (EHCP), Special Educational Needs (SEN) plan or other school plan

TOP TIP:

Remember to take a photo of your documents and send the copy as the DWP are unable to return any of your documents.

Question 25

This can be any health professional other than their GP who supports your child such as their specialist nurse, health visitor or consultant. If there is more than one person that supports your child they can be listed on Question 89.

Question 26 – 29

This section is about the child's GP. needs that are assessed.

Question 30 – 37

Only complete this section if your child attends a nursery, school or specialist setting. Any educational assessments or reports do not need to be sent if you feel they do not represent your child.

24
Do you have any letters or assessment reports about the child's health conditions or disabilities?

These may be from health professionals or specialists who help the child manage their health condition or disabilities. For example, doctors, health visitors or occupational therapists and councillor or support workers.

☐ No [Go to question 25](#)

☐ Yes

Tell us what reports you have. For example, educational psychologist's report or Certificate of Vision Impairment (CVI). Please do not include things like appointment letters or general information about the child's condition like fact sheets or information from the internet.

It is important you send us this information as it will help us make a decision on your claim more quickly. Please do not send original copies as we cannot return them.

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25
Does the child have any health professionals, who are not their GP, who supports them with their health condition or disabilities?

☐ No [Go to question 26](#)

☐ Yes

Health professional's name in full

Their relationship to the child? For example, neurologist or physiotherapist

Their address, in full

Postcode

A phone number we can contact them on, if you know it

The child's hospital record number. You can find this on their appointment card or letter

Which condition or disability did they see the child about?

What date did the child last have contact with them about their health condition or disabilities? DD/MM/YYYY

If the child has any other health professionals, who are not their GP, please tell us at [question 89](#) 'More information'

About the child's GP

26
Child's GP's name

If you do not know the GP's name, tell us the name of the surgery or health centre

27 Surgery address in full

Postcode

28 Surgery phone number, if you know it

29 Tell us the date the child last had contact with their GP about their health condition or disabilities DD/MM/YYYY

About the child's nursery, school and educational or specialist needs

30
Name of the school or nursery the child attends

31 Address in full

Postcode

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Question 38

The statement can be completed by anyone who knows your child and their needs. This can be a neighbour, family friend, teacher or sports coach. You do not need to complete this section.

TOP TIP:

Ensure what has been written here supports what is written on the rest of the claim form.

Question 40

Write the date that the problems or concerns first started and not the date of diagnosis. If your child does not have a diagnosis you can put a general description e.g. feeding problems.

Try to list all of your child's health conditions and disabilities. Use a separate sheet if necessary.

More information from someone who knows the child

38 Is there anyone else who knows the child and can tell us about their difficulties?

As well as filling in this form, it may help us to understand the child's difficulties by providing additional information from someone who knows the child. This should tell us:

- how the child's health conditions or disabilities affect their daily living and moving around, or
- information about any support they may provide for the child.

This can be filled in by someone who supports you or who helps care for the child. For example, a health professional, a social worker, teacher or carer.

- ☐ No **Go to question 39**
☐ Yes **Please ask them to fill in their statement and then they must fill in the declaration on page 11.**

This statement is about:

Their date of birth

DD/MM/YYYY

If there is not enough space, please use the 'More information' box at **question 89**. If you need to use a separate sheet of paper, please write the child's full name and National Insurance (NI) number on each sheet of paper and sign and date each sheet that you use.

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About the child's health condition or disabilities

40 Please tell us about the child's health condition or disabilities:

- a health condition or disability may be a physical, sight, hearing, speech, learning or developmental or a mental-health difficulty. If they do not have a diagnosis, still tell us about their difficulties. For example, if they have difficulty learning new things and you do not know why, put 'learning difficulty'
- when we ask 'how long' we mean when did the difficulties start. Tell us when the health condition or disabilities started affecting their day-to-day life, not the date of diagnosis
- treatment may be medications such as tablets, creams or injections and therapies like speech, occupational or play, physiotherapy or counselling
- how often they have each treatment and for how long. The label on the child's medication has the name, dose and how often to take it.

If you have a spare up-to-date prescription list send it to us with this claim form.

Health condition or disability	How long have they had it?	What treatment do they have for it?	How often do they have treatment?
Example 1 ADHD.	Problems started aged 4.	Cognitive behaviour therapy. Ritalin 30 Milligrams (mg).	One hourly session a week. One tablet a day.
Example 2 Eczema.	About 1 year.	Promethazine 5mg. 1% Hydrocortisone cream. E45 Emollient bath oil.	One before bed. 3 times a day. Daily.
Example 3 Visually impaired.	From birth.	Play therapy.	Every day.

If you need more space to tell us about their health condition or disabilities, please tell us at **question 89** 'More information'.

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Question 41

Include any aid or adaptation that your child uses to help them with their daily life or mobility. This can include hand grips, fidget toys, calming tools, bath seats or adapted cutlery.

Also include limitation of the aid or adaptation such as pain, tiredness or discomfort caused by using the aid.

TOP TIP:

Include the extra time and effort it takes to manage the aids or adaptations. E.g. checking and changing batteries, cleaning and washing equipment, making sure the child is safe whilst using the aid. Write down how often you do this and how long it takes.

Question 42

If your child's condition fluctuates, you can explain about that here. Explain how much help your child needs when their health is worse and when it's better. Try to estimate how many days in a week or month their health is worse or better.

Use the terms 'bad days' and 'better days' to describe your child's day. Using the term 'good days' implies your child needs no extra help on these days.

TOP TIP:

Keep a diary for over a period of a week or longer to illustrate your child's needs.

41 Does the child use, or have they been prescribed or had an occupational health assessment for any aids or adaptations?
Aids such as hand rails, perching stools, walking sticks or wheelchairs.

☐ No **Go to question 42**
☐ Yes

Tell us about:
• aids used at home, at school or anywhere else
• aids or adaptations they have been assessed for or are waiting for
• what help they need to use it. This could be supervision, prompting or assistance.

See **page 8** of information booklet.

Aids and adaptations	What help do they need to use the aid or adaptation	Was this aid or adaptation prescribed by a healthcare professional? For example, an occupational therapist or assessment.
Example of aid: Picture Exchange Cards	Prompting to use cards to communicate	<input type="checkbox"/> No <input type="checkbox"/> Yes
Example of adaptation: Hand rails	No help needed	<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes

If you need more space to tell us about their aids or adaptation, please continue at **question 89** 'More information'.

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42 When the child needs help

We understand the help a child needs can vary from day to day or week to week.
To make the right decision, we need to know if the help the child needs is the same on most days or if the help they need changes from day to day.
Does the child's needs stay the same on the majority of the days or does it change from day to day?

☐ majority of days
☐ changes from day to day

Tell us how their needs change from day to day.
For example:
• every 3 to 4 weeks they have a couple of good days
• they need more looking after when their health condition or disabilities get worse, 2 or 3 times a year, or
• they have treatment 3 times a week that affects their health condition or disabilities and they need more assistance or supervision the day after.

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Mobility

If your child is under 3 years of age you will not be able to claim the mobility component and do not need to complete these questions.

Question 43 - 52

If your child has physical problems which affect their walking outdoors, you should answer questions 43-48 and question 51.

If your child can physically walk without major problems but needs guidance or supervision in places they are unfamiliar with, you should answer questions 49-53

Questions 48

Use the box to add additional information. E.g. your child may have breathing difficulties which are made worse by walking, your child may have hypermobility and walking can lead to joint pain and stiffness or they may experience extreme exhaustion after physical activity and may need to rest or lie down.

Question 51

Write down the age at which you first noticed your child's mobility difficulties.

Question 52

Complete this question if you would like to receive information about the Motability scheme and how it works.

About the child's mobility needs

Mobility can only be awarded to a child from age 3. If the child is under 3, please go to question 54.

We need to know about any difficulties the child has with standing and moving around. This could be due to a cognitive, learning or physical health condition or disability.

We do not pay Disability Living Allowance for a child having a particular health condition or disability, but for the impact it has on them.

When making decisions on entitlement to Disability Living Allowance, we look at the child's ability to stand and then move on a reasonably flat surface.

43 Can the child physically walk?

☐ No [Go to question 51](#)

☐ Yes

44 Does the child have any difficulties with standing and moving around due to a health condition or disability?

For example:

- difficulty with how far they can walk
- how long it takes them
- their walking speed: very slow, slow, normal
- the way they walk. Such as: limp, altered gait
- refusal to walk or displaying behaviours that risks harm to themselves or others.

☐ No [Go to question 49](#)

☐ Yes

45 How far can they walk without having severe discomfort and how long does it take them?

This means the total distance they can walk before they need to stop and rest or cannot move any further because it would cause severe discomfort or distress. This may include:

- short stops and rests to catch their breath or reduce their pain, or
- cannot move any further as it will cause behavioural distress.

See [page 9 of information booklet](#).

How far can they walk?

☐ over 200 metres (218 yards)

☐ 51 to 200 metres (56 to 218 yards)

☐ 50 metres (55 yards or less)

☐ a few steps

How long does it take them?

☐ more than 5 minutes

☐ 3 to 4 minutes

☐ 1 to 2 minutes

☐ less than a minute

46 Please tell us about their walking speed

Tick the box that best describes the way they walk

☐ Normal – they can walk at the same speed as other similar children who do not have a health condition or disability.

☐ Slow – it would take them twice the amount of time to walk the same distance as other similar children who do not have a health condition or disability.

☐ Very slow – they cannot keep up with other similar children who do not have a health condition or disability.

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47 Please tell us about the way they walk

Tick the box that best describes the way they walk.

☐ They walk normally

☐ They walk with a limp

☐ They shuffle

☐ They drag their leg

☐ They walk with one leg or both feet turned inwards

☐ They walk on their toes

☐ They have a poor balance

☐ They have times when they are unable to walk

☐ They refuse to walk or display distressed behaviours that affects their ability to walk

☐ Something else

Please tell us about this

48 Does the child have any other difficulties either during or after standing and moving around that affects their health?

For example, dizziness, anxiety, breathlessness, tiredness or pain. For example, walking can cause bleeding into the ankle joints.

☐ No [Go to question 49](#)

☐ Yes

Please tell us about this

49 Do they need guidance or supervision most of the time when they walk outdoors?

See [page 10 of information booklet](#)

☐ No [Go to question 50](#)

☐ Yes

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Question 53

Use the box to add additional information about your child's mobility needs. This can include -

- Encouragement, prompting or emotional support needed due to fear, sensory overload, anxiety or panic attacks. Explain how your child reacts and what you do to help.
- Extra supervision needed to help keep them safe as they are likely to hurt themselves or are unaware of dangers.
- Incontinence issues which may require you to guide your child to the nearest toilet and help with toileting needs.
- Additional supervision needed due to seizures or balance problems which could lead to falls.

Care Needs

Questions 54 - 72

These questions are about the extra help that your child needs with their day to day care.

Note – If you are applying under the Special Rules, you do not need to complete these questions.

Question 54 – 60

Explain what help your child needs. This can include any persuasion, prompting, reminding or reassurance as well as physical help or assistance.

TOP TIP:

Include preparation and cleaning up time. E.g. time taken to wrap and take used pads to the bin, putting on and removing protective equipment such as gloves or aprons and cleaning spills.

More information about their mobility needs

53 Tell us anything else we need to know about their difficulties with standing and moving around or how their needs change from day to day.

If you need more space, please continue at [question 89](#) 'More information'.

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About the child's care needs

If you are claiming under special rules, for a child who is nearing the end of life, please go to [question 73](#).

We need to know about any difficulties the child has with their daily living care needs due to a cognitive, learning or physical health condition or disability.

When making decisions on entitlement to Disability Living Allowance, we look at the child's ability to manage their day to day care needs and activities. We do not pay Disability Living Allowance for a child having a particular health condition or disability, but for the impact it has on their everyday life.

About help needed during the day

Daytime is any time before the child's parents or carer goes to bed.
For example:

- the child wakes up at 7am and goes to bed at 8pm
- the child's parents get up at 7am and go to bed at 11pm
- daytime would be 7am till 11pm. Any help needed after 11pm would count as help during the night.

54 Does the child need encouragement, prompting, or assistance to settle in bed during the day?

Such as:

- waking up
- lifting their legs into or out of bed
- sitting up from lying down, or
- settling in bed ready to go to sleep.

See [page 11 of information booklet](#).

☐ No [Go to question 55](#)

☐ Yes

Tell us how often they need help each day and how long it takes each time. If they do not need help for a certain activity, please write '0'.

How often each day do they need encouragement, prompting or assistance to help them get out of bed?

How many minutes does this take each time?

How often each day do they need encouragement, prompting or assistance to help settle in bed?

How many minutes does this take each time?

If you need to tell us more information about their daily living or care needs, tell us at [question 72](#).

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Question 60

This question is about the help your child needs with medication and therapy, this includes any prompting or reminding your child needs to take their medication, physical help needed to take their medication safely and any reassurance and comforting that may be needed.

TOP TIP:

Include time taken to monitor your child's condition and checking for warning signs prior to giving medication e.g. checking body temperature, blood sugar levels and oxygen saturation.

Question 61 - 67

These questions are about your child's sight, hearing, communication and development.

Question 68

These question relates to help your child needs at school or nursery.

<p>How many minutes does this take each time? <input type="text"/></p> <p>How often each day do they need encouragement, prompting or assistance to use a spoon? <input type="text"/></p> <p>How many minutes does this take each time? <input type="text"/></p> <p>How often each day do they need encouragement, prompting or assistance to cut up food on their plate? <input type="text"/></p> <p>How many minutes does this take each time? <input type="text"/></p> <p>How often each day do they need encouragement, prompting or assistance to drink using a cup? <input type="text"/></p> <p>How many minutes does this take each time? <input type="text"/></p> <p>How often each day do they need encouragement, prompting or assistance to be tube or pump fed? <input type="text"/></p> <p>How many minutes does this take each time? <input type="text"/></p> <p>If you need to tell us more information about their daily living or care needs, tell us at question 72.</p>	<p>60 Do they need encouragement, prompting, or assistance with managing their medication or monitoring or managing any treatments carried out at home during the day?</p> <p>Such as:</p> <ul style="list-style-type: none"> • monitoring pain, blood sugar and oxygen levels • reminding or supervision to take medication • removing medication from the blister packs • home treatments such as physiotherapy and home dialysis. <p>See page 17 of information booklet.</p> <p><input type="checkbox"/> No Go to question 61</p> <p><input type="checkbox"/> Yes</p> <p>Tell us how often they need help each day and how long it takes each time. If they do not need help for a certain activity, please write '0'.</p> <p>How often each day do they need encouragement, prompting or assistance to take the correct medication? <input type="text"/></p> <p>How many minutes does this take each time? <input type="text"/></p> <p>How often each day do they need encouragement, prompting or assistance to know when to take their medication? <input type="text"/></p> <p>How many minutes does this take each time? <input type="text"/></p> <p>How often each day do they need encouragement, prompting or assistance to manage their therapy? <input type="text"/></p>
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Question 69

Question 69

Explain any help or support that your child needs to take part in any activities or hobbies. Remember to include any encouragement, motivation and supervision your child needs as well as any physical help preparing, packing away and during the activity.

Some examples –

Painting, drawing, arts and crafts, playing in the garden, riding a bike, baking, messy play, sensory play, board games, puzzles, playing with toys, playing instruments, watching films

When they go out...

This will be similar to above but also include the time getting to and from the activity, supervision needed whilst participating and any help with care needs e.g. reminding them to go to the toilet or help with communication.

Dance class, the play park, soft play, swimming, after school club, visiting friends, going to church, visiting family, going to the shops, library, play groups, brownies/cubs.

TOP TIP:

Don't forget to include any time spent planning that you need to do before the activity e.g. packing a bag with additional clothes, preparing feeds and medical supplies or checking out a venue for sensory issues and accessibility needs.

69 Do they need encouragement, prompting or assistance to take part in hobbies, interests, social or religious activities?

See **page 24** of information booklet.

☐ No **Go to About help needed during the night**

☐ Yes

Tell us:

- what they do or would do if they had help
- what help they need or would need to do this
- how often they do it or would do it if they had the help, and
- how long they need or would need help each time.

At home

Activity	Help needed	How often?	How long each time?
Example Art	Encourage to get art supplies. Motivate to keep interested. Help to wash hands afterwards	2 times a week	One hour

When they go out

Activity	Help needed	How often?	How long each time?
Example Swimming	To get changed, to get in and out of the pool, to dry themselves	Once a week	45 minutes

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Question 70

Help needed during the night

Questions 70

These questions are about any help your child needs during the night.

Night time is classed as the hours when the adults in the house would go to bed, this is usually around 11pm. Any help before this time would be classed as day time care.

Examples of night time care include;

- Helping your child with toileting due to mobility needs or changing wet bedding.
- Monitoring oxygen saturation levels and responding accordingly.
- Repositioning or providing massage to limbs to help ease pain.
- Providing reassurance and comfort

About help needed during the night

Night is when everyone in the house is in bed.
For example, the child goes to bed at 8pm.
The child's parents or carer goes to bed at 11pm.
Night would start at 11pm.
Any help needed before 11pm would count as help during the day.
See [page 24 of information booklet](#).

70 Due to a health condition or disability do they wake and need assistance or supervision during the night?

☐ No [Go to question 71](#)
☐ Yes

Tell us how often they need help, how long it takes each time and how many nights per week they need help. If they do not need help for a certain activity, please write '0'.

On average how many nights each week do they need encouragement, prompting or assistance to get into, get out of or turn in bed?

How many minutes does this take each time?

How many times a night do they need the help?

On average how many nights each week do they need encouragement, prompting or assistance to get to and use the toilet, manage nappies or pads?

How many minutes does this take each time?

How many times a night do they need the help?

On average how many nights each week do they need encouragement, prompting or assistance to have treatment?

How many minutes does this take each time?

How many times a night do they need the help?

On average how many nights each week do they need encouragement, prompting or assistance to settle or re-settle?

How many minutes does this take each time?

How many times a night do they need the help?

On average how many nights each week do they need supervision because they are unaware of danger or may harm themselves or others?

How many minutes does this take each time?

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TOP TIP:

Keep a diary to show the care you provide throughout the night and include when and the minutes taken to complete the task. Include any comforting or reassurance your child needed to help them settle.

Filling out a DLA Form for your child

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Questions 72 - 88

Question 72

Use this space to write down all the additional information about your child's daily living and care needs.

Include information on what a 'typical day' and a 'bad day' might be like for your child and the frequency of these days. You can also explain how their condition affects their mental health and their ability to join in with everyday activities.

It is important to explain what additional needs your child has to those of an other child of the same age.

Question 73 - 88

The following sections are about the adult completing the form. This includes a page to add the bank details of the account you wish to be paid into.

More information about their daily living and care needs

72 Tell us anything else we need to know about their difficulties with their daily living and care needs or how their needs change from day to day.

If you need more space please continue at **question 89** or use a separate piece of paper. Please put the child's name, National Insurance (NI) number and date of birth on any extra pieces of paper you send us.

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About you

Use this page to tell us about yourself, not the child.

73 Your surname or family name

74 All other names in full

Title
For example, Mr, Mrs, Miss, Ms

75 Your date of birth
DD/MM/YYYY

76 Your National Insurance number

77 Your address, if different to the child's

Postcode

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

79 A phone number we can contact you on
Including the dialling code.

If you have speech or hearing difficulties do you want us to contact you by textphone?

80 What is your relationship to the child?

81 What is your nationality?

About Income Support

82 Are you getting or waiting to hear about Income Support?

83 Is anyone within your household getting or waiting to hear about Income Support?

Please tell us their name

Their National Insurance number

Their relationship to you

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There is space at the end of the form to add any further information should you need to explain or provide more details.

Don't forget to read and check through the application form and make sure you have included enough information. Use the checklist to make sure you have completed the correct pages and signed the appropriate places.

TOP TIP:

Send the completed DLA form and any evidence using a recorded postal service and remember to record the tracking details as proof of postage. This will help locate your claim pack if it is lost in the post or mislaid

Checklist

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

- ☐ You have included full details for anyone else you have seen about the child at **question 25**
- ☐ You have included full details of your GP at **question 26**
- ☐ The person who completed **question 38** has signed the declaration on **page 11**
- ☐ You have ticked the relevant box about sharing information at **question 39**, and signed the statement about how DWP uses information
- ☐ The person whose details are in **About You** on **page 35** is the person who signs the consent and declaration on **page 38**
- ☐ You have given us any extra information at **question 89**
- ☐ If your claim is going to be late getting to us, you have told us the reason at **question 89**

If you are waiting for some information, do not delay returning your form.

Only send copies of up-to-date supporting information you already have as we cannot return any originals.

Do not send a CD, DVD, memory stick or any type of electronic media, as we cannot access these.

Please do not include things like appointment cards or general information about the child's condition like fact sheets or information from the internet.

What to do now

Send the claim form and your supporting documents back to us straight away in the envelope we have sent you. Make sure you add the child's name and National Insurance number on any supporting documents you send to us.

If you do not have the envelope, please send the completed form to:

Freepost DWP DLA Child

How DWP collects and uses information

When we collect information about you we may use it for any of our purposes. These include:

- social security benefits and allowances
- child maintenance
- employment and training
- investigating and prosecuting tax credits offences
- private pensions policy and
- retirement planning.

We may get information about you from other parties for any of our purposes as the law allows to check the information you provide and improve our services.

We may give information about you to other organisations as the law allows, for example to protect against crime.

To find out more about our purposes, how we use personal information for those purposes and your information rights, including how to request a copy of your information, please visit

www.gov.uk/dwp/personal-information-charter

Well Done – You Did It!

Completing the DLA form can take a long time and can feel upsetting when describing the tasks and activities your child finds difficult.