

**Client name**  
**Street name**  
**City**  
**Postcode**

**Social Security Scotland**  
**PO Box 10300**  
**Dundee**  
**DD1 9FU**  
**Freephone: 0800 182 2222**  
**[mygov.scot/benefits](https://mygov.scot/benefits)**

**Dated 2 weeks ago**

Dear **Client**,

### **It's time to review your Adult Disability Payment**

We need to know about any changes to your conditions, care needs or circumstances to make sure you're being paid the right amount.

We've sent you:

- a summary of our last decision
- a form so you can tell us about any changes.

If you are unsure what counts as a change, call us free on 0800 182 2222.

### **What is a review**

A review is a chance for you to tell us about any changes since our last decision. For example, you must tell us if:

- your condition gets better or worse in the longer term
- the level of help and care you needs changes
- you move away from Scotland, either temporarily or permanently
- you go into a care home or residential care
- you go into a residential educational establishment or a detention facility.
- a new person starts looking after you, or acting on your behalf.

You do not need to tell us if:

- you spend any time in hospital
- your condition fluctuates on a day to day basis.

**Dignity, fairness, respect.**

We understand that conditions can vary from day to day, and your overall needs remain the same, then you do not need to inform us. If your condition gets significantly better or worse, then you will need to let us know.

If something has changed and you are unsure whether you need to tell us, please call us to check. You can find out more about how we make decisions at [mygov.scot/adult-disability-payment](https://mygov.scot/adult-disability-payment).

### **If nothing has changed**

Before you confirm that nothing has changed, read the summary of our last decision on the following pages.

If nothing has changed since our last decision, and all the information we have on file for you is up to date, you just need to sign and return pages x to x or this letter.

### **If there has been a change**

Read the summary of our last decision on the following pages, then fill in the relevant sections of the enclosed form. You only need to fill in the sections that apply to you. Full instructions can be found on page 1 of the form.

Send the completed form back to us by freepost to:

**Adult Disability Payment**  
**PO Box 10300**  
**Dundee**  
**DD1 9GP**

Make sure you fill in and return page x of this letter along with your completed form.

If you are unsure what counts as a change, call us free on 0800 182 2222 before completing the form.

### **Next steps**

You have 28 days from when you receive this letter to return your signed reply, and if needed, a completed form letting us know about any changes.

We will make a new decision based on the information you provide. We will write to let you know the outcome, and if your payments will change. The letter with our new decision is called a notice of determination.

This could have an effect on other related benefits that you receive. If you get benefits from any of these organisations, you should tell them about changes to your Adult Disability Payment:



Social Security Scotland  
Tèarainteachd Shòisealta Alba

- your local authority
- HM Revenue & Customs (HMRC)
- Department for Work and Pensions (DWP)
- Driver and Vehicle Licensing Agency (DVLA).

For more information about other related benefits, go to [mygov.scot/other-benefits-adult-disability-payment](https://mygov.scot/other-benefits-adult-disability-payment) or call us on 0800 182 2222.

If we have not heard from you within 28 days, we'll have to make a new decision based on the information we have. This could affect your payments, so even if nothing has changed, it's important that you send us your reply.

### **If you need any extra help**

We have advisers across Scotland who can provide support at a time and place that suits you. Call us free on 0800 182 2222 to find out more, and arrange an appointment.

Let us know if you:

- need any help
- need this letter in another format.

If you're a British Sign Language user, you can use the contactSCOTLAND app to contact Social Security Scotland by video relay. Visit [contactscotland-bsl.org](https://contactscotland-bsl.org) to find out more.

You can also:

- get help to manage your money and benefits at [mygov.scot/benefits-support](https://mygov.scot/benefits-support)
- find out more about Adult Disability Payment at [mygov.scot/adult-disability-payment](https://mygov.scot/adult-disability-payment)
- find out more about reviews at [mygov.scot/adult-disability-payment-reviews](https://mygov.scot/adult-disability-payment-reviews)

### **Other help available**

Contact Citizens Advice Scotland for independent support and advice. You can either:

- call them on 0800 028 1456
- go to [cas.org.uk](https://cas.org.uk)

Other organisations and services might also be able to help you.

### **Keeping your financial details safe online and over the phone**

We'll never call or email you to ask for your card details. If you're unsure that a call or email is really from us, call us free to confirm on 0800 182 2222.

**Contact us**

You can call us free on 0800 182 2222 if you want to get in touch. If you have any questions, we'll be able to help you quicker if you know your National Insurance number. Our opening times are Monday to Friday, 8am to 6pm.

If you need to contact us from outside the UK please call +44 (0)138 293 1000. This call is not free but you can ask them to call you back. Check with your phone provider for details of charges.

**You and your data**

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.

Yours sincerely,

Janet Richardson

Operations Manager



# Your decision report

This is a summary of our last decision, and what you told us. If you would like another copy of the full decision report, call us free on 0800 182 2222.

## Adult Disability Payment for **Client**

You were awarded:

**Standard/Enhanced rate Daily Living component: £XX.XX per week**

**Standard/Enhanced rate mobility component: £XX.XX per week**

**Effective date: \*\* (Date)**

## Our last decision

This content would consist of 12 boxes each with a 'what you told us' option corresponding to the 12 functional activities:

- |                                       |                           |
|---------------------------------------|---------------------------|
| • Preparing food                      | points (scored out of 8)  |
| • Taking nutrition                    | points (scored out of 10) |
| • Managing therapy                    | point (scored out of 8)   |
| • Washing and bathing                 | points (scored out of 8)  |
| • Managing toilet needs               | points (scored out of 8)  |
| • Dressing and undressing             | points (scored out of 8)  |
| • Communicating verbally              | points (scored out of 12) |
| • Reading and understanding           | points (scored out of 10) |
| • Engaging socially with other people | points (scored out of 8)  |
| • Making budgeting decisions          | points (scored out of 6)  |
| • Planning and following a journey    | points (scored out of 12) |
| • Moving around                       | points (scored out of 12) |

To complete your review:

- if nothing has changed, you just need to fill in the next three pages, and sign at the end.
- If something has changed, please complete the relevant sections of the attached form. Sign and return it along with the next page.



# Declaration

Please tick one of the following boxes:

<b>My needs are the same</b>	<input type="checkbox"/>
------------------------------	--------------------------

If nothing has changed:

- Your payments should stay the same
- we may still need to ask you for information

If you do not tell us about a change which affects your level of need you may be prosecuted.

To complete your review:

- read and fill in the 'Who is completing this review' section on page x of this letter
- sign on the last page.

Return this page and the next two pages by freepost to:

**Adult Disability Payment**  
**PO Box 10300**  
**Dundee**  
**DD1 9GP**

You do not need to do anything else unless we contact you. We'll let you know as soon as possible if your payments will change.

<b>My needs have changed</b>	<input type="checkbox"/>
------------------------------	--------------------------

If something has changed:

- fill in the sections that apply to you from page x to x of the attached form
- you can also use the form to tell us about a small change, for example if you are moving house or have changed your name
- return the form to us along with this page and the declaration on the next two pages

We'll let you know as soon as possible if your payments will change.



## Confirm and sign

By signing this declaration, you agree to the following statements:

- The information I have provided in this form is correct as far as I know and believe.
- I understand that I may be breaking the law and may be prosecuted if I provide details that are not correct or complete.
- I agree to update Social Security Scotland straight away if there are any changes to the details of my situation that I have given in this form.
- Money may be taken back from me, stopped or reduced in the future if I am paid too much.

Your signature:

Date: **Dated last week**

## Who is completing this review?

Tell us who is completing this review. If you tell us that nothing has changed, you must complete this section, and return it along with your signed declaration on the previous page. If you are reporting a change, skip this section, and begin filling in the enclosed form.

## If you are **Client Name**

Please give us your details so we can confirm your identity.

Your name (first name, last name)	
Your date of birth (day/month/year)	
Your address (including postcode)	
Your National Insurance Number	