

Gathering Supporting Information

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Introduction

1. This chapter describes the approach to gathering information to support both:
 - an application
 - subsequent scheduled and unscheduled reviews of awards of Child Disability Payment (CDP).
2. Case managers should also follow this guidance [Link to standalone suspension guidance on requesting information] if the information is gathered to support subsequent scheduled and unscheduled reviews of an individual's Child Disability Payment (CDP).
3. In most cases one piece of supporting information from a professional is required. The case manager can make a determination without it if the individual has a good reason as to why this is not available. This information should be used in conjunction with the application form and other decision-making tools as a means to support decision-making.
4. The approach for gathering supporting information should align with the principles of dignity, fairness and respect found in our Social Security Charter [LINK].
5. The approach should take a person-centred approach based on trust. Supporting information is not a means to "evidence" what the client has told Social Security Scotland in their application or review form. Rather, supporting information should serve as an additional tool to gain a greater understanding of the impact a condition or disability has on an individual's life and thus should support the case manager in making a determination.
6. Supporting information should broadly support the information provided in the application or review form. It is not necessary for supporting information to confirm all

aspects of the care and mobility needs reported by the individual. Therefore, when requesting supporting information from a third party, case managers should limit the amount of questions asked and keep questions general enough to allow the professional to provide information on the individual's condition and needs.

7. This guidance sets out the general principles the case manager should follow when gathering supporting information.

8. Social Security Scotland is required to publish the requirements for supporting information¹. The requirements can be found in the application form, on the MyGov.scot website, and in both the Decision-Making Guidance and Operational Guidance.

1 Social Security (Scotland) Act s38(2)

9. The only supporting information required for an individual who is terminally ill is one of the following:

- a Benefits Assessment under Special Rules in Scotland (BASRiS) form completed by a registered medical practitioner or a registered nurse
- a DS1500 form completed by a registered medical practitioner or a registered nurse. This is the equivalent to the details held on a BASRiS form.
- A letter or phone call from a registered medical practitioner or registered nurse detailing the diagnosis for the individual.

10. See the Special Rules for Terminal Illness chapter for more information. [LINK TO TERMINAL ILLNESS CHAPTER]. Care should be taken when information collected includes information that is potentially harmful to the individual or their parents or carers. See the Special Rules for Terminal Illness guidance for more information [LINK TO RELEVANT CHAPTER ON HARMFUL INFORMATION - TERMINAL ILLNESS CHAPTER].

Supporting information

11. There are two types of supporting information:

- supporting information from an individual's wider network who can give insight into the impact the condition or disability has on the individual.
- supporting information from a professional involved in the individual's treatment or care.

12. Supporting information that is not provided from a professional can be from an individual's wider support network like family members, friends or unpaid carers. This could include statements about the impact of the individual's disability on their daily life. These sources of information are useful for:

- decision-making considering the information on the application form looking at the supporting information that has been supplied with the application.
- indicating that the individual's care and mobility needs are consistent with the application form, if a professional does not directly confirm that they are
- coming to a robust decision on the individual's case in line with the wider decision-making framework.

13. Supporting information is likely to supplement the application form by describing the individual's care and mobility needs. Health and social care professionals may be able to confirm a diagnosis. However, they are less likely to be able to observe an individual's daily routine or an individual's mobility. Some allied health professionals like physiotherapists and occupational therapists can offer observations on this. However, not every individual will have had this type of assessment. Therefore people closely connected with a disabled person can be useful sources of information about the impact a disability has on an individual.

14. Supporting Information should always only be requested from an individual when it has been deemed absolutely necessary to the decision-making process. This means that a case manager must not request supporting information because they:

- would find it interesting to find out more about this particular case;
- would find it helpful, but not strictly necessary, to learn more;
- do not feel confident enough to make a determination as they are new to the role or CDP;
- want to catch the individual out without any indication being available that the individual is committing fraud;
- need more general information on the individual's condition when this information is also available in medical guidance or upon request from a practitioner.

This list is not exhaustive.

15. In these scenarios case managers must ensure they have exhausted all decision-making tools such as the medical guidance or case discussions, before deciding whether it is necessary to contact the individual for more supporting information.

16. Supporting information should be used as a resource to support the decision-making process and not to prove or disprove what is said by the individual on their application form.

Supporting information from a professional

17. When applying for CDP, individuals must make their application in the form that is required by Social Security Scotland¹. They must also provide information that Social Security Scotland requires to make a decision on the application². Every individual applying is therefore asked to provide one piece of supporting information from a professional to support their application, where possible.

1 Social Security (Scotland) Act s38(1)

2 Social Security (Scotland) Act s38(1)

18. Professionals with insight into an individual's disability or health condition can provide these sources of supporting information.

19. Professionals who can provide supporting information include:

- social workers
- psychologists
- health professionals. This includes nurse practitioners, GPs, consultants, paediatricians and health visitors.
- allied health professionals. This includes physiotherapists, occupational therapists, speech and language therapists.
- educational professionals. This includes teachers, support teachers, head teachers and school nurses.
- local authority staff who have access to a Child's plan (under Getting it Right for Every Child, GIRFEC) or an Additional Needs Assessment, for example.
- paid support workers who can confirm the level of care an individual receives
- third sector organisations who provide support workers to the individual.

This list is not exhaustive.

20. Supporting information from a professional can be used to confirm either or both:

- a diagnosis of a condition causing a disability
- the impact of a disability on the individual's care or mobility needs within their daily life
- all of these needs may not be directly confirmed by a piece of supporting information but a case manager should use all decision tools available to try and confirm whether these needs do exist.

21. Examples include:

- treatment plans
- diagnosis
- a list of medications prescribed to the individual
- care assessments
- physical supports put in place by a local authority. Examples are things like a stair lift, ramp or accessible shower.
- child's plan
- additional support needs plan
- social work report
- medical specialist report.

This list is not exhaustive.

22. Supporting information from a professional should be consistent with the general care and mobility needs detailed on the application or review form. The information may not directly confirm every need detailed on the form. In these cases, a case manager should decide on a balance of probabilities whether the individual has certain care or mobility needs (including where the supporting information does not directly confirm this).

23. Registered medical practitioners or registered nurses might decide that the supporting information they submit to Social Security Scotland could be harmful to the individual or the individual's parents or carers. They might see information as harmful where both:

- the individual is not fully aware of their disability or health condition
- the full knowledge would cause the individual serious mental or physical harm.

24. Case managers must not disclose this information to the individual or their parents or carers¹. For more information on this please see Operational Guidance [LINK – tbc, probably SRTI and/or Supporting Information].

1 SS(S)A 2018, s. 62A (1)

Consideration of supporting information

25. Supporting information can be useful when the level of detail on the application form is insufficient to make a determination. Supporting information should broadly support the information provided in an individual's application or review form. When requesting additional supporting information on these grounds, a case manager must not ask an individual to prove or disprove all of the care and mobility needs listed in their application or review form.

26. Individuals will have different types of supporting information depending on their disability. Case managers should not expect:

- to be able to get the same type of supporting information from every individual
- that the quality of that information will be the same in every case.

27. When considering:

- the supporting information that they have
- whether more information is absolutely needed to make a robust decision decision-making

the case manager should take into account:

- Who is it from? – Is the information from a relevant source? Is the source someone who knows the individual? Do they have the opportunity to see them in daily life or to understand the impact of their health condition or disability? Is supporting information from a professional on headed notepaper? Can you check the credentials of the professional on a register?
- How current is the information – What date was the information produced? Is the information from a time period relevant to the application? Does it support the backwards and forwards test? Please refer to the Backwards and Forwards Test chapter for more information [LINK]. Is the information outdated? Case managers should remember some conditions can be lifelong and older information can still be valid.

- What does it say? What information does the source give you? Is the information relevant to what you need?
- How does it say it? Is the information a report of what the individual has been told or something the individual has observed themselves?

28. In general, medical information should be treated in the same way as any other supporting information.

29. Where supporting information does not confirm all reported needs on the application, case managers can consult practitioners employed by Social Security Scotland to clarify the likelihood the other needs do exist given the details held within the supporting information. [ADD LINK TO CASE DISCUSSION CHAPTER].

Inconsistencies in supporting information

30. All supporting information must be given equal consideration by the case manager. However, where there is any inconsistency, the case manager will need to:

- consider if one piece of supporting information is more reliable and give clear and logical reasoning for this
- potentially gather other supporting information.

31. In some cases, it may be reasonable to accept the facts in the supporting information from a professional over the facts in other supporting information. For example:

- the supporting information from a professional supports the account of the individual's disability given in the application form
- other supporting information is inconsistent with both sources as well as with the diagnosis.

32. In other cases, it may be reasonable to accept the facts in other supporting information over the supporting information provided by a professional. An example of this is when the only available supporting information from a professional is not up-to-date.

33. The case manager must provide clear and logical reasoning for accepting the facts in one source of supporting information over another. This applies both supporting information from a professional and any other supporting information.

34. There may be cases where one source of information from a professional is inconsistent with other information. The case manager has to decide on the balance of probabilities which item of supporting information is more likely to be correct.

35. For details on the balance of probabilities see [LINK to chapter on Principles of Decision-making].

36. All supporting information should be taken into consideration. The view of the individual's own health professional is not always conclusive.

37. Supporting information provide may not support every declared need within the application or review form, in some cases it may be necessary to deduce using the balance of probabilities test whether these needs are likely to exist given the information confirmed in the available supporting information. [LINK to chapter on Principles of Decision-making]

38. Case managers can seek further supporting information if they think that there may be another source who is better able to confirm the impact of the individual's condition on their daily life, with the individual's consent. This should only be done where it is deemed necessary and where all other tools available to decision-making have been exhausted.

39. Involving a practitioner is recommended when any supporting information appears to be contradictory or highly improbable [ADD LINK CASE DISCUSSION CHAPTER].

Example: Inconsistent earlier information

An application is made for Delilah, aged 12, who has experienced an intermittent visual disability for the past 9 months.

Her father sends in a letter from her GP, dated in March, which describes Delilah's condition as both:

- temporary
- likely to respond to the treatment prescribed.

A second letter, dated in June, from a support teacher at Delilah's school explains that she has had support at school for the last 6 months.

In the application, made in July, Delilah's father explains both that:

- her vision has not improved significantly
- the GP has told him that it may be a permanent condition.

The GP has referred Delilah to an ophthalmologist and other specialists as her condition may be a symptom of multiple sclerosis.

The case manager cannot reasonably dismiss the report from the support teacher nor the GP's letter. These sources are inconsistent as it is clear in the teacher's letter that the condition has not improved.

In discussion with Delilah's father, the case manager requests more information from the GP to support the application. This information both:

- confirms that the GP has referred Delilah to specialists

- explains there are symptoms in addition to the vision impairment that require attention.

The case manager:

- makes a determination that Delilah is entitled to the lowest rate of the care component
- sets the review period to two years as it is unclear how Delilah's needs will develop.

40. The individual's own information may include statements that conflict with each other. The case manager should resolve this by clarifying with the individual directly where possible.

Example: Inconsistent information in the application

Yasmin is 9 and has chronic asthma. This includes nocturnal asthma and is confirmed by her GP. Her carer tells us that they occasionally have to get up in the night to give her an inhaler.

In her application for CDP, her carer describes:

- regularly getting up in the night to check on her breathing
- managing sleep walking episodes
- using a baby monitor to ensure that they can be alert to her needs.

The frequency of this attention and of episodes during one night are both unclear. The case manager:

- needs to understand the level of care needed before awarding the care component
- phones the carer to clarify if Yasmin needs prolonged or repeated attention throughout the night.

Following the call, the case manager:

- is satisfied that the carer frequently gives Yasmin attention at night
- is able to make a determination based on this clarification and awards Yasmin the middle rate care component.

Lack of supporting information

41. The case manager can make a determination without supporting information from a professional information if either:

- the individual does not have any supporting information from a professional
- it is not readily available.

42. If the individual has provided supporting information from their wider support network, such as family, the case manager should use this to make a determination. In cases where there is no supporting information from any source available, the case manager should use their discretion to make a determination using the balance of probabilities test. [LINK to chapter on Principles of Decision-making]

Example: No supporting information from a professional available

Silas is 3 years old. He is not meeting developmental milestones that would be expected of most three year-olds. Silas:

- is not walking
- needs continual supervision
- needs attention at night time that would be deemed prolonged or repeated.
- is not developing speech and language.

Silas is undergoing medical tests and has appointments to see several specialists. Silas' parents have the specialist appointment letters. His specialists have not responded to a request from Social Security Scotland for a report on how his development impacts on his life.

The family live in a remote area of Scotland. They have been exploring Silas' difficulties for the last year. However, they have not been able to attend hospital appointments because of transport issues due to bad weather.

The case manager considers it reasonable that no supporting information from a professional is available. The case manager considers the:

- description of Silas' condition in the application form
- the letters showing that Silas is due to meet specialists in connection with the conditions described in the application form.

The case manager asks if another source of information is available and the family ask a childminder to provide information. This information confirms the impact of Silas's condition on his daily living as described in the application form.

The case manager decides, on the balance of probabilities, to accept the facts about Silas' condition that are stated in the application form. The case manager:

- applies the law to those facts
- determines that Silas is eligible to the highest rate of the care component of CDP.

Supporting information and the application process

43. The application or review form should always be the main source of information a case manager uses to determine eligibility for disability assistance.

44. Case managers should base their decision on trust. This assumes that the individual has accurately described the impact of a disability on the child or young person.

45. Case managers can both:

- clarify this information with the individual
- where it is deemed necessary ask the individual to give more information to support the answers they gave in the application

if there is not enough detail to make a determination.

46. Where possible, one piece of supporting information from a professional should accompany the application. The individual can provide it at the time of applying or the case manager can request it during the decision-making process. However, the case manager has the discretion to make a determination if the individual does not have a source of supporting information from a professional. The individual must not be treated less favourably for not having supporting information from a professional.

47. For details on scenarios where no supporting information is available, please see section **lack of supporting information** above.

48. Supporting information regardless of which source it is supplied from is anything presented to support an individual's application that gives an understanding of:

- a diagnosis, if available
- a treatment being received
- a wider picture of how an individual's disability impacts on their life
- a process to find out about the individual's condition and make a diagnosis
- aids and equipment that an individual uses to manage daily life
- support that the individual needs at school, nursery, at work or in a club they attend
- care or mobility needs not directly referenced on the supporting information provided.

49. Case managers should consider each piece of supporting information on its own merits, whether it is from a professional or from any other source.

50. Case managers use supporting information to help them make determinations of an individual's entitlement to CDP.

51. They establish the facts of the case by:

- considering the information on the application or review form
- looking at the supporting information supplied with the application
- gathering further supporting information if the facts are still unclear.

Example: a case manager uses supporting information to make a determination

Angela is 14 years old and has anorexia nervosa. Her parents submit an application for CDP on her behalf. The application form indicates Angela is affected by fatigue, muscle weakness and light-headedness, and that she needs prompting and encouraged to eat or drink. She also needs help with showering and dressing as a result of the weakness and fatigue. The supporting information from Angela's

dietitian indicates that Angela has been prescribed Ensure drinks, a liquid supplement, as she is significantly underweight.

The facts of this case are:

- Angela has anorexia nervosa
- This causes fatigue, muscle weakness and light-headedness
- Angela has been prescribed a dietary supplement.

The facts are separate to the conclusions that may be drawn from those facts. The case manager might conclude:

- Angela needs to be prompted to eat or drink
- She needs someone to help her in the shower because of weakness and lethargy
- She also needs help to dress and undress because of weakness and lethargy.

In a next step, the case manager applies the law to those facts and make a determination. They determines that Angela requires frequent attention throughout the day in connection with her bodily functions.

52. See the chapter Principles of Decision-making [LINK] for more information on how to make good decisions.

Responsibility for collecting supporting information

53. The individual is responsible for providing the supporting information which helps the case manager to make their determination¹. However, case managers must work in collaboration with individuals to gather supporting information.

1 Social Security (Scotland) Act 2018 s. 54

54. Case managers:

- gather information from appropriate sources, if the individual requests it. These are suggested by the individual or by their representative on their behalf.
[LINK to Operational Guidance chapter on Third-Party Representatives/ Guidance on Appointees]
- offer support to obtain information not held in the public sector. Examples are information held by private physiotherapists or support organisations.

55. In line with our values of fairness, dignity and respect, a case manager should:

- do as much as possible to ensure that the individual has every opportunity to provide all relevant information and take careful consideration to the

individual's ability to provide supporting information (including whether or not the request is appropriate in each individual case).

- take the necessary steps to assist in gathering this information when the individual requests support.
- ensure inappropriate requests for supporting information are not made, because of the potential of suspending payment could have on the individual should they not respond to the request[Like to requesting information suspensions chapter]

56. This may involve local delivery teams, particularly where an individual is considered to be vulnerable [See OPERATIONAL GUIDANCE ON VULNERABLE INDIVIDUALS/ DUTY OF CARE - tbc].

Collaborative process for gathering supporting information

57. There will be cases where either the:

- supporting information
- award review form

will not be enough for the case manager to make a determination.

58. The case manager then:

- asks the individual for additional supporting information
- ensures information gathering is a collaborative process with the individual.

This ensures that the process is respectful and supportive.

59. Firstly, the case manager should determine what additional supporting information they need before contacting the individual. They should only gather what is absolutely necessary to make a determination.

60. The case manager should contact the individual by their preferred communication method to explore:

- what types of supporting information they may hold themselves
- whether they need support to gather further information.

61. The case manager should check the application form to see who the individual has indicated could tell us more about their disability.

62. Operational guidance sets out in more detail how to gather supporting information [ADD LINK].

Example: Collaborative process of gathering supporting information from a professional

Piotr is 14 and has been experiencing severe fatigue for a year. He is frequently unable to go to school or has to come home early due to exhaustion. Sometimes, he cannot shower or get dressed without help and finds any physical exertion very difficult.

His mother has applied for CDP. She has included as supporting information a letter from his private piano teacher who has known Piotr for 5 years. In the letter, the teacher explains the impact that he has seen of this fatigue on Piotr in the last year. This corresponds with the description of Piotr's fatigue in the application form.

From this information, it looks like Piotr might be eligible for the lowest rate of the care component. However, there is no supporting information from a professional. The case manager asks Piotr's mother for a source of supporting information from a professional. They agree that the case manager can ask Piotr's GP to provide this. The GP replies, stating that:

- there is no diagnosis currently
- there is no information of treatment on his file
- Piotr's blood tests are inconclusive.

The case manager thinks it be unreasonable to dismiss the supporting information just because the supporting information from the professional does not directly support the facts described in the application form.

The case manager:

- decides to seek further supporting information from a professional
- finds out that the school are providing adjustments for Piotr, from a discussion with Piotr's mother.

Piotr's mother asks the school to provide a report about the impact of Piotr's condition on him. This report satisfies the case manager because they have supporting information from a professional which is consistent with the application and the other source. The case manager makes a determination to award Piotr the lowest rate of the care component.

Gathering supporting information on behalf of an individual

63. The individual:

- can ask Social Security Scotland for help gathering supporting information
- must give permission to Social Security Scotland to gather supporting information for them if they prefer not to gather supporting information themselves.

64. The case manager can both:

- use information sources mentioned on the application form
- contact the individual to ask for additional sources.

65. Social Security Scotland can require any of the following bodies and persons to supply supporting information¹:

- Suppliers of vehicles under the Accessible Vehicles and Equipment (AVE) scheme
- Health Boards
- Registered medical professionals, such as GPs and specialists
- The Public Guardian
- Local Authorities
- Integration joint boards
- Registrar General for Scotland
- The Keeper of the Records of Scotland
- The Scottish Courts and Tribunals Service

1 The Social Security Information-sharing (Scotland) Regulations 2021, s. 3 & s. 4

66. For more information on the AVE scheme please refer to the CDP Mobility component – Higher Rate chapter [LINK].

67. Social Security Scotland has agreements with NHS Scotland, GPs and local authorities to ensure that it can gather information directly with the individual's consent.

68. Social Security Scotland can also gather information from organisations who do not fit into these categories. Operational guidance sets out how to gather information [ADD OPERATIONAL GUIDANCE LINK on DATA SHARING]

69. If an individual is both:

- unreachable
- identified as vulnerable

there are processes in place to gather information for them.

Please see guidance on this here [LINK GUIDANCE ON VULNERABLE INDIVIDUALS - tbc].

70. Supporting information can be:

- Documentary. This is from professional sources based on or consisting of official documents. An example is a report from the individual's specialist doctor based on their interaction with the individual and medical records.
- Written. This is from a source which is not based on official documents. An example is a written statement from a relative of the individual about the impact of the individual's disability on their day to day life. Social Security Scotland can provide templates which show how to make a supporting statement. For more information on this, including a link to the templates, please see the Operational Guidance [LINK – tbc].
- Oral. This is taken verbally and directly from the individual or relevant sources. An example is a statement given by the individual over the phone about the impact of their condition. For more information on how to take an oral statement, please refer to the Operational Guidance [LINK – tbc].

71. Sometimes, the individual may not give permission for us to contact a specific source. In that case, the case manager should discuss with them what other sources of information may be useful.

72. The case manager should consider requesting peer support or support from a practitioner employed by Social Security Scotland if both:

- the case manager is not sure about the sources of information that may exist for an individual
- the individual is unclear about what information may be available.

73. To find out how to request peer support or a case discussion, please refer to the Operational Guidance [LINK – tbc]. For more information on what a case discussion is, please see the chapter on Case Discussions [LINK].

74. If Social Security Scotland request supporting information from a third party on the individual's behalf, a case manager cannot suspend assistance if no response is received from a third party. Every effort at this stage should be made to further collaborate with the individual to gather supporting information.[link to SI collaboration section]

Requesting supporting information when an individual is uncooperative

75. In cases where an individual is uncooperative in providing supporting information, the case manager:

- should use discretion to make a person-centred decision based on the individual's situation
- take into account exceptional and individual circumstances ("good cause") which explain why the information has not been provided. This is known as "good cause".

76. The individual might have good cause for a delay in providing information if there are exceptional circumstances relating to:

- the individual's health
- the individual's disability
- a hospital stay
- not getting the support needed from an advocate/support worker
- having to deal with an unexpected life event, like a death in the family.

77. This list is not exhaustive. For more information on good cause please see the Operational Guidance [LINK]. The chapter Principles of Decision-Making gives guidance on using discretion and considering exceptional circumstances [ADD LINK].

78. Local delivery staff should be involved in offering support to the individual in cases where the individual both:

- needs support to gather information

- has no support networks [ADD LINK TO LOCAL DELIVERY].

79. The case manager should:

- take into account that the individual cannot provide adequate supporting information from a professional because it does not exist
- consider consulting a medical practitioner within Social Security Scotland when this is the case. [ADD LINK TO CASE DISCUSSION CHAPTER]

80. However, the case manager may need to set a deadline for responding to a request for information when either or both:

- every effort to contact the individual to gather further supporting information has been exhausted and the individual has not responded
- the individual has been uncooperative.

81. Social Security Scotland can request the individual to provide supporting information within a specific timeframe where both:

- A case manager is making a determination regarding the individual's case
- Additional supporting information is needed to determine an individual's eligibility to a devolved type of assistance¹.

1 Social Security (Scotland) Act 2018 s. 54 (1)

82. If the individual fails to provide the supporting information, the case manager may make a determination that the application does not satisfy the eligibility criteria for the benefit¹. The case manager can make this determination without further consideration.

1 Social Security (Scotland) Act 2018 s. 54 (2)

Reviews

83. The individual may report a change in their circumstances. This could be during a scheduled review, for example. The case manager must consider whether they need supporting information in addition to what the individual has reported. The same principles apply to gathering supporting information for reviews as they apply to the determination of applications.

84. The case manager can use a variety of information to make a new determination for unscheduled reviews

These include:

- information used in the most recent determination for the award
- relevant information used in earlier determinations
- information that has prompted the unscheduled review
- further information that the case manager asked for as a result of the individual informing Social Security Scotland of a change
- information that Social Security Scotland gathered on behalf of the individual
- other relevant information that is provided to Social Security Scotland.

85. Details on scheduled and unscheduled reviews can be found in the Scheduled Reviews chapter, the Unscheduled Reviews chapter, and the Operational Guidance [LINKS].

86. The case manager can ask for supporting information within the relevant timescale set out in [Link to new requesting SI ops guidance once created]when the individual both:

- has a scheduled review
- reports a change in circumstances.

87. All guidance within this chapter around gathering supporting information should be followed by a case manager when conducting a review.

88. If the individual is uncooperative the same principles apply as are described above [LINK TO REQUESTING SUPPORTING INFORMATION WHEN AN INDIVIDUAL IS UNCOOPERATIVE]