Benefit Fact Sheet

Compiled by STEPPING UP PROGRAMME

01 BENEFIT CALCULATOR

02 GENERAL BENEFIT SUPPORT

03 PIP – ABOUT AND HOW TO!

04 ATTENDENCE ALLOWANCE – ABOUT AND HOW TO!

05 HANDY HINTS TO COMPLETION

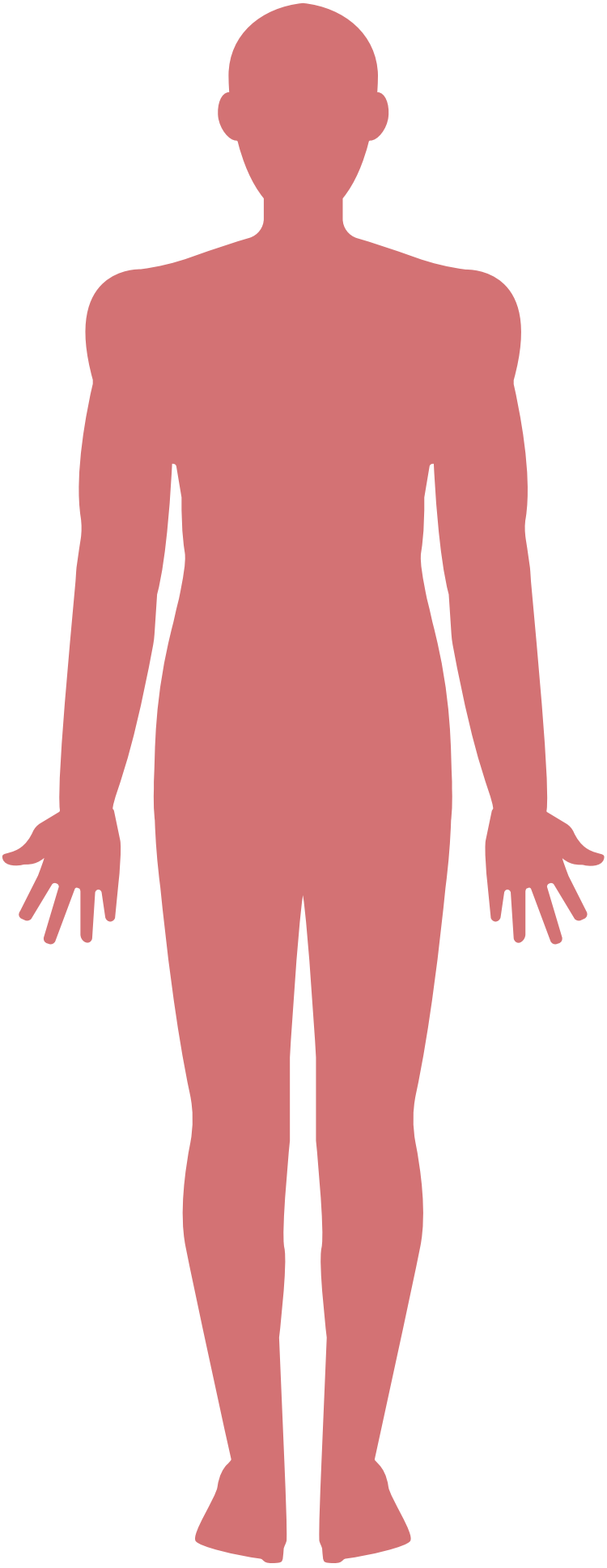
- Use body diagram for symptoms
- Keep 4-week symptom diary
- Get support letters and evidence
- Photos can be evidence
- Keep copies of forms
- Ensure condition affects over 50% time
- Consider STAR criteria for PIP assessment
- Answer questions thoughtfully
- Use notepad, take breaks
- Assess task repeatability, reliability, safety
- Use Patients Knows Best for dates
- Use repeat prescription as evidence
- Write a chronology of significant health events

06 EVIDENCE GATHERING: PATIENTS KNOW BEST

More information

Help@reaching.org.uk

How my Impairments Affect Me



Personal Independence Payment (PIP) Application Example

Section 1: Personal Details

• Name: Jane Smith
• Address: 456 Oak Avenue, London, SW1A 1AA
• Phone Number: 020 7946 0958
• Email: janesmith@example.com
• Date of Birth: February 15, 1985
• National Insurance Number: AB123456C

Section 2: Health Condition or Disability

• Primary Condition: Multiple Sclerosis (MS)
• Date Condition Diagnosed: January 10, 2010
• Details of Any Other Conditions: Chronic Fatigue Syndrome (CFS), diagnosed March 2015
• Medications: Interferon beta-1a, prescribed by Dr. Emily Johnson
• Treatments: Physiotherapy twice a week
• Healthcare Professional: Dr. Emily Johnson, Specialist at London Neurological Clinic

Section 3: Daily Living Needs

1. Preparing Food:
• Difficulty in standing for long periods, uses a stool in the kitchen.
• Requires assistance in chopping vegetables due to hand tremors.
2. Eating and Drinking:
• Needs specially adapted utensils to handle cutlery.
• Often requires help from a carer to cut food.
3. Managing Treatments:
• Needs reminders and assistance to take medication on time.
• Requires physical support to attend physiotherapy sessions.
4. Washing and Bathing:
• Cannot get in and out of the bath without help.
• Uses a walk-in shower with grab rails and a shower chair.
5. Dressing and Undressing:
• Needs help with buttons and zippers due to limited dexterity.
• Requires assistance to put on socks and shoes.
6. Communicating:
• No significant issues.
7. Reading:
• No significant issues.
8. Managing Finances:
• Requires assistance to manage household bills and budgeting due to cognitive fatigue.

Section 4: Mobility Needs

1. Planning and Following Journeys:
• Cannot travel independently due to fatigue and difficulty in understanding complex routes.
• Relies on a carer or family member for all journeys.
2. Moving Around:
• Walks with a cane but cannot walk more than 20 meters without severe pain and exhaustion.
• Frequently uses a wheelchair for longer distances.
Section 5: Additional Information

• Additional Details: Jane experiences severe fatigue that impacts her daily activities and mobility. She requires significant support from her partner and professional carers to manage day-to-day tasks.

Section 6: Declaration
I, Jane Smith, confirm that the information provided in this application is accurate and true to the best of my knowledge. I understand that providing false information may affect my entitlement to PIP.

Signature: Jane Smith
Date: August 5, 2024

Supporting Documents:

• Medical report from Dr. Emily Johnson.
• Physiotherapy treatment plan.
• Occupational therapy assessment.

This example outlines the necessary sections and the type of information typically included in a PIP application. When completing an actual application, it is crucial to provide detailed and accurate information, along with supporting documentation from healthcare professionals.

Attendance Allowance Application Example

Section 1: Personal Details

• Name: Robert Brown
• Address: 789 Pine Street, Manchester, M1 2WD
• Phone Number: 0161 123 4567
• Email: robertbrown@example.com
• Date of Birth: July 10, 1940
• National Insurance Number: CD987654E

Section 2: Health Condition or Disability

• Primary Condition: Osteoarthritis
• Date Condition Diagnosed: March 15, 2010
• Details of Any Other Conditions: Hypertension, diagnosed June 2005
• Medications: Paracetamol, Ibuprofen, Lisinopril
• Treatments: Regular physiotherapy sessions, home exercise program
• Healthcare Professional: Dr. Sarah Thompson, GP at Manchester Health Centre

Section 3: Daily Living Needs

1. Personal Care:
• Washing and Bathing:
• Requires assistance to get in and out of the bath.
• Needs help to wash back and lower body.
• Dressing and Undressing:
• Needs help with buttons, zippers, and putting on socks and shoes due to limited mobility.
• Using the Toilet:
• Requires help to get on and off the toilet.
• Needs assistance with cleaning after using the toilet.
2. Eating and Drinking:
• Needs help with preparing meals due to difficulty in standing and using hands.
• Requires assistance in cutting food and opening containers.
3. Moving Around Indoors:
• Uses a walking frame but needs assistance to move from one room to another, especially when tired or in pain.
• Requires help to get in and out of bed.
4. Supervision and Safety:
• Needs someone to be present to prevent falls and ensure safety, particularly during the night when getting up to use the toilet.

Section 4: Medical Information

• Main Healthcare Professional:
• Name: Dr. Sarah Thompson
• Address: Manchester Health Centre, 123 Clinic Road, Manchester, M1 2WD
• Phone Number: 0161 234 5678
• Additional Healthcare Professional:
• Name: Emma White, Physiotherapist
• Address: Manchester Physiotherapy Clinic, 456 Therapy Street, Manchester, M2 3AB
• Phone Number: 0161 345 6789

Section 5: Additional Information

• Additional Details: Robert experiences severe joint pain and stiffness, which significantly impacts his ability to perform daily activities. He requires continuous support from his spouse and professional carers to manage his condition and maintain his independence.

Section 6: Declaration
I, Robert Brown, confirm that the information provided in this application is accurate and true to the best of my knowledge. I understand that providing false information may affect my entitlement to Attendance Allowance.

Signature: Robert Brown
Date: August 5, 2024

Supporting Documents:

• Medical report from Dr. Sarah Thompson.
• Physiotherapy treatment plan.
• Occupational therapy assessment.

This example outlines the necessary sections and the type of information typically included in an Attendance Allowance application. When completing an actual application, it is crucial to provide detailed and accurate information, along with supporting documentation from healthcare professionals.