



Social Security Scotland  
Tèarainteachd Shòisealta Alba

Combined form

# Child Disability Payment

Once finished, return this form in the pre-paid envelope.  
If you do not have this envelope, call us free on  
0800 182 2222 and we'll send you one.

If you're sending information to us from outside the UK, you'll  
need to pay the correct amount for postage. Check with your  
local postal service.

[mygov.scot](https://mygov.scot)

Social Security Scotland  
PO Box 27167  
GLASGOW  
G4 7EA

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# About this form

This is your application for Child Disability Payment.

## Completing your application

The first questions will ask for details about the child and their parents or guardian. To give us the information we need, it will help if you have:

- information about the child, including their Child Reference Number if you know it
- details of any trips that the child has made outside the Common Travel Area in the last 12 months
- information about their parent or guardian, including their National Insurance number, if you know it
- details about how you'd like to be paid if the child's application for Child Disability Payment is successful.

## About the child's condition and support needs

The application will ask you about:

- the child's condition
- information about their symptoms if they do not have a diagnosis
- any sensory issues they have
- how their condition or symptoms affect their physical, mental or emotional wellbeing what help and support they need during the day and at night
- how they move around outdoors
- any medical tests they have had and the results if you have them
- contact details of professionals and anyone else who can give more information about their condition, disability or needs.

It will help if you have information about these things to hand when you're completing the application.

Our questions give you the chance to explain the child's situation as fully as you can. You should tell us about the help, support and supervision the child needs.

Your application will be considered in full, so do not worry if you think you have added some information in the wrong place or you feel you have repeated yourself.

## Supporting information

You'll also be able to share supporting information with us.

Supporting information could include:

- medical reports, letters, test results or certificates
- social care assessments
- reports or letters from the child's school, social workers or carers
- letters from people who know or care for the child.

## If you need help

We have advisors across Scotland who can provide face to face support to help you complete your application.

Call us free on 0800 182 2222 to find out more about how we can help you with your Child Disability Payment application.

Our call centre opening times are Monday to Friday, 8am to 6pm.

You can also get help by calling or visit your local Citizens Advice bureau.

Other organisations and charities might also be able to help you with your application.

You can also find out more about Child Disability Payment by going to [mygov.scot](https://mygov.scot)

## You and your data

Social Security Scotland processes lots of data to do our job. We manage your personal data to delivery a number of social security benefits outlined in the Social Security (Scotland) Act 2018. We're committed to protecting and respecting your privacy.

To find out more about how Social Security Scotland uses your data you can either:

- go to [mygov.scot/social-security-data](https://mygov.scot/social-security-data)
- call us free on 0800 182 2222 and select the relevant benefit.

## How to complete your form

Please use a black pen and write your answers as clearly as you can. You should mark the boxes in this form with a tick or a cross. If you make any mistakes, please put a line through errors clearly.

If you need to, you can request a new form by calling us free on 0800 182 2222.

## If you run out of space for any of your answers

You can continue your answers on the extra sheets at the back of this form or on a separate sheet of paper and send them with your completed application form.

You should write the following information on any additional sheets:

- your full name and the child's name
- your date of birth
- your National Insurance number
- the words 'Child Disability Payment', so we know what you're applying for.

You should also include the name of the section of the form that you're answering on the additional sheet of paper.

## If you're outside the UK

If you need to contact us from outside the UK please call +44 (0)138 2931 000. This call is not free but you can ask us to call you back. Check with your phone provider for details of charges.

If you're sending information to us from outside the UK, you'll need to pay the correct amount for postage. Check with your local postal service.

To help us process your completed application, fill in the child's details here before sending it back to us.

You should use the same details that you gave us when you started your application on the phone.

This number is sometimes known as a CRN. If you have applied for Child Disability Payment or Disability Living Allowance for children before, it could be on a:

- benefit letter
- decision letter.

You do not need to add their Child Reference Number. If you do it helps us process your application as quickly as possible.

This is the address where they would normally stay, not a hospice or hospital.

## About the child

First name(s)

Last name

Date of birth

What is their Child Reference Number? (if you know it)

Address

Postcode

### Are they a British citizen?

If they have any type of British nationality other than 'British citizenship' you should choose 'No' and then tell us their nationality.

Yes                  No

### If no, tell us their nationality

| | | | | | | | | | | | | | | | | | | | | |

If the child is a British citizen, an Irish citizen or another nationality that's not in the European Economic Area (EEA), skip to the Have they lived in the UK section on page 6.

If the child is a citizen of the European Economic Area (EEA) or Switzerland, continue to the next question.

The UK left the European Union (EU) on 31 January 2020.

You and your family can apply to the EU Settlement Scheme to continue living in the UK after 30 June 2021 if you're a citizen of:

- the EU
- the European Economic Area (EEA)
- Switzerland.

You can still apply after 30 June 2021 if there was a good reason you could not apply.

You can get more information about the EU Settlement Scheme at [www.gov.uk/settled-status-eu-citizens-families](http://www.gov.uk/settled-status-eu-citizens-families)

### What was the outcome of the child's application to the EU Settlement Scheme?

We need to know:

- if the child has applied to the EU Settlement Scheme
- the outcome of their application.

This is so we can consider their application for Child Disability Payment in the right way.

- They got settled status
- They got pre-settled status
- There has been no decision on the application yet
- The decision is being appealed
- The application was unsuccessful
- They have not applied to the EU Settlement Scheme

You need to contact us as soon you can tell us the outcome as you can if you chose:

- 'There has been no decision on the application yet'
- 'The decision is being appealed'.

To get a share code you can:

- view and prove their immigration status at [www.gov.uk/view-prove-immigration-status](http://www.gov.uk/view-prove-immigration-status)
- use the link provided in the letter you got confirming the child's status under the EU Settlement Scheme, we cannot accept a copy of this letter as proof of their status.

The UK has agreements about the payment of Child Disability Payment with:

- countries in the European Economic Area (EEA)
- Switzerland
- Gibraltar.

The UK is no longer part of the EEA.

If the child's application to the EU Settlement Scheme was successful, you need to provide a share code so we can verify this.

Share code

For example, 'A123457G'

| | | | | | | |

Have they lived in the UK since birth?

If the child's address is outside of the UK, skip to the next question.

Yes No

If 'No', tell us what date they arrived in the UK and what country they moved from.

DD MM YYYY  
| | | |

Country

| | | | | | | | | | | | | | | |

Do any of the child's parents or guardians get a pension or benefits from an EEA country, Switzerland or Gibraltar, or pay taxes in one of these countries?

Yes No I do not know



# About you

In this section, we want to find out about the child's parent or guardian.

This helps us understand:

- who the child's parents or guardians are
- the best way to contact you about your application.

We'll ask for details like your:

- name
- address
- National Insurance number
- date of birth
- nationality.

We'll use the contact details you tell us about in this section if we need to get in touch with you about any other benefits you get from Social Security Scotland.

## Your details

First name(s)

Last name

Date of birth

It's on your:

- National Insurance card
- benefit letter
- payslip
- p60.

You do not need to add your National Insurance number. If you do it helps us process your application as quickly as possible.

**What is your National Insurance number? (if you know it)**

For example, QQ 12 34 56 B



Asking about your parental rights and responsibilities helps us meet our legal requirements when we look at this application.

## Your relationship with the child

**What best describes your relationship to the child? (Select one)**

I am their birth mother

I am their biological father

I am their parent based on section 42 or 43 of the Human Fertilisations and Embryology Act 2008 (where two women are parents in cases involving assisted reproduction)

I am not their birth mother or their biological father, and I received parental rights and responsibilities under a court order

Or

None of these describe my parental rights or responsibilities for the child - we'll contact you to ask for more details about the care you provide for the child.

**Only answer the next questions if you chose "I am their biological father"**

**Are you registered as the child's father on their birth certificate?**

Yes

No

**If you answered "no", what best describes your relationship to the child? (Select one)**

I was married to the child's birth mother at any time on or after the date the child was conceived

I have signed and registered a parental rights and responsibilities agreement with the child's birth mother

I received parental rights and responsibilities for the child under a court order

OR

None of these apply to your relationship with the child – we'll contact you to get more information about the care you provide for the child.

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# Your address

Is your address the same as the address you gave for the child?

Yes

No

If 'no', tell us your address:

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

| | | | | | | | | | | | | | | | | | | | | |

Postcode

| | | | | | | |

We'll send you our decision about your application by letter. Do you want the letter sent to this address?

Yes

No

If 'no', tell us where you'd like letters sent:

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

| | | | | | | | | | | | | | | | | | | | | |

Postcode

| | | | | | | |

We'll contact you if we need to ask any questions about the details you have given in this application. You'll still receive all decisions in writing in a letter.

We'll only hold one email address against your name. This means all emails you receive from us will be sent to the latest email address you have provided.

If we have a question and we're not able to contact you, it could delay your payment.

## If we need to contact you

Your phone number

Is this phone a: mobile          landline

I do not have a phone number I can give you

**If you have given us a mobile number, would you like us to send you a text to let you know we've got your form?**

Yes          No

**If we need to get in touch with you, how would you like to be contacted?**

**Can we use your email address?**

Yes          No

Your email address

**How would you like us to contact you if we need to ask you a question?**

**Select only one option.**

Phone call in English

A letter in a language other than English  
(Please tell us which language)

Video call, if you use British Sign Language

Letter



We'll also pay any other payments that you get from Social Security Scotland into the bank account that you tell us about here.

Your sort code has six digits and your account number has eight digits. You can find both of these on your bank card or statements.

If you do not have a bank account, you'll need to contact us after you have sent us your application to discuss the best way for us to make any payments the child might get.

## Payment details

Give details of the bank, building society or credit union account you want us to pay Child Disability Payment into.

We can make payments into your account or someone else's.

If you're using someone else's bank account, you need to make sure they agree. You should also be sure you'll be able to access the money.

The account holder can find out how we handle their data by reading Social Security Scotland's privacy notice at [mygov.scot/social-security-data](https://mygov.scot/social-security-data)

Name on account

Sort code

Account number

Building society or credit union reference number  
(you only need to fill this in if your account has one)

Is this your bank account?

Yes      No

If 'No', you'll need to confirm that you have permission to use this bank account.

I'm using someone else's bank account and they have agreed to let me use it.

I do not have a bank account.

Examples of some conditions you might want to add:

- learning difficulties
- behavioural disorder
- hyperkinetic syndrome
- neurological diseases
- epilepsy
- skin disease
- psychoneurosis
- cystic fibrosis
- bowel and stomach disease
- selective mutism
- autism spectrum disorder (ASD)
- glue ear
- cholesteatoma
- auditory processing disorder (APD)
- microtia and atresia
- optic atrophy
- disorders of the optic nerve or retina
- blood disorders.

Letters, certificates or reports from doctors or healthcare professionals might help you with this section.

## Conditions and sensory issues

**In this section we ask you about any conditions and sensory issues the child has.**

This could include anything that affects their:

- learning ability
- sight
- hearing
- speech
- development
- behaviour
- physical ability
- mental wellbeing.

If you know the name of the child's conditions you can enter them below.

You'll be able to tell us about how their conditions affect them later in your application.

You can tell us about any symptoms the child has, how they're affected and any tests results you're waiting for if:

- you do not know the name of a condition
- you're waiting for a diagnosis.

Enter the name of the child's conditions


If you run out of space, you can continue at the end of this form or on a separate sheet of paper. You should clearly mark it "Conditions."

You should include:

- any test results you're waiting for
- details of any consultations or assessments the child has had.

If you do not know the name of the condition or are waiting for a diagnosis, you can tell us about:

- their symptoms
- how they're affected.

If you run out of space, continue on a separate sheet of paper. You should clearly mark it "Conditions."

I have continued this answer on a separate sheet of paper

## Seeing

What best describes the child's issues seeing?

If the child has no issues seeing, skip to page 19.

Blindness (severely sight impaired)

If you choose this option, skip to page 19.

Partial sight (sight impaired)

Visual processing difficulties  
(cerebral or cortical visual impairment)

Other issues seeing

The next questions will let you tell us more about their issues seeing.



Choose any of the phrases that describe what the child has difficulty seeing or recognising.

What does the child have difficulty seeing or recognising, even with visual aids like glasses or lenses?

Select all that apply

- Cannot see letters on a computer keyboard
- Cannot see large print in book, reader or screen
- Cannot see single words displayed one at a time
- Cannot see what is happening on screen in a tv show
- Cannot see what they're having for dinner
- Cannot see something that moves slowly
- Cannot see something that moves quickly
- Cannot see large shapes, such as furniture
- Cannot see small shapes, such as toys or pencils
- Cannot see shapes and movement in low light
- Cannot recognise someone's face close to them
- Cannot recognise someone's face across the room
- Other difficulties seeing

For example, tell us if the help needed can vary at different times or situations. You should also tell us if the help they need is not described in any of the phrases above.

The next question will let you:

- tell us more about your choices
- add other descriptions of things they have difficulty seeing or recognising.

**Tell us about the child's difficulties seeing, including any physical or mental problems caused by their sight or what they can see.**

If you run out of space, continue on a separate sheet of paper. You should clearly mark it "Difficulties seeing."

I have continued this answer on a separate sheet of paper

**Do you have a letter or certificate from a healthcare professional about the child's difficulty seeing?**

This could be a:

- Certificate of Visual Impairment (CVI) from the child's eye specialist
- letter confirming the diagnosis from their eye specialist or doctor.

You'll be able to upload or send us these documents in the supporting information part of your application.

Yes

No

## Hearing

**What best describes the child's issues hearing?**

If the child has no issues hearing, skip to page 21.

**Select one**

Profound hearing loss

Severe hearing loss

Moderate hearing loss

Mild hearing loss

Other issues hearing

The next questions will let you tell us more about their issues hearing.

Choose any of the phrases that describe what the child has difficulty hearing.

What does the child have difficulty hearing, even if using a hearing aid?

Select all that apply

Cannot hear a whisper in a quiet room

Cannot hear a normal voice in a quiet room

Cannot hear a loud voice in a quiet room

Cannot hear TV, radio or CD except at a very loud volume

Cannot hear a school bell or car horn

Other difficulties hearing

The next question will let you:

- tell us more about your choices
- add other descriptions of things they have difficulty hearing.

For example, tell us if the help needed can vary at different times or situations. You should also tell us if the help they need is not described in any of the phrases above.

**Tell us about the child's difficulties hearing, including any physical or mental problems caused by their hearing or what they can hear.**

If you run out of space, continue on a separate sheet of paper. You should clearly mark it "Difficulties hearing."

I have continued this answer on a separate sheet of paper

## Do you have a letter or certificate from a healthcare professional about the child's difficulty hearing?

This could be:

- the result of an audiology test
- a letter confirming their hearing difficulties from a hearing specialist or doctor.

You'll be able to upload or send us these documents in the supporting information part of your application.

Yes

No

## Speaking

What difficulties does the child have speaking?

If the child has no issues speaking, skip to page 23.

Select all that apply

Cannot speak clearly in sentences

Cannot put words together to make simple sentences

Cannot speak single words

Cannot communicate through speech with someone they know

Cannot communicate through speech with someone they do not know

Other difficulties speaking

For example, tell us if the help needed can vary at different times or situations. You should also tell us if the help they need is not described in any of the phrases we've suggested.

The next question will let you:

- tell us more about your choices
- add other descriptions of their difficulties speaking.

**Tell us about any help or support the child needs because of their difficulties speaking.**

If you run out of space, continue on a separate sheet of paper. You should clearly mark it "Help needed due to difficulties speaking."

I have continued this answer on a separate sheet of paper

## Communicating

These questions are about non-verbal communication. You should tell us about how the child communicates and any difficulties they have communicating.

If they have no issues communicating or do not use any type of non-verbal communication, you should skip to page 25.

How does the child communicate?

Select all that apply

Writing

BSL (British Sign Language)

Lip-reading

Hand movements, facial expressions

Makaton

Signalong

Sign supported English (SSE)

Signed English (SE)

Picture exchange communication system (PECS)

Tadoma

Other ways of communicating

### What difficulties does the child have communicating?

Cannot communicate with someone they know

Cannot communicate with someone they do not know

Other difficulties communicating

The next questions will let you tell us more about:

- how they communicate
- the difficulties they have communicating.

**Tell us about any help or support the child needs because of their difficulty communicating.**

For example, tell us if the help needed can vary at different times or situations. You should also tell us if the help they need is not described in any of the phrases we've suggested.

If you run out of space, continue on a separate sheet of paper. You should clearly mark it "Help needed due to difficulties speaking."

I have continued this answer on a separate sheet of paper



## Other sensory issues

You should include:

- the type of issues they have
- how this affects them
- any help or support they need because of these issues.

Examples of sensory issues include:

- issues with touch
- issues with food or taste
- issues with smells
- issues with bright lights
- issues with loud noises.

Tell us about any other sensory issues that the child has.

If you run out of space, continue on a separate sheet of paper. You should clearly mark it "Other sensory issues."

I have continued this answer on a separate sheet of paper

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# Daily living

These questions are about any help, support or care the child needs during the day or at night. For example:

- eating and drinking
- going to the toilet
- washing themselves.

We also ask you about any help or support the child needs at other times during the day, including when they're not with you.

You'll have the chance to tell us more about the help and support they need for each question.

You should include:

- how often they need help
- how long giving help can take.

## **Activities and school**

These questions are about any social activities or hobbies the child does and any help or support they need at school or nursery.

## **Keeping safe and development needs**

These questions are about how much supervision the child needs to keep safe and any help and support they need to support their development.

## **Moving around indoors**

These questions are about any help and support the child needs moving around indoors.

## **Falling when moving around**

These questions ask if the child falls when moving around indoors or outdoors and what the effect of falling is.

## **Help and support at night**

These questions ask about any help or support the child needs during the night.

Day begins when you get up. For example, the day begins at 6am if:

- you get up at 6am
- the child gets up at 8am.

Choose any of the phrases that describe the help or support they need going to the toilet.

You can then:

- tell us about your choices
- add other descriptions of the help they need.

For example, tell us if the help needed can vary at different times or in different situations. You should also tell us if the help they need is not described in any of the phrases above.

## Help and support during the day

What help or support does the child need going to or using the toilet during the day?

If they do not need any help, skip to page 28.

### Select all that apply

Going to the toilet

Managing a catheter, ostomy or stoma

Managing nappies or pads

Getting on or off the toilet

Managing clothes

Wiping themselves

Washing and drying their hands

They need someone to encourage, prompt or watch over them

Other help or support

**Tell us about the help the child needs going to or using the toilet during the day. You should include how often they need help and how long it can take.**

If you run out of space, continue on a separate sheet of paper. You should clearly mark it "Help with going to the toilet during the day."

I have continued this answer on a separate sheet of paper

Choose any of the phrases that describe the help or support they need washing.

You can then:

- tell us about your choices
- add other descriptions of the help they need.

For example, tell us if the help needed can vary at different times or in different situations. You should also tell us if the help they need is not described in any of the phrases above.

## What help or support does the child need washing during the day?

If they do not need any help, skip to page 29.

### Select all that apply

Having a wash

Cleaning their teeth

Washing their hair

Getting in or out of the bath or shower

Cleaning themselves in the bath or shower

Drying themselves after a bath or shower

Checking their appearance

They need someone to encourage, prompt or watch over them

Other help or support

**Tell us about the help they need washing during the day. You should include how often they need help and how long it can take.**

If you run out of space, continue on a separate sheet of paper. You should clearly mark it "Help needed washing during the day."

I have continued this answer on a separate sheet of paper

Choose any of the phrases that describe the help or support they need washing.

You can then:

- tell us about your choices
- add other descriptions of the help they need.

For example, tell us if the help needed can vary at different times or in different situations. You should also tell us if the help they need is not described in any of the phrases above.

## What help or support does the child need dressing or undressing during the day?

If they do not need any help, skip to page 30.

Getting dressed

Getting undressed

Managing zips, buttons or other fastenings

Choosing the right clothes:

They need someone to encourage, prompt or watch over them

Other help or support

**Tell us about the help they need dressing or undressing during the day. You should include how often they need help and how long it can take.**

If you run out of space, continue on a separate sheet of paper. You should clearly mark it "Help needed dressing or undressing during the day."

I have continued this answer on a separate sheet of paper

Choose any of the phrases that describe the help or support they need eating or drinking.

You can then:

- tell us about your choices
- add other descriptions of the help they need.

For example, tell us if the help needed can vary at different times or in different situations. You should also tell us if the help they need is not described in any of the phrases above.

What help or support does the child need to eat or drink during the day?

If they do not need any help, skip to page 31.

Select all that apply

They're unable to eat or drink without support

Need supervision when eating or drinking

Being tube or pump fed

Using a spoon

Cutting up food on their plate

Drinking using a cup

They need someone to encourage, prompt or watch over them

Other help or support

Tell us about the help they need eating or drinking during the day. You should include how often they need help and how long it can take.

If you run out of space, continue on a separate sheet of paper. You should clearly mark it "Help needed eating or drinking during the day."

I have continued this answer on a separate sheet of paper

Choose any of the phrases that describe the help or support they need getting into or out of bed.

You can then:

- tell us about your choices
- add other descriptions of the help they need.

For example, tell us if the help needed can vary at different times or in different situations. You should also tell us if the help they need is not described in any of the phrases above.

## What help or support does the child need getting into and out of bed?

If they do not need any help, skip to page 32.

Waking up

Getting into bed

Getting out of bed

Settling in bed

They need someone to encourage, prompt or watch over them

Other help or support

**Tell us about the help they need getting into or out of bed. You should include how often they need help and how long it can take.**

If you run out of space, continue on a separate sheet of paper. You should clearly mark it "Help needed getting into or out of bed."

I have continued this answer on a separate sheet of paper

## Activities and school

Tell us about any help or support the child needs with activities or hobbies.

If they do not take part in any activities or hobbies, skip to page 33.

Examples of hobbies or activities:

- drawing, painting and crafts
- reading
- playing computer games
- playing board games
- after-school activities or clubs
- swimming
- youth clubs and groups
- other activities or hobbies.

If they do not take part in any activities, you can tell us about any activities they would do if the right help or support was available.

**You should include how often they need help and how long it can take.**

If you run out of space, continue on a separate sheet of paper. You should clearly mark it "Help needed with activities or hobbies."

I have continued this answer on a separate sheet of paper



Choose any of the phrases that describe the help or support they need at nursery or school.

You can then:

- tell us about your choices
- add other descriptions of the help they need at nursery or school.

You should include:

- who helps them
- if they need more or less support than at home
- if any help they need is not available at nursery.

## Does the child need any help or support at nursery or school?

If they do not need any help or do not attend nursery or school, skip to page 34.

### Select all that apply

Changing clothes for activities

Eating

Taking medication or doing therapy

Communicating or understanding instructions

Taking part in class activities

Moving between lessons

Help or support with their toilet needs

Learning and educational

They need someone to encourage, prompt or watch over them

Other help or support.

**Tell us more about the help or support they need at nursery or school.**

If you run out of space, continue on a separate sheet of paper. You should clearly mark it "Help needed at nursery or school."

I have continued this answer on a separate sheet of paper

By 'night' we mean when you go to bed. For example, if the child goes to bed at 7pm and you go to bed at 10pm, we are asking about help and support the child needs after 10pm.

## Help and support at night

What does the child need help or support with at night?

If they do not need any help, skip to page 35.

### Select all that apply

Getting out of or back into bed

Moving around

Help or support with their toilet needs

Getting cleaned up or changing clothes

Taking medicine

Monitoring or managing equipment

They need someone to encourage, prompt or watch over them

Other help or support

Tell us more about the nature of the help and support the child needs. It is important to explain how often this help is required at night. We need to know:

### What help or support do you provide?

This includes help with sleeping, such as comforting after nightmares, singing to the child, help with hearing aids, or preventing self-harm.

### How often do you provide this help or support?

You can describe how long it takes, how frequently help is needed in the night, how many times a week it happens, or whether it fluctuates over time.

It is also important for us to know about attention or supervision your child needs to prevent them being in danger at night, for example to prevent them from self harm, falling over, eating dangerous items, or banging their head. For example, you may need to lie beside them or watch over them to supervise them.

We need this information in order to make a decision.

If you run out of space, continue on a separate sheet of paper.  
You should clearly mark it "Help needed at night."

I have continued this answer on a separate sheet of paper

This could include needing someone to watch the child because of how they:

- feel or behave
- react to people and things around them.

For example, tell us if the supervision needed can vary at different times or situations.

You should also tell us if the help they need is not described in any of the phrases above.

## Keeping safe and development needs

**What supervision does the child need to keep safe during the day?**

**If they do not need any supervision, skip to page 37.**

**Select all that apply**

Help to recognise and react to common dangers

Help to cope with planned changes to the daily routine

Help to cope with unplanned changes to the daily routine

They need someone to encourage, prompt or watch over them

Other help or support

**Tell us about the supervision they need during the day. You should include how often they need supervision and how long it can take.**

If you run out of space, continue on a separate sheet of paper. You should clearly mark it "Supervision needed during the day."

I have continued this answer on a separate sheet of paper

Choose any of the phrases that describe the help or support they need with their development.

You can then:

- tell us about your choices
- add other descriptions of the help they need with their development.

For example, tell us if the help needed can vary at different times or situations.

You should also tell us if the help they need is not described in any of the phrases above.

## What help or support does the child need with their development?

If they do not need any help, skip to page 38.

### Select all that apply

Understanding things around them

Recognising surroundings

Following instructions

Playing with others

Playing on their own

Joining in activities with others

Behaving appropriately

They need someone to encourage, prompt or watch over them

Other help or support

**Tell us about the help or support they need with their development. You should include how often they need help and how long it can take.**

If you run out of space, continue on a separate sheet of paper. You should clearly mark it "Help needed with development".

I have continued this answer on a separate sheet of paper

Choose any of the phrases that describe the help or support they need to move around inside.

This includes any issues they have moving around:

- in their home
- in a friend's home
- at school
- anywhere else inside.

Charis can also mean wheelchairs.

You can then:

- tell us about your choices
- add other descriptions of how the child walks.

For example, tell us if the help or support needed can vary at different times or situations.

You should also tell us if the help they need is not described in any of the phrases above.

## Moving around indoors

What help or support does the child need moving around indoors during the day?

If they do not need any support, skip to page 39.

### Select all that apply

Going up or down stairs

Moving around safely

Getting into or out of a chair

Sitting in a chair

No sense of danger or risks

They need someone to encourage, prompt or watch over them

Other help or support

Tell us about any help or support they need moving around inside during the day. You should include how often they need help and how long it can take.

If you run out of space, continue on a separate sheet of paper. You should clearly mark it "Help needed moving around inside during the day."

I have continued this answer on a separate sheet of paper

## Falling

Does the child fall when moving around indoors or outdoors?

Yes            No

If you choose no, skip to page 40.

Choose any of the phrases that describe how falling affects the child.

You can then:

- tell us about your choices
- add other descriptions of how falling affects the child.

If it does not affect them, skip to the page 40.

**Select all that apply**

Causes pain

Have to go to hospital

Upsets or distresses them

Cannot get up without help

They need someone to encourage, prompt or watch over them

Other effects

You should also tell us if the effect of falling is not described in any of the phrases above.

Tell us about any help or support the child needs when they fall. You should include how often they need help and how long it can take.

If you run out of space, continue on a separate sheet of paper. You should clearly mark it "Help needed when they fall."

I have continued this answer on a separate sheet of paper:

## Fits, seizures or blackouts

Examples of fits, seizures or blackouts include:

- epileptic fits
- non-epileptic fits
- febrile fits
- faints
- absences
- loss of consciousness
- hypos or hypoglycaemic attacks.

**Tell us what happens if the child has a fit, seizure or blackout.**

**Select all that apply**

They do not have fits, seizures or blackouts

Can recognise warning signs and tell an adult

Can recognise warning signs and take action on their own

Has been seriously injured because of a fit, seizure or blackout

Has no warning signs

Need supervision immediately after a fit, seizure or blackout

Unable to communicate warning signs

They need someone to encourage, prompt or watch over them

Other issues



You should include:

- what type of fit, seizure or blackout they have
- how seriously they can be affected
- any help or support they need because of these
- how often they can happen.

If they're affected in a way that's not described in the options listed, please tell us about that as well.

## Tell us about the child's fits, seizures or blackouts

If you run out of space, continue on a separate sheet of paper. You should clearly mark it "Information about fits, seizures or blackouts."

I have continued this answer on a separate sheet of paper

You should choose the option that's closest to the child's experience.

## How long has the child needed the help and support they currently get?

### Select one

Since birth

Less than 6 months

More than 6 months but less than a year

1 to 2 years

2 to 4 years

More than 4 years

---

# Moving around outdoors

This section is about the support the child needs to safely move around outdoors.

This includes:

- if they're not able to walk
- mental and physical issues that affect them moving around outdoors
- any supervision they need to move around outdoors.

We'll consider your answers in full. So do not worry if you think you have:

- added some information in the wrong place
- repeated yourself.

If the child is under 2 years 9 months old, you should skip to page 50.

## Is the child completely unable to walk outdoors under any circumstances?

For example, if the child is a full-time wheelchair user or is unable to leave the home at all.

### Select one

Some ability to walk but needs help or support for physical, emotional, mental or sensory issues

No physical, mental, emotional or sensory issues moving around outdoors

If you select this option, skip to page 50.

Unable to walk

If you select this option, skip to page 50.

## What issues does the child have moving around safely outdoors?

Physical issues

Mental health issues

Emotional issues

Sensory issues

Learning difficulties

## How does the child walk?

We've made some suggestions that might apply to the child.

You can:

- choose as many of these as you want
- tell us more about your answers in the text box.

If none of these apply to the child, you can tell us about how they walk in the text box.

### Select all that apply

Walks with support

Walks with a limp

Walks with an unusual gait

Walks on toes

Shuffles

Drags their leg

Has balance issues

Struggles to keep up with friends

Moves slowly

Other issues

No issues

You should include:

- any support they need
- if this support can vary
- if how they walk can vary at different times.

**Tell us about how the child walks outdoors.**

If you run out of space, continue on a separate sheet of paper. You should clearly mark it "How the child walks outdoors."

I have continued this answer on a separate sheet of paper

## Does the child need guidance or supervision when moving around outdoors?

We've made some suggestions that might apply to the child. You can tell us more about your answers in the text box.

### Select one

All the time

Most of the time

Sometimes

No - never

Include the type of guidance they need and if this can vary at different times.

**Tell us about the guidance or supervision the child needs when moving around outdoors.**

If you run out of space, continue on a separate sheet of paper. You should clearly mark it "Guidance or supervision moving around outdoors."

I have continued this answer on a separate sheet of paper

## What issues does the child have when moving around outdoors?

You can

- choose as many of these as you want
- tell us more about your answers in the text box.

If none of these apply to the child, you can tell us about the issues they have in the text box.

### Select all that apply

Finding their way around places they know

Asking for and following directions

Walking safely next to a road

Crossing a road safely

Understanding common dangers

Other issues

Or:

No issues

Include any help or support they need with these issues and how often help is needed.

**Tell us about the issues the child has when moving around outdoors**

If you run out of space, continue on a separate sheet of paper. You should clearly mark it "Issues when moving around outdoors."

I have continued this answer on a separate sheet of paper

## How might the child react when moving around outdoors?

We've made some suggestions that might apply to the child. You can tell us more about your answers in the text box.

### Select all that apply

Become anxious

Become confused or lost

Display unpredictable behaviour

Runs away

Become a danger to self or others

Refuses to walk

Other issues

Include any help or support they need and how often this is needed.

**Tell us about how the child reacts when moving around outdoors.**

If you run out of space, continue on a separate sheet of paper. You should clearly mark it "Reactions when moving around outdoors."

I have continued this answer on a separate sheet of paper

## How is the child's health and wellbeing affected when they're moving around outside or after they have been moving around?

Choose any of the phrases that describe how the child's health and wellbeing can be affected:

- when they're moving around
- after they have been moving around.

You can then:

- tell us about your choices
- add other descriptions of the effect on their health and wellbeing.

Effect of moving around	When moving around	After moving around
Pain		
Tired		
Bleeding into joints		
Broken bones		
Pulled muscles		
Breathing problems		
Emotional distress		
Risk of falling		
Put themselves in danger		
Gets confused or lost		
Other effects		
No effect		



You should include:

- how seriously they can be affected
- how often it can happen
- if they're affected in a way that's not describe in the options above.

**Tell us about how the child's health and wellbeing is affected when they're moving around outside or after they have been moving around.**

If you run out of space, continue on a separate sheet of paper. You should clearly mark it "Health and wellbeing when moving around outdoors."

I have continued this answer on a separate sheet of paper

**How long has the child had their current issues moving around outdoors?**

You should choose the option that is closest to the child's experience.

Since birth

Less than 6 months

More than 6 months but less than a year

1 to 2 years

2 to 4 years

More than 4 years



You should include:

- what you have to do to help them
- if this can change from day to day
- how long it takes to give this support.

**Tell us about any support they need with treatments or therapies**

If you run out of space, continue on a separate sheet of paper. You should clearly mark it "Support with treatments or therapies."

I have continued this answer on a separate sheet of paper

# Tell us about any equipment the child uses or any changes made to their home.

If they do not use any equipment or no changes have been made to their home, skip to page 54.

Equipment could support their physical, sensory or emotional needs, including:

- assistive technology like screen readers
- learning aids like computer programmes
- sensory aids
- communication aids like picture exchange cards
- splints
- hoists
- crutches
- buggies
- wheelchairs
- hearing technology
- walking frames.

They could use these at home, at school or anywhere else.

Changes to their home could include:

- ramps
- slopes
- rails
- changes to the home or family car.

You should tell us how they use the equipment and what help they need to use it. You can add as many as you need.

Equipment or change to the home	How they use it, when they use it, any help they need to use it, and if the help needed can change at different times
For example, hoist	For example, to help them get in and out of bed
For example, screen reader	For example, to help them with school work

**Tell us about any further support the child needs at home.**

You should include:

- what you have to do to help them in the home
- if this can change from day to day
- how long it takes to give this support.

If you run out of space, continue on a separate sheet of paper. You should clearly mark it "Information about fits, seizures or blackouts."

I have continued this answer on a separate sheet of paper

# Medication

Things that could help you complete this section include:

- medication packaging
- recent prescription list
- letters from a doctor or medical professional.

Medication can include:

- pills
- capsules
- tablets
- creams
- injections
- salves
- remedies
- medicated wraps
- inhalers
- patches
- over the counter remedies.

Tell us about any medication the child takes.

You should tell us:

- the name of each medication
- the dosage
- how often they take it.

You can write down as many as you need.

If you have a recent prescription showing the child's medication, you can share this. We'll tell you how to send it to us later in your application.

You can tell us the details of medications if you:

- do not have a prescription
- need to add any medications that are not on the child's prescriptions list.

You should also include any medications that are not taken regularly or are only needed in emergencies.

They do not take any medications.

Medication name	Dosage	How often they take it
For example, Ritalin	For example, 50mg	For example, once a day

You should include:

- what you have to do to help them take their medication
- if this can change from day to day
- how long it takes to give this support.

**Tell us about any support the child needs to take their medication**

If you run out of space, continue on a separate sheet of paper. You should clearly mark it "Support needed taking medication."

I have continued this answer on a separate sheet of paper

---

# Supporting information

In this section you'll be asked to tell us about any supporting information you have.

We need this information to make sure the child gets the right rate of Child Disability Payment for their needs.

The more information you can give us about the child's needs, the less time it will take us to process your application.

A professional could be someone who works:

- in public or private healthcare, like a consultant, nurse, GP, health visitor or therapist
- in social care, like a paid carer
- in education, like a teacher or support worker
- for a charity, like a Macmillan nurse.

## From professionals involved in the child's treatment or care

We need a document from a professional to confirm the child's condition, disability or care needs. **This does not need to be a diagnosis.** It also does not need to cover every detail you've told us in your application.

**These are people who:**

- are involved in the child's care or treatment
- understand the child's needs.



### **This kind of supporting information could be things like:**

- medical reports, records or summaries
- official diagnosis letters from GPs, hospitals or Child and Adolescent Mental Health Services (CAMHS)
- medical test results or certifications
- medication or prescription list
- results of any assessments carried out
- plans such as treatment or care plans
- letters about equipment or adaptations to the home
- letters from health visitors
- letters from occupational therapy or speech and language therapy
- official letters discussing assessments or referrals
- letters from hospitals or clinics
- referral letters from Child and Adolescent Mental Health Services (CAMHS)
- child's care plans from local authorities or schools
- letters from the child's school.

Someone from the child's wider support network could be:

- someone who helps care for the child but not as part of their job
- a family member or friend
- another person in your life who knows about the child's needs like a neighbour or volunteer.

### **From the child's wider support network**

You can also give us a letter from someone who knows the child and their needs and can describe how their disability affects their daily life.

This could be a letter from someone who knows the child telling us about the impact their condition or disability has on their life. This letter cannot be written by you if you are completing this application form.

If you're having problems or you're not sure what to use as supporting information, we can help you.

It's quicker if you can send us supporting information with your application.

You can send photos and scans of documents. Do not send any photos of the child or their condition.

You should write the following information on your photocopies:

- your full name
- your date of birth
- your National Insurance number
- the words 'Child Disability Payment', so we know what you're applying for.

## If you need help

Get in touch if you're not sure what you can use as supporting information. We can help you work out if you can use documents you already have at home. Call us free on 0800 182 2222.

If you need to contact us from outside the UK please call +44 (0)138 2931 000. This call is not free but you can ask us to call you back. Check with your phone provider for details of charges.

If you want us to gather supporting information for you, we can get in touch with your contacts for you and ask them to send it to us.

## How to send supporting information

Uploading your documents online is the fastest way to get them to us. You can save a scan of your document or take a picture with a smartphone. You can find out how to upload your scan or picture by going to: [documents.socialsecurity.gov.scot](https://documents.socialsecurity.gov.scot)

You can also post photocopies of documents to us in the same envelope as this application form. You can make photocopies at your local library.

Make sure all photocopies, scans and photos are clear and readable.

If you send us original documents, it can take us up to 2 weeks to return them.

If you do not have all the information you want to give us, you can post it to us later:

Child Disability Payment  
PO Box 27167  
GLASGOW  
G4 7EA

If you need a prepaid envelope, call us free on 0800 182 2222 and we'll send you one.

If you're sending copies to us from outside the UK, you'll need to pay the correct amount for postage. Check with your local postage service.

## If you do not have supporting information

You can still submit your application without any supporting information.

If you have supporting information but cannot find it right now, you can send it to us within 4 weeks of submitting your application.

You can also give us the names and contact details of people who can give us supporting information, and we'll get in touch with them for you.

If there is no supporting information, we'll get in touch and talk about how we can help you.

### How would you like to send us your supporting information?

Select all that apply

I will upload all or some of my supporting information online

I will send some or all of my supporting information with this application

I need your help to gather some or all of my supporting information

Or

I do not have any supporting information

Upload files from your computer or photos of documents you have taken on your smartphone: [documents.socialsecurity.gov.scot](https://documents.socialsecurity.gov.scot)

You can apply without any supporting information. If you have supporting information but cannot find it right now, you can send it to us within 4 weeks of submitting your application.

**Tell us about your supporting information**

Give a brief description of the supporting information you will be sending to us. For example, letter from social worker with details about the child's support needs

**Tell us about your supporting information**

Give a brief description of the supporting information you will be sending to us	Will you be sending it with this application
For example, letter from teacher with details about support the child needs at school	Yes/No

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# If we need to contact someone else for supporting information

In this section you will be asked to give details of professionals involved in the child's care and who understands their needs.

You can also give details of people in your wider support network who know the child and can tell us about the impact their condition or disability has on their life.

## Professional contacts

We may need to get in touch with a professional contact:

- to gather supporting information on your behalf
- if we need more information.

**Are there any professionals we can contact about the child's needs?**

If you're not adding any contact details for professionals, skip to page 64

A professional contact does not have to be a GP. A professional contact can be a:

- social worker
- psychologist
- doctor, consultant and nurse
- therapist like physiotherapist, occupational therapist, speech and language therapist
- teacher, educational support staff and school nurse
- paid support worker and the organisations they work for
- health board and local authority workers who support the child.

By adding someone's contact details here, you're giving us permission to contact them and ask them for supporting information about this application.

First name(s) | | | | | | | | | | | | | | | | | | | | | |

Last name | | | | | | | | | | | | | | | | | | | | | |

Job title | | | | | | | | | | | | | | | | | | | | | |

Department (optional) | | | | | | | | | | | | | | | | | | | | | |

Organisation (optional) | | | | | | | | | | | | | | | | | | | | | |

Phone number | | | | | | | | | | | | | | | | | | | | | |

Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
| | | | | | | | | | | | | | | | | | | | | |

Postcode | | | | | | | |

**When did they last spend time with the child?**

- In the last 3 months
- 3 to 12 months ago
- More than a year ago

**Why do you want us to speak to this person? (optional)**


## If we cannot get in touch with a professional contact

We'll make every effort to get in touch with the professional contacts you give us.

If we cannot get in touch with them, or cannot get the information we need, we may need to contact someone else who:

- works at the same organisation
- has the right professional background and knowledge.

This will help us avoid any delays in processing your application.

If you need to add more contacts, you can continue at the end of this form or on a separate sheet of paper. You should clearly mark it "Professional contacts."

I have continued this answer on a separate sheet of paper





### **When did they last spend time with the child?**

Select one

In the last 3 months

3 to 12 months ago

More than a year ago

### **Why do you want us to speak to this person? (optional)**

#### **Letting this person know we may contact them**

I understand that I should let this person know that Social Security Scotland:

- will store their contact details and their relationship to the child
- may get in touch with them to ask for supporting information about my application.

I have read and agree with these statements

If you need to add more contacts, continue on a separate sheet of paper and write on it "Other people we can contact."

I have continued this answer on a separate sheet of paper

Is the child currently staying in any of the following:

- hospital or hospice
- residential accommodation  
This includes care homes, residential schools and sheltered housing.
- legal detention  
This includes prison, youth custody and secure medical facilities.

Yes                  No

If you choose “yes” we’ll get in touch with you for more details.

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# Declaration

## Things you need to agree before you apply

As part of your application we'll do checks to confirm your identity.

We might need to see documents as proof of your identity. If we do, we'll contact you to ask you to book an appointment.

You do not need to do anything just now.

### **By signing this application, you agree to the following statements:**

As far as I know and believe, I declare that the information I have given in this form is correct and complete.

I understand that I may be prosecuted if I provide details that are not correct or complete.

If I am acting on behalf of an entitled individual, I agree to be liable to pay Social Security Scotland the value of any assistance given in error, unless that error is neither my fault nor the kind of error that a person acting on an individual's behalf could reasonably be expected to notice.

I understand that if I am (or, where applicable, the individual I act on behalf of is) paid too much following this application, money may be taken back from me, stopped or reduced in the future.

I agree to update Social Security Scotland straight away if there are any changes to the details of my circumstances (or, where applicable, the circumstances of the individual that I act on behalf of) that I have given in this form.

Your signature

Date    DD    MM    YYYY  
         |    |    | | |

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# You and your data

Social Security Scotland processes lots of data to do our job. We manage your personal data to deliver a number of social security benefits outlined in the Social Security (Scotland) Act 2018. We're committed to protecting and respecting your privacy.

To find out more about how Social Security Scotland uses your data you can either:

- go to [mygov.scot/social-security-data](https://mygov.scot/social-security-data)
- call us free on 0800 182 2222 and select the relevant benefit

If you need to contact us from outside the UK please call +44 (0)138 2931 000. This call is not free but you can ask us to call you back. Check with your phone provider for details of charges.

Return this form and any supporting information or any additional sheets you've used for your answers to:

Child Disability Payment  
PO Box 27167  
GLASGOW  
G4 7EA

You should write the following information on any supporting information or additional answer sheets:

- your full name and the child's name
- your date of birth
- your National Insurance number
- the words 'Child Disability Payment', so we know what you're applying for.

If you need a prepaid envelope, call us free on 0800 182 2222.

If you're sending information to us from outside the UK, you'll need to pay the correct amount for postage. Check with your local postal service.

You can use this space for any other information you may want to tell us about.

You can use this space for any other information you may want to tell us about.



Social Security Scotland  
Tèarainteachd Shòisealta Alba

If there's something else you need help with, or you want this form in other formats, call us free on 0800 182 2222.

If you need to contact us from outside the UK please call +44 (0)138 2931 000. This call is not free but you can ask us to call you back. Check with your phone provider for details of charges.