



Social Security Scotland  
Tèarainteachd Shòisealta Alba

# Disability Living Allowance to Adult Disability Payment Case Transfer Review Form

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.

DLA For Adults Case Transfer  
PO Box 27182  
Glasgow  
G4 7EG

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

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# Your disability benefit award recently moved from Disability Living Allowance to Adult Disability Payment.

This form will help us to ensure that you receive the correct payments.

## Completing your review form

The review form will ask you about:

- your condition and how it affects your ability to look after yourself, understand information and communicate with other people
- what help and support you need and why
- how you move around outdoors
- details of any medication, treatment or equipment you need
- It will help if you have information about these things to hand when you're completing the review form.

## Information about your condition or your symptoms if you are still waiting for a diagnosis

- information about any medical tests you have had and the results if you have them
- contact details for your GP and anyone else who you think could give more information about your condition
- your bank, building society or credit union account details.

## Supporting information

We'll also tell you how you can share supporting information with us.

Supporting information could include:

- social care assessments
- medical reports, letters or certificates
- prescription lists
- test results
- letters from people who know you, like social workers, or family members.

## If you need help

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

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

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

If you need to contact us from outside the UK please call +44 (0)1382 931 000. This call is not free but you can ask us to call you back. Check with your phone provider for details of charges.

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 review form.

You can also find out more about Adult 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 deliver a number of social security benefits outlined in the Social Security (Scotland) Act 2018. We are 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 blank pages at the end of the form, or on a separate sheet of paper.

You should write the following information on any additional sheets:

- your full name
- your date of birth
- your National Insurance number
- the words 'Adult Disability Payment', so we know what you're referring to.

You should also include the name of the section of the form that you're answering on the additional sheet of paper. Send any additional sheets of paper with your completed review form.

To help us process your completed review, fill in your details here before sending it back to us.

You should use the same details we used in previous correspondence with you.

This is on your National Insurance card, social security letter, payslip or P60. For example, 'QQ 12 34 56 C'

# About you

First name(s)

Last name

Date of birth

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

Address

Postcode

I do not have a fixed address

If you selected this, you'll need to tell us what address you want your letters sent to. We need this as we'll send you a letter with the outcome of your review.

Examples include the address of a:

- friend
- family member
- charity
- council.

Address

Postcode

# Conditions

## Examples of some conditions you might want to add:

- anxiety
- depression
- learning disabilities
- chronic obstructive pulmonary disease (COPD)
- arthritis
- fibromyalgia
- schizophrenia
- stroke
- multiple sclerosis (MS)
- autistic spectrum disorder
- back pain
- bipolar disorder
- post-traumatic stress disorder (PTSD)
- cancer.

In this section we ask about any conditions you have

This could include anything that affects your:

- physical ability
- mental health
- sight
- hearing
- speech
- learning ability

If you know the name of your condition or conditions you can enter them below. You'll be able to tell us about how your conditions affect you later in this form.

If you don't know the name of your condition or are waiting for a diagnosis, you can tell us about your symptoms and any test results you are waiting for on the next page.

Name of condition(s)	How long have you had this condition for?

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

I have continued this answer on a separate sheet of paper

You should include any test results you are waiting for and details of any consultations or assessments you have had.

If you don't know the name of the condition or it has not been diagnosed you can tell us about your symptoms.

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

I have continued this answer on a separate sheet of paper

Medication can include:

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

# Medications

## In this section we ask about any medication you take

This includes how often you take it and any medication that you do not take regularly or only need in emergencies.

You should tell us how often you take each medication and the level of support you need to take them.

Things that could help you complete this section include:

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

### Do you take any medication?

Yes                  No

If you choose no, skip to page 10.

## About your medication

If you have a recent prescription list showing your medication, you can either upload it online or post it to us. See page 17 for instructions on how to do this.

You can enter details of medications on the next page if:

- you do not have a prescription list
- you need to add any medications that are not on your prescription list.

### Do you want to enter details of any medications that are not on the prescription list?

Yes                  No

If you choose no, skip to page 10.

### What medication do you need?

You should also include any medications that you do not take regularly or only need in emergencies.

Medication name	Dosage	How often do you take it
For example Ritalin	50mg	Once a day

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

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



Does any of your medication cause any side effects?

Yes

No

Include any side effect you get from any of your medications. Include details such as when and how often the side effect occurs, as well as how long it lasts and how it affects your day-to-day life.

Tell us about any side effects caused by your medication.

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# Treatments and therapies

In this section we ask about any treatments and therapies you get

These could include:

- medical treatments
- counselling
- activities to improve wellbeing like art therapy and working with animals.

Do you get any treatments or therapies?

Yes            No

If you choose no, skip to page 12.

**What treatments or therapies do you get?**

Tell us the name of each treatment, how often it happens and how long it takes.

Treatment name	Frequency	Duration
For example Chemotherapy	Once a week	2 hours

Do any of your treatments or therapies cause any side effects?

Yes

No

Include any side effect you get from any of your treatments or therapies. Include details such as when and how often the side effect occurs, as well as how long it lasts and how it affects your day-to-day life.

**Tell us about any side effects caused by your treatments and therapies.**

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# Contacts and supporting information

## Information on the people you feel know you and your needs best

In this section you will also be asked to provide details of your GP if you have one. GPs often have access to the information we need or can help us find other health professionals who have it.

You will then have a chance to tell us about any supporting information you have and submit it as part of your review.

Examples of people you might like us to contact include:

- family members or people who look after you
- health professionals like consultants or nurses
- therapists
- social workers
- family support workers
- teachers.

### Is there anyone we can contact about your needs?

We might need to speak to people who know you and your needs. If you can provide us with more than one contact, it could help us find the information we need.

Yes                      No

If you choose no, skip to page 16.

## Add a contact

By adding a person's details here you give them permission to share information relating to your review with Social Security Scotland.

Name

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

This could be a job title, or their family or social relationship with you.

Describe how this person knows you

Department (optional)

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

Organisation (optional)

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

Phone number

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

Address


Postcode

| | | | | | | |

Country

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

This helps us know the best people to contact for different questions.



This helps us know the best people to contact for different questions.

**When did they last see you?**

In the last 3 months

3 to 12 months ago

More than a year ago

**Are you happy for us to contact someone else at this organisation if we are unable to contact the person named?**

Yes

No

No – the person I have named has a family or social relationship with me





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# Supporting information

Examples of supporting information:

- social care assessments
- medical reports, letters or certificates
- prescription lists
- test results
- letters from people who know you, like social workers or family members.

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

## How we can help you get information

If you need help getting information from people involved in your care, we can ask them for you. Contact us free on 0800 182 2222 to find out more.

If you need to contact us from outside the UK please call +44 (0)1382 931 000. This call is not free but you can ask us to call you back. Check with your phone provider for details of charges.

## 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 copies of supporting documents to us in the same envelope as this review form. Make sure all copies are clear and readable. It can take us up to two weeks to return any original documents you send. You can make photocopies at your local library.

You should write the following information on your photocopies:

- your full name
- your date of birth
- your National Insurance number
- the words 'Adult Disability Payment', so we know what you're referring to.

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

DLA For Adults Case Transfer  
PO Box 27182  
Glasgow  
G4 7EG

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

**How would you like to give us your supporting information?**

**Select all that apply**

I will upload some or all my supporting information online

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

I will send some or all of my supporting information later

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

OR

I will not be sending any supporting information

If you do not provide any supporting information, we may need to ask for more information from you or one of the contacts you have given us. This will delay your review.

**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 form?
For example, letter from social worker with details about your support needs	Yes or no

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# Daily living and mobility

## Preparing food – page 21

These questions are about your ability to prepare a simple meal safely and any help you need to do this.

## Taking nutrition – page 27

These questions are about your ability to eat and drink and any help you need to do this.

## Managing therapy or monitoring a health condition – page 34

These questions are about any help you need to monitor changes in your health condition, take medication or do therapy at home.

## Washing and bathing – page 38

These questions are about your physical ability to wash and bathe and any help you need to do this.

## Managing toilet needs or incontinence – page 46

These questions are about your physical ability to use the toilet and manage incontinence and any help you need to do this.

## Dressing and undressing – page 50

These questions are about your ability to get dressed and undressed and any help you need to do this.

## Communicating verbally – page 56

These questions are about your ability to hear, understand and communicate and any help you need to do this.

## Reading and understanding signs, symbols and words – page 61

These questions are about your ability to read and understand information and any help you need to do this.

## Engaging socially with other people face to face – page 65

These questions are about your ability to engage socially with other people and any help you need to do this.

## **Making budgeting decisions – page 69**

These questions are about whether you understand how to spend and manage money and any help you need to do this.

## **Planning and following journeys – page 72**

These questions are about whether you understand how to plan and follow a route to another place and any help you need to do this.

## **Moving around – page 78**

These questions are about your physical ability to stand and walk and any help you need to do this.

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# Preparing food

## What we mean by preparing and cooking food



### What this question is about

If you can do the things needed (on your own or with help and support) to prepare and cook a simple meal for one person.

### Preparing food

This includes things like:

- understanding if food is safe to eat and within its use by date
- opening packaging
- peeling and chopping food at waist height.

### Cooking food

This includes things like:

- using a hob at a standard height
- understanding if food is cooked enough to eat
- transferring food from a pot or pan to a plate or bowl
- following a recipe.

This includes being able to do some or all of these things:

- understand if food is safe to eat and within its use by date
- follow a recipe
- open packaging
- peel and chop food at waist height
- cook food on a standard hob at waist height
- cook or heat up food in a microwave if you cannot use a standard hob
- understand if food is cooked enough to eat
- transfer food from a pot or pan to a plate or bowl

This can be by yourself, or with help.

### Can you prepare and cook a simple meal?

Yes

I can sometimes or always prepare and cook a meal by myself or with help.

No

I cannot prepare and cook a meal by myself and always need someone to do this for me.

If no, fill in the box below, then skip to page 27.

Tell us why you always need someone to do this for you.

### Do you need someone to remind or encourage you to prepare and cook food?

Yes

I sometimes or always need someone to remind or encourage me to prepare and cook food.

No

I never need someone to remind or encourage me to prepare and cook food.

If yes, tell us why you need someone to remind or encourage you to prepare and cook food.

We know this might vary so you do not have to be exact, just tell us roughly. For example:

- at least once every day
- on average, about 4 days one week and 6 days the next depending on my condition.

This is to make sure you do not hurt yourself or do anything unsafe.

**How often do you need someone to remind or encourage you to prepare and cook food?**

**Do you need someone with you to keep you safe when you prepare and cook food?**

Yes

I sometimes or always need someone with me to keep me safe when I prepare and cook food.

No

I never need someone with me to keep me safe when I prepare and cook food.

If yes, tell us why you need someone with you to keep you safe when you prepare and cook food.

We know this might vary so you do not have to be exact, just tell us roughly. For example:

- every time I cook a meal, at least once a day
- for 3 weeks of the month I need help every day and for the other week I only need help 4 days.

**How often do you need someone with you to keep you safe when you prepare and cook food?**

This can be on your own or with help and support.

## Can you cook or heat up food in a microwave?

Yes

No

If no, tell us why you cannot cook or heat up food in a microwave.

## Help you need to prepare and cook food

This includes:

- help you might need but do not already have
- help you only need sometimes.

Examples of things you might need to use include:



Bottle and jar openers



Large handle utensils



Kitchen timer



Alarm for filling cups



Sitting on a stool while you cook



Something else



**Do you need to use anything to help you prepare and cook food?**

Yes

I sometimes or always need to use something to help me prepare and cook food.

No

I never need to use something to help me prepare and cook food.

If yes, what do you use to help you, and why do you need this?

We know this might vary so you do not have to be exact, just tell us roughly. For example:

- every time I cook a meal, at least once a day
- for 3 weeks of the month I need it every day and for the other week I only need it 4 days.

**How often do you need to use this?**

This might include:

- feeling tired
- being out of breath
- being in pain
- something else.

**After you have prepared and cooked food, does this change how you feel?**

Yes

No

If yes, tell us how you feel after you have prepared and cooked food.

If you have run out of space for any answers in this section, continue them on a separate sheet of paper. You should clearly mark it "Preparing food".

I have continued these answers on a separate sheet of paper.

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# Taking nutrition

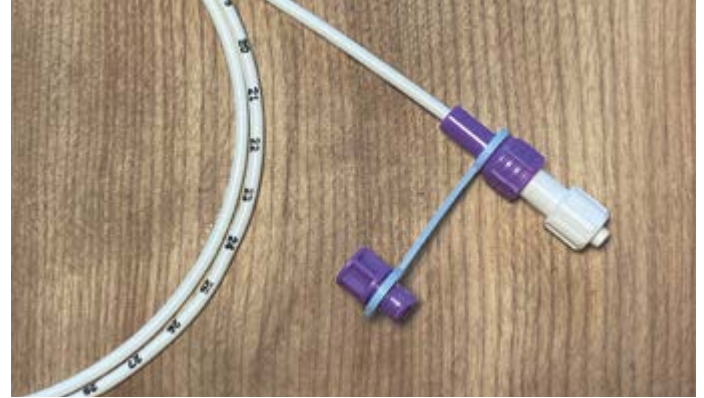
## What we mean by taking nutrition



### Eating and drinking

This means being able to:

- cut food into pieces
- put food and drink in your mouth
- chew and swallow it.



### Getting nutrition in another way

This means through a tube into your nose, stomach or veins.

This includes using something to help you, or getting help from another person.

## How do you eat and drink?

### Select one

I can feed myself (including with help) and chew and swallow food.

I get fed through a tube into my nose, stomach or veins.

I cannot feed myself at all and always need someone to feed me.

If you cannot feed yourself at all, fill in the box below, then skip to page 34.

Tell us why you always need someone to feed you.

**Do you need someone to remind or encourage you to eat and drink?**

Yes

I sometimes or always need someone to remind or encourage me to eat and drink.

No

I never need someone to remind or encourage me to eat and drink.

If yes, tell us why you need someone to remind or encourage you to eat and drink.

We know this might vary so you do not have to be exact, just tell us roughly.

For example:

- at least once every day
- usually 5 days in the week, but more often when I am feeling worse.

**How often do you need someone to remind or encourage you to eat and drink?**

If you get fed through a tube, answer the questions on page 30.

If you do not get fed through a tube, skip to page 31.

For example:

- a feeding tube into your stomach or nose
- a feeding line into your veins
- something else.

This could be help to:

- insert or remove it
- add the liquid food
- clean it
- something else.

We know this might vary so you do not have to be exact, just tell us roughly.

For example:

- every time I need it
- only when my condition is worse, so for around 8 weeks out of every 12.

**What type of feeding tube do you use?**

**Do you need someone to help you use a feeding pump or tube?**

Yes

No

If yes, tell us how someone helps you to use a feeding pump or tube, and why you need this help.

**How often do you need someone to help you use a feeding pump or tube?**

## Help you need to eat and drink

This includes:

- help you might need but do not already have
- help you only need sometimes.

Examples of things you might need include:



Weighted plates



Plate guards



No-spill cups



Knives, forks and spoons with large handles



Help from another person (for example, to cut up food or make sure you don't choke)



Something else

This can be using something to help you, or getting help from another person.

This includes keeping an eye on you to make sure you eat and drink safely.

**What help do you need to eat and drink?**

**Select all that apply**

I can eat and drink using something to help me.

I can eat and drink if another person helps me.

OR

I can eat and drink by myself without help.

If you selected "I can eat and drink by myself without help", skip to page 33.

If you selected 'I can eat and drink using something to help me', what do you use to help you, and why do you need this?

We know this might vary so you do not have to be exact, just tell us roughly. For example:

- every time I eat and drink
- when my pain is bad, every 3 weeks out of 4.

How often do you need to use this?

If you selected 'I can eat and drink if another person helps me', how does another person help you to eat and drink, and why do you need this help?

We know this might vary so you do not have to be exact, just tell us roughly. For example:

- every time I eat and drink
- when my pain is bad, every 4 weeks out of 6.

How often do you need this help?



This might include:

- dropping or spilling food
- the length of time it takes you to eat a meal (tell us how long)
- being in pain
- feeling tired
- something else.

**Does your condition affect you while you eat and drink, or after?**

Yes

No

If yes, tell us how you are affected.

If you have run out of space for any answers in this section, continue them on a separate sheet of paper. You should clearly mark it "Taking nutrition".

I have continued these answers on a separate sheet of paper.

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# Managing therapy or monitoring a health condition

## What we mean by managing therapy or monitoring a health condition



### Taking medication

This is any medication you take that has been prescribed or recommended by a health professional.

Herbal medicine is not included.

### Monitoring a health condition

This is looking out for and dealing with any changes in your health.

### Doing therapy at home

This is any therapy or treatment that a health professional has told you to do at home.

Examples include:

- physiotherapy
- dialysis.

Alternative therapies and talking therapies are not included.

This is only medication that has been prescribed or recommended by a health professional.

## Help you need to take medication

This includes:

- help you might need but do not already have
- help you only need sometimes.

Examples of things you might need include:



Pill box  
(sometimes called a dosette box)



Pill crusher or splitter



Asthma inhaler spacer



Someone to remind you to take medication



Someone to physically help you to take medication



Something else

Do you need help to take prescribed medication?

Yes

I need to use something or get help from another person to take medication.

No

I can take medication by myself or do not take medication.

If yes, what help do you need to take medication, and why do you need this help?

We know this might vary so you do not have to be exact, just tell us roughly. For example:

- I need to use a pill box 3 times a day
- I need someone to remind me about 4 days each week.

Tell us about help you need from another person (or more than one person) to look out for and deal with any changes in your health. For example:

- taking your temperature
- checking your blood sugar levels
- something else.

We know this might vary so you do not have to be exact, just tell us roughly. For example:

- I need someone's help every day
- I need help about 4 days each week.

## How often do you need this help?

## Help you need to monitor a health condition

This includes:

- help you might need but do not already have
- help you only need sometimes.

Do you need someone to help you monitor a health condition?

Yes

I sometimes or always need someone to help me monitor a health condition.

No

I never need someone to help me monitor a health condition.

If yes, how does someone help you to monitor a health condition, and why do you need this help?

## How often do you need this help?

This is help with a therapy or treatment that a health professional has told you to do at home. This includes help you only need sometimes. For example:

- physiotherapy
- dialysis
- something else.

This can be more than one person. For example:

- I need someone to hold my legs up when I do my physiotherapy exercises
- I need someone to set up the home dialysis equipment for me.

This is just help with the therapy itself, not time to get ready or set things up.

If you get help from more than one person, tell us the total time you get help for.

## Help you need to do therapy at home

Do you need someone to help you do therapy at home?

Yes

I sometimes or always need someone to help me do therapy at home.

No

I never need someone to help me or I do not do therapy at home.

If yes, how does someone help you do therapy at home, and why do you need this help?

How long does someone spend helping you do therapy at home each week?

Select one

Less than 3.5 hours a week

Between 3.5 and 7 hours a week

Between 7 and 14 hours a week

More than 14 hours a week

If you have run out of space for any answers in this section, continue them on a separate sheet of paper. You should clearly mark it "Managing therapy or monitoring a health condition".

I have continued these answers on a separate sheet of paper.

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# Washing and bathing

## What we mean by washing and bathing



### Getting into baths and showers

We'll ask if you can physically get in and out of a standard bath and shower cubicle. This means one that has not been specially adapted to make it easier for you to use.

### Getting washed

Once you are in the bath or shower, we want to know if you are physically able to wash yourself.

### Mental health

You should tell us if:

- your mental health affects whether you can wash and bathe
- you have difficulty understanding how and when to wash and bathe.

### What's covered in other sections

You can tell us more about your ability to get to and from the bathroom in the 'Moving around' section on page 78.

You can tell us more about your ability to get dressed and undressed in the 'Dressing and undressing' section on page 50.

It's ok if you're not sure where to put something. We'll take into account all relevant information that's included anywhere in this review form.

This includes washing:

- your hair
- between your shoulders and waist
- below your waist.

This can be by yourself, or with help.

This could include reminding you to wash and bathe more often or less often.

### Can you wash yourself in the bath or shower?

Yes

I can sometimes or always wash at least some of my body by myself or with help.

No

I cannot wash any part of my body by myself and always need someone to do this for me.

If no, fill in the box below, then skip to page 46.

If no, tell us why you always need someone to do this for you.

### Do you need someone to remind or encourage you to wash and bathe?

Yes

I sometimes or always need someone to remind or encourage me to wash and bathe.

No

I never need someone to remind or encourage me to wash and bathe.

If yes, tell us why you need someone to remind or encourage you to wash and bathe.

We know this might vary so you do not have to be exact, just tell us roughly. For example:

- every time I wash which is every 2 days
- for 2 weeks of every month on average.

How often do you need someone to remind or encourage you to wash and bathe?

## Help you need to get in and out of baths and showers

This includes:

- help you might need but do not already have
- help you only need sometimes.

Examples of things you might need include:



Grab rail



Bath seat



Help from another person



Something else

You need to answer both of these questions even if you:

- do not often have a bath
- do not often have a shower
- have no bath or no shower cubicle in your home.

Do you need help to get in and out of a standard bath?

Yes

I sometimes or always need help to get in and out of a bath.

No

I never need help to get in and out of a bath.



**Do you need help to get in and out of a standard shower cubicle?**

Yes

I sometimes or always need help to get in and out of a shower cubicle.

No

I never need help to get in and out of a shower cubicle.

If yes to either of the above, tell us what help you need to get in and out of the bath or shower, and why you need this help.

We know this might vary so you do not have to be exact, just tell us roughly. For example:

- every time I get in the bath or shower
- every day for 2 weeks in the month and 4 days a week for the other 2 weeks.

**How often do you need this help?**

Some conditions or symptoms affect your ability to have a bath or shower safely. You may need someone with you to keep you safe, for example if you have:

- seizures
- poor balance
- something else.

We know this might vary so you do not have to be exact, just tell us roughly. For example:

- every time I have a bath or shower
- every day for 2 weeks in the month and 4 days a week for the other 2 weeks.

## Do you need help to have a bath or shower safely?

Yes

I sometimes or always need help to have a bath or shower safely.

No

I never need help to have a bath or shower safely.

If yes, tell us what help you need to have a bath or shower safely and why you need this help.

## How often do you need this help?

## Help you need to get washed once you are in the bath or shower

This includes:

- help you might need but do not already have
- help you only need sometimes.

Examples of things you might use to help you include:



Long handled sponge



Foot washer



Non-slip mat



Help from another person



Something else

Can you wash your hair?

Select one

I can do it by myself

I can do it using something to help me

I can do it if another person helps me

Can you wash yourself between your shoulders and waist?

Select one

I can do it by myself

I can do it using something to help me

I can do it if another person helps me

## Can you wash yourself below your waist?

### Select one

I can do it by myself

I can do it using something to help me

I can do it if another person helps me

If you selected 'I can do it using something to help me' to any of the above, tell us what you use to help you wash, and why you need this.

We know this might vary so you do not have to be exact, just tell us roughly.

For example:

- every time I have a bath or shower
- every day for 2 weeks in the month and 4 days a week for the other 2 weeks.

### How often do you need to use this?

If you selected 'I can do it if another person helps me' to any of the above, tell us what help you need from another person to wash, and why you need this help.

We know this might vary so you do not have to be exact, just tell us roughly.

For example:

- 2-3 times a week when I have a bath or shower
- for 2 weeks in the month I need help every day and for the other 2 weeks I need help 5 days a week.

### How often do you need this help?

Roughly how long does it take you to have a bath or a shower?

This might include:

- feeling tired
- being out of breath
- being in pain
- something else.

After you have had a bath or a shower, does this change how you feel?

Yes

No

If yes, tell us how you feel after you have had a bath or a shower.

If you have run out of space for any answers in this section, continue them on a separate sheet of paper. You should clearly mark it "Washing and bathing".

I have continued these answers on a separate sheet of paper.

---

# Managing toilet needs or incontinence

## What we mean by managing toilet needs or incontinence



### Using the toilet

This includes:

- getting on and off a standard toilet (this means one that has not been specially adapted for you to use)
- urinating (peeing) or pooing (this includes using a catheter or a stoma bag).

### Cleaning yourself

Wiping or washing yourself after you've used the toilet.

### Incontinence

This is:

- an urge to urinate or poo that you can't control
- urinating or pooing without realising you needed the toilet.

We understand it might be difficult to answer some of the questions in this section but try not to feel embarrassed or miss out any information.

### What's covered in other sections

You can tell us about your ability to get to and from the bathroom in the 'Moving around' section on page 78.

If you need to change your underwear or clothes if they get soiled, you can tell us about this in the 'Dressing and undressing' section on page 50.

It's ok if you're not sure where to put something. We'll take into account all relevant information that's included anywhere in this review form.

**Do you have incontinence?**

**Select one**

I sometimes or always have urinary incontinence

I sometimes or always have bowel incontinence

I sometimes or always have urinary and bowel incontinence

I do not have incontinence

**Do you need someone to remind or prompt you to use the toilet?**

Yes

I sometimes or always need someone to remind or prompt me to use the toilet.

No

I never need someone to remind or prompt me to use the toilet.

**If yes, tell us why you need someone to remind or prompt you to use the toilet.**

We know this might vary so you do not have to be exact, just tell us roughly. For example:

- every time I use the toilet
- when my condition flares up, so for around 2 weeks out of every 4.

How often do you need someone to remind or prompt you to use the toilet?

## Help you need to use the toilet or manage incontinence

This includes:

- help you might need but do not already have
- help you only need sometimes.

Examples of help you might need include:



Incontinence pads



Raised toilet seat



Stoma bag or catheter



Someone to help you get on and off the toilet



Someone to help you clean yourself



Something else

What help do you need to use the toilet or manage incontinence?

Select all that apply

I can use the toilet or manage incontinence using something to help me.

I can use the toilet or manage incontinence if another person helps me

OR

I can use the toilet by myself without any help



If you selected 'I can use the toilet or manage incontinence using something to help me', what do you use to help you, and why do you need this?

We know this might vary so you do not have to be exact, just tell us roughly. For example:

- every time I use the toilet
- when my condition flares up, so for around 8 weeks out of every 12.

**How often do you need to use this?**

If you selected 'I can use the toilet or manage incontinence if another person helps me', how does another person help you, and why do you need this help?

We know this might vary so you do not have to be exact, just tell us roughly. For example:

- every time I use the toilet
- when my condition flares up, so for around 3 weeks out of every 4.

**How often do you need this help?**

If you have run out of space for any answers in this section, continue them on a separate sheet of paper. You should clearly mark it "Managing toilet needs or incontinence".

I have continued these answers on a separate sheet of paper.

---

# Dressing and undressing

## What we mean by dressing and undressing



### Dressing and undressing

This is putting on and taking off clothes, socks and shoes. This includes doing up buttons and zips and tying shoelaces.

### Mental health

You should tell us if your mental health affects your ability to get dressed and undressed.

### Choosing suitable clothes

This is being able to choose clothes that are clean, and suitable for the:

- occasion
- weather.

We do not need to know about:

- choosing matching clothes
- telling the difference between colours.

This can be by yourself or with help. This includes:

- dressing and undressing your upper body
- dressing and undressing your lower body.

This could include reminding you to change your clothes if they get dirty or soiled, or for another reason.

### Can you get dressed and undressed?

Yes

I can sometimes or always get dressed and undressed by myself or with help.

No

I can never get dressed and undressed by myself and always need someone to do this for me.

If no, fill in the box below, then skip to page 56.

If no, tell us why you always need someone to do this for you.

### Do you need someone to remind or encourage you get dressed or undressed?

Yes

I sometimes or always need to be reminded or encouraged to dress and undress.

No

I never need to be reminded or encouraged to dress and undress.

If yes, tell us why you need someone to remind or encourage you to dress and undress.

We know this might vary so you do not have to be exact, just tell us roughly. For example:

- every time I get dressed because it is painful
- when my mood is low I need help every day, this can be 3 weeks out of every 4.

This means clothes that are suitable for the:

- occasion
- weather.

We know this might vary so you do not have to be exact, just tell us roughly. For example:

- every time I get dressed.

How often do you need someone to remind or encourage to dress and undress?

**Do you need someone to help you choose suitable clothes?**

Yes

I sometimes or always need help to choose suitable clothes.

No

I never need help to choose suitable clothes.

If yes, tell us why you need someone to help you choose suitable clothes.

**How often do you need this help?**

We want to know if:

- you need to use any items to help you get dressed and undressed
- your condition means you need to wear adapted clothes or shoes that are easier to put on and take off.

## Help you need to dress and undress

This includes:

- things you might need but do not already have
- things you only need to use sometimes.

Examples of things you might need to use include:



Grabber



Sock puller



Shoe horn



Something else

Examples of adapted clothes include:



Slip-on or loose fitting clothes



Velcro fastenings



Something else

Do you need to use any items or adapted clothes to help you dress or undress?

Yes

I sometimes or always need to use something to help me dress and undress.

No

I never need to use something to help me dress and undress.

If yes, what do you use to help you, and why do you need this?

We know this might vary so you do not have to be exact, just tell us roughly. For example:

- every time I get dressed
- for 3 weeks out of every month on average.

**How often do you need to use this?**

**Do you need someone to help you dress and undress your upper body?**

Yes

I sometimes or always need help to do this.

No

I never need help to do this.

**Do you need someone to help you dress and undress your lower body?**

Yes

I sometimes or always need help to do this.

No

I never need help to do this.

If yes, how does another person help you to get dressed and undressed, and why do you need this help?

We know this might vary so you do not have to be exact, just tell us roughly. For example:

- every time I get dressed
- for 3 weeks out of every month on average.

**How often do you need this help?**

**How long does it take you to get dressed and undressed?**

This might include:

- feeling tired
- being out of breath
- pain
- something else.

**After you have got dressed or undressed, does this change how you feel?**

Yes

No

If yes, tell us how you feel after you have got dressed or undressed.

If you have run out of space for any answers in this section, continue them on a separate sheet of paper. You should clearly mark it "Dressing and undressing".

I have continued these answers on a separate sheet of paper.

# Communicating verbally

## What we mean by communicating verbally



### Verbal communication

This includes being able to:

- speak to people, or express yourself in another way that can be understood
- hear what people say to you
- understand what people say to you.

You can tell us about your ability to understand written communication in the 'Reading and understanding signs, symbols and words' section.

It's ok if you're not sure where to put something. We'll take into account all relevant information that's included anywhere in this review.

### First language

We want to know about your ability to understand and express yourself in your first language. This does not need to be English.

### Basic information

This is short, simple sentences.

For example, a conversation using basic information could be:

- "Would you like a cup of tea?"
- "Yes please, I'd love a cup of tea."

### Complex information

This is more than one sentence, or one very detailed sentence.

For example, a conversation using complex information could be:

- "Can you tell me the way to the bus stop? I'm new here and I got lost."
- "Cross the road, and then turn left at the end of the street. The bus stop will be in front of you."



This includes being able to:

- hear what people say to you
- understand someone saying a short, simple sentence
- say or express a short, simple sentence.

This can be by yourself, or with help.

This includes being able to:

- understand someone telling you lots of details in one sentence
- understand someone saying more than one sentence
- say or express more than one sentence.

This can be by yourself or with help.

### Can you understand and express basic information?

Yes

I can sometimes or always understand or use short, simple sentences by myself or with help.

No

I cannot speak or understand people speaking at all.

If no, fill in the box below, then skip to page 61.

If no, tell us why you cannot do this, even with help.

### Can you understand and express complex information?

Yes

I can sometimes or always understand and express complex information by myself or with help.

No

I can never understand or express complex information even if someone helps me.

If no, tell us why you cannot do this, even with help.

This includes help or support you might need but do not already have.

This can be a professional, like a British Sign Language (BSL)/English interpreter. It can also be someone without training, like a family member or friend.

Examples include someone to help you:

- hear what's being said
- understand what's being said
- speak, or speak for you
- in another way.

For example:

- hear what's being said
- understand what's being said
- speak, or speak for you
- in another way.

This can be more than one person, including:

- friends or family members
- British Sign Language (BSL)/ English interpreters
- care workers.

**Do you need another person to help you communicate?**

Yes

I sometimes or always need another person to help me so I can communicate.

No

I never need another person to help me so I can communicate.

**If yes, what help do you need to communicate?**

**Who do you need to help you communicate?**

We know this might vary so you do not have to be exact, just tell us roughly. For example:

- every time I speak to someone which is most days in the week.

## How often do you need this help?

## Help you need from something

We want to know if you need to use any items to help you:

- hear or understand
- speak or express yourself.

Things you might use to help you communicate include:



Hearing aid



Expression cards



Something else

Do you need to use anything to help you communicate?

Yes

I sometimes or always need to use something to help me communicate.

No

I never need to use something to help me communicate.

If yes, what do you use to help you, and why do you need this?

For example:

- on average, for just over half the month I need to use a hearing aid to hear a normal conversation
- I have to use a hearing aid when speaking to someone one to one. This is almost every single day.

**How often do you need to use this?**

If you have run out of space for any answers in this section, continue them on a separate sheet of paper. You should clearly mark it "Communicating verbally".

I have continued these answers on a separate sheet of paper.

# Reading and understanding signs, symbols and words

What we mean by reading and understanding signs, symbols and words



## Reading

This includes:

- reading information that's written or printed in a standard text size (not large print)
- reading signs, numbers, symbols and other information
- your ability to understand what you read
- reading indoors or outside.

Your ability to remember what you've read is not taken into account.

## First language

We want to know about your ability to read and understand things in your first language. This does not need to be English.

## Basic information

This is short, simple information.

Examples include:

- a sign to a station or hospital
- an emergency exit sign
- a date.

## Complex information

This is more detailed information.

Examples include:

- a letter
- a leaflet or magazine
- a bus or train timetable.

This is short, simple information. Examples include:

- a sign to a station or hospital
- an emergency exit sign
- a date.

This can be by yourself, or with help (not including glasses or contact lenses).

This is more detailed information. Examples include:

- a letter
- a leaflet or magazine
- a bus or train timetable.

This can be by yourself, or with help (not including glasses or contact lenses).

### Can you read and understand basic information?

Yes

I can sometimes or always read and understand basic information by myself or with help.

No

I cannot read and understand information at all.

If no, fill in the box below, then skip to page 65.

If no, tell us why you cannot do this, even with help.

### Can you read and understand complex information?

Yes

I can sometimes or always read and understand complex information by myself or with help.

No

I can never read and understand complex information even with help.

If no, tell us why you cannot do this, even with help.

## Help you need to read and understand information

This includes:

- help you might need but don't already have
- help you only need sometimes.

Examples of things you might need to use to help you include:



Magnifier



Talking watch or phone



Big button phone



Coloured overlays



Help from another person



Something else

What help do you need to read and understand information?

Select all that apply

This does not include glasses or contact lenses.

I can read and understand information using something to help me

I can read and understand information if another person helps me

OR

I can read and understand information by myself

If you selected 'I can read and understand information using something to help me', what do you use to help you, and why do you need this?

We know this might vary so you do not need to be exact, just tell us roughly. For example:

- I need this help every time I read which is every day.

### How often do you need to use this?

If you selected 'I can read and understand information if another person helps me', how does another person help you, and why do you need this help?

We know this might vary so you do not need to be exact, just tell us roughly. For example:

- usually every day, I can read but I need someone to explain it to me so I understand it
- about once a week I get a really bad migraine and I struggle to read for the whole day.

### How often do you need this help?

If you have run out of space for any answers in this section, continue them on a separate sheet of paper. You should clearly mark it "Reading and understanding signs, symbols and words".

I have continued these answers on a separate sheet of paper.



# Engaging socially with other people face to face

## What we mean by engaging socially with other people



### What this question is about

Your ability to engage with others in a socially appropriate way.

This includes being able to have a conversation with someone and understand someone's:

- body language, like facial expressions
- emotions, like if they are happy or sad
- intentions, like if they are trying to help you or not.

### In person only

We only want to know about when you meet someone in person. This can be someone you know or do not know.

Engagement online or over the phone is not included.

### What engagement means

Examples of everyday engagement include chatting with:

- a shop assistant
- someone at the bus stop
- a friend
- a neighbour.

We want to know if you have a condition that makes you feel so anxious or distressed that you cannot engage with other people at all.

This might be a mental health condition, or something else.

If you can engage with people, you will get a chance later to tell us more about how you feel before and after you do this.

When you engage with someone, we want to know if there's a risk of physical or emotional harm to you or the other person because of your condition or symptoms. For example:

- someone might see you as vulnerable and take advantage
- you might become aggressive towards someone
- something else.

### Can you engage with other people at all?

Yes

I can sometimes or always engage with other people, even if I feel anxious or distressed.

No

I cannot engage with other people at all because of severe anxiety or distress.

If no, tell us why you cannot engage with other people at all.

### Is there a risk of harm to yourself or others when you engage with people?

Yes

There is a risk of harm when I engage with other people.

No

There is not a risk of harm when I engage with other people.

If yes, tell us what the risk is and why.

If you have selected 'I cannot engage with other people at all because of severe anxiety or distress.'

AND

'There is a risk of harm when I engage with other people' then skip to page 69.

For example, someone to:

- be with you to keep you calm
- help build your confidence
- encourage you
- help you manage your anxiety
- support you in another way.

This can be more than one person, for example:

- friends or family members
- care workers or trained nurses
- someone else who helps you.

We know this may vary so you do not have to be exact, just tell us roughly. For example:

- every time I have to speak to someone
- when my condition changes, this can be for 3 weeks out of 4.

**Do you need someone to help you engage with others?**

Yes

I sometimes or always need someone to help me engage with others.

No

I never need someone to help me engage with others.

**If no, skip to page 68.**

**Who do you need help from to engage with others?**

**How do they help you to engage with others, and why do you need this help?**

**How often do you need someone to help you engage with others?**

We want to know how engaging with other people makes you feel. This might include:

- feeling anxious before you engage with someone
- feeling distressed or confused after you engage with someone
- feeling exhausted after you engage with someone
- something else.

**Does your condition affect the way you feel when you engage with other people?**

Yes

No

**If yes, tell us how you feel when you engage with other people.**

If you have run out of space for any answers in this section, continue them on a separate sheet of paper. You should clearly mark it "Engaging socially with other people".

I have continued these answers on a separate sheet of paper.

---

# Making budgeting decisions

## What we mean by making budgeting decisions



### Paying for things

This includes understanding:

- the price of things
- the value of bank notes and coins
- how much change you should get back when buying something.

It is not about having enough money.

### Managing money

This includes things like:

- paying bills on time
- working out a budget to make your money last
- planning ahead for buying bigger things, like a TV.

This includes being able to understand:

- the price of things
- the value of bank notes and coins
- how much change you should get back.

This can be by yourself or with help.

This is because of your conditions or symptoms.

### Can you pay for things when you are in a shop?

Yes

I can sometimes or always pay for things by myself or with help.

No

I cannot pay for things by myself and always need someone to do this for me.

If no, fill in the box below, then skip to page 72.

If no, tell us why you always need someone to do this for you.

### When shopping, do you need help from someone to pay for things?

Yes

I sometimes or always need help to pay for things.

No

I never need help to pay for things.

If yes, tell us why you need help from someone to pay for things.

We know this may vary so you do not have to be exact, just tell us roughly. For example:

- every time I handle money
- for roughly 3 weeks in the month when my condition changes.

This might be because of a mental health condition, a learning difficulty or something else.

### How often do you need this help?

### When paying bills or planning a budget, do you need help from someone?

Yes

I sometimes or always need help to pay bills or plan a budget.

No

I never need help to pay bills or plan a budget.

If yes, tell us why you need help to pay bills and plan your budget.

We know this may vary so you do not have to be exact, just tell us roughly. For example:

- every time I have to pay a bill
- when my mood is low, so for about 7 months in the year on average.

### How often do you need this help?

If you have run out of space for any answers in this section, continue them on a separate sheet of paper. You should clearly mark it "Making budgeting decisions".

I have continued these answers on a separate sheet of paper.

---

# Planning and following journeys

## What we mean by planning and following journeys



### What this section is about

Your ability to plan a journey and follow the route there.

It is not about your physical ability to walk somewhere. We'll ask you about that in our 'Moving around' question.

It's ok if you're not sure where to put something. We'll take into account all relevant information that's included anywhere in this review form.

### Familiar journey

When we ask about familiar journeys, this is to places in your local area that you know the way to. For example your:

- local shop
- friend's house.

### Unfamiliar journey

When we ask about unfamiliar journeys, this is to places in your local area you:

- have not been to before
- need to plan a route to.



## Planning an unfamiliar journey (before you leave your home)

Think about what you do when you need to work out how to get somewhere new. This is before you leave your home.

For example, what would you do if you had to:

- meet a friend at a café you have not been to before
- go for an appointment at a building you have not been to before
- go and visit someone at their house for the first time.



Planning a  
new route  
without help



Planning a  
new route  
with help

**Do you need help to work out how to get to somewhere new?**

Yes

I sometimes or always need help to work out how to get to somewhere new.

No

I never need help to work out how to get to somewhere new.

If yes, what help do you need to work out how to get to somewhere new, and why do you need this help?

We know this may vary so you do not have to be exact, just tell us roughly. For example:

- every time I need to go somewhere new.

## How often do you need this help?

### Following an unfamiliar journey (after you leave your home)

Think about when you have directions to a new place. We want to know if you need help to get there. This is after you leave your home and includes help you need if you get lost on the way. This includes:

- help you might need but do not already have
- help you only need sometimes.

#### Things you might need to use to help you include:

- help from another person
- an assistance dog
- a white stick
- a long cane
- something else.



Following a new route without help



Following a new route with help

### Do you need help to follow the route to a new place?

Yes

I sometimes or always need help to follow the route to a new place.

No

I never need help to follow the route to a new place.

If yes, what help do you need to follow a route to a new place and why do you need this help?

We know this may vary so you do not have to be exact, just tell us roughly. For example:

- every time I go somewhere new
- when my symptoms are worse so for 3 weeks in the month.

**How often do you need this help?**

### Following a familiar journey (after you leave your home)

Think about going somewhere you've been before and know the way to, like a local shop or a friend's house. We want to know if you need help to get there, or help if you get lost on the way.

This includes:

- help you might need but do not already have
- help you only need sometimes.

**Things you might need to use to help you include:**

- help from another person
- an assistance dog
- a white stick
- a long cane
- something else.



Going on a familiar journey without help



Going on a familiar journey with help

**Do you need help to get to somewhere you've been to before?**

Yes

I sometimes or always need help to get to somewhere I've been to before.

No

I never need help to get to somewhere I've been to before.

If yes, what help do you need to get to somewhere you've been to before, and why do you need this help?

We know this may vary so you do not have to be exact, just tell us roughly.

For example:

- every time I go somewhere
- when my symptoms are worse so for 3 weeks in the month.

**How often do you need this help?**

Think about leaving your home to go somewhere. We want to know if you have a condition that makes you feel so anxious that you are unable to do this at all.

This might be a mental health condition such as:

- anxiety
- agoraphobia
- depression
- something else.

### Can you leave your home at all?

Yes

I can sometimes or always leave my home, even if I feel anxious or distressed.

No

I cannot leave my home at all because of my mental health.

If no, tell us more about how you feel and why.

If you have run out of space for any answers in this section, continue them on a separate sheet of paper. You should clearly mark it "Planning and following a journey".

I have continued these answers on a separate sheet of paper.

---

# Moving around

## What we mean by moving around



### Standing

This means standing with at least one foot on the ground.

### Walking

This means walking on flat, level ground. It does not include walking up or down stairs or slopes.

### Most days

When we ask about most days, we mean more than half of the time in an average week or month.

Our questions on moving around only need to be answered if you have at least one foot.

**How many feet do you have?**

**Select one**

Two

One

None

If none, skip to the 'About you' section on page 83.

Our questions on standing and walking only need to be answered if you can walk further than 1 metre most days.

**Can you walk more than 1 metre (2 to 3 steps) most days?**

Yes

No

This is on flat, level ground only and includes getting help from someone or something like a walking stick or walking frame.

If no, fill in the box below, then skip to the 'About you' section on page 83.

For example, because of:

- loss of mobility
- pain
- being out of breath
- tiredness
- something else.

**Tell us why you cannot walk more than 1 metre (2 to 3 steps) most days.**

These photos of someone walking along in a car park might help you to judge the distance you are able to walk.

## How far you can walk

This is on flat, level ground only and includes getting help from someone or something like a walking stick or walking frame.



The length of the arrow is about 20 metres



The length of the arrow is about 50 metres



The length of the arrow is about 200 metres

## How far can you walk most days without stopping?

Select one

Up to 20 metres

Between 20 and 50 metres

Between 50 and 200 metres

More than 200 metres

The distance I can walk varies day-to-day depending on my condition

If you selected 'more than 200 metres', skip to the 'About you' section on page 83.



For example, because of:

- physical conditions
- symptoms like pain, being out of breath or feeling tired
- something else.

Include distances if you can.

**Tell us why there's a limit to how far you can walk most days, and if this varies, tell us how.**

**Tell us roughly how long it takes you to walk this far on most days.**

This might include:

- feeling tired
- being out of breath
- being in pain
- something else.

**After you have walked this far on most days, does this change how you feel?**

Yes

No

**If yes, tell us how you feel after you have walked this far.**

## Help you need to stand and walk

This includes:

- help you might need but do not already have
- help you only need sometimes.

Examples of help you might need include:



Walking stick



Walking frame, such as a zimmer frame



Crutches



Holding on to someone's arm



Holding on to a grab rail or furniture



Something else

Do you need help to stand and walk?

Yes

I sometimes or always need help to stand and walk.

No

I never need help to stand and walk.

If yes, what help do you need to stand and walk, and why do you need this help?

We know this might vary so you do not have to be exact, just tell us roughly. For example:

- once a day when I have to walk
- 3 days a week, for the other 4 my pain is so bad I cannot walk at all.

### How often do you need this help?

### Do you trip or fall because of your condition?

Yes

No

If yes, tell us why you trip or fall because of your condition, and how often this happens.

If you have run out of space for any answers in this section, continue them on a separate sheet of paper. You should clearly mark it "Moving around".

I have continued these answers on a separate sheet of paper.

### About you

You should tell us if you have been staying in any of these places.

### Have you been staying in any of the following:

- hospital or hospice
- residential accommodation – this includes care homes, educational establishments and sheltered housing
- legal detention – this includes prison, youth custody and secure medical facilities.

Yes

No

If you select "Yes" we'll get in touch with you for more details.

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# Declaration

## Things you need to agree before you submit this review

As part of your review 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 review form, 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 complete or correct.

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 review, 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 are 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)1382 931 000. 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:

DLA For Adults Case Transfer  
PO Box 27182  
Glasgow  
G4 7EG

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

- your full name
- your date of birth
- your National Insurance number
- the words 'Adult Disability Payment', so we know what you're referring to.

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

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

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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.