



Social Security
Scotland

Tèarainteachd Shòisealta Alba

Combined form



Office use only

Pension Age 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.

mygov.scot

Pension Age Disability Payment
PO Box 27199
GLASGOW
G4 7EP

This is your application for Pension Age Disability Payment

Completing your application

The first questions will ask for details about you and then the person who might be acting on your behalf.

To give us the information we need, it will help if you have:

- your personal details, like date of birth and main address
- your National Insurance number – it's on your National Insurance card, payslip, social security letters and P60
- details of any trips you've made outside the Common Travel Area in the last 12 months

If you need help

There are different ways to get help to complete this form.

Speak to an adviser

We have advisers across Scotland who can help you complete this form. You can make an appointment to speak to an adviser:

- in person
- on a video call
- over the phone

Call us free on 0800 182 2222 to find out more about how we can help. Our opening times are Monday to Friday, 8am to 6pm.

Call us from outside the UK

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

Make a British Sign Language video call

If you're a British Sign Language user, you can video call us using the Contact Scotland BSL app. For more information about the Contact Scotland BSL app, go to contactscotland-bsl.org

Book a call with an interpreter

If English is not your first language and you'd like an interpreter, call us free on 0800 182 2222 and we can arrange one for you.

Help from other organisations

You can get help from other organisations and charities, including your local Citizens Advice Bureau. If your local authority has welfare advisers, they may be able to help.

For more information visit mygov.scot/benefits-support

Special Rules for Terminal Illness

If you, or the person you are completing this form on behalf of, have been diagnosed with a terminal illness, you should apply under the Special Rules for Terminal Illness (SRTI) as this is a faster way to apply.

If you believe you should be applying under the Special Rules for Terminal Illness, please call us free on 0800 182 2222.

Get support from an independent advocate

If you need extra support with disability benefits, you can contact VoiceAbility. They're independent from Social Security Scotland.

An advocate will help you to understand the process, say what you want to happen and make decisions. They can help you to deal with Social Security Scotland at all stages of the application process and will meet you in a place that best suits you.

To contact VoiceAbility:

- call them free on 0300 303 1660
- visit their website at voiceability.org
- email them at SocialSecurityAdvocacy@voiceability.org

You can also contact us and ask to be referred to VoiceAbility.

You and your data

At Social Security Scotland, we process 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 we use your data, you can either:

- go to mygov.scot/social-security-data
- call us free on 0800 182 2222

How to complete your form

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 cross. If you make any mistakes, 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 this form, or on separate sheets of paper.

You should write the following information on any separate sheets:

- your full name
- your date of birth
- your National Insurance number
- the words 'Pension Age 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 separate sheets of paper. Send any separate sheets with your completed application form.

Who's completing this form?

I'm completing the form on my own

I'm completing the form on behalf of someone where I have the legal power to act on their behalf

I'm getting help from a friend, family member or representative from an organisation to complete the form. I want them to become my third party representative

I'm completing the form on behalf of someone who I believe cannot act for themselves. I'm applying to be their Appointee

Types of legal powers include:

- Power of Attorney
- Guardian
- Deputy
- Social Security Scotland Appointee

If you're completing this form to apply for Pension Age Disability Payment for yourself, go to page 9. If you're helping someone complete the form as a friend, family member or representative from an organisation, go to page 7.

If you're acting for the applicant and completing the form on their behalf, continue to page 5.

About the person who is acting for the applicant

You should only complete this section if you have legal power to act on the client's behalf.

You only need to give us the organisation name if you're filling in this form as part of your job.

If you're applying from an organisation, you do not need to provide this.

It's on your:

- National Insurance card
- payslip
- social security letters
- P60

If you're filling this in as part of your job, we do not need your National Insurance number.

Fill in this section if you're acting for the applicant.

Organisation name

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

First name(s)

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

Last name

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

Date of birth

DD MM YYYY
| | | | | | | |

National Insurance number (if you know it)

| | | | | | | |

Address

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

Postcode

| | | | | | | |

We'll send you a letter giving our decision about the application

Do you want the letter to be sent to the address you provided?

Yes

No

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

Address

Form with four lines of input fields for the address, each line consisting of a horizontal line with vertical tick marks.

Postcode

Form with seven vertical tick marks for the postcode.

Post your documentation

We need to see documentation that details your legal authority to act for the applicant.

To post your documentation, you should:

- send original documents or certified copies
- make sure all copies are clear and readable
- provide your name, your address, the applicant's name and a return address

Post your documentation to:

Legal Acting Bodies

PO Box 27180

GLASGOW

G4 7EE

If you need a pre-paid envelope to send us your documentation, call us free on 0800 182 2222 and we'll send you one.

Nominating a third party representative to support you

If you want a friend, family member or representative from an organisation to help you on an ongoing basis, add their details to this section.

This section is addressed to the client because they need to give authorisation to set someone up as a representative. If you're helping someone apply you can still complete it, as long as you have either:

- authorisation from the client
- authorisation from their formal representative, if they have someone acting on their behalf

In this section we'll ask about the person you want to be able to:

- support you with your application
- contact us on your behalf
- receive copies of notifications

By sending us a person's details, you're confirming that:

- Social Security Scotland has your authorisation to share your information with the named person or organisation
- the named person is happy to be your third-party representative

Their name and contact details

Full name

How do they know you?

Phone number

Address

Postcode

You only need to tell us their job title and organisation if they're helping you as part of their job

Job title

Organisation

If you leave this blank, we'll authorise them for 3 months. You'll need to provide further authorisation to extend this.

How long authorisation should last

My authorisation should last until:

DD MM YYYY
| | | |

By sending us this person's information, you confirm that:

- you authorise Social Security Scotland to share personal and financial information with the named person or organisation, in relation to Pension Age Disability Payment
- you allow the named person or organisation to provide us with information that will help your application
- you understand you can withdraw this authorisation at any time
- you understand that your representative can withdraw their support at any time

About you

If you're filling in this form for someone else, tell us their details and not your own for the rest of the form.

Your details

First name(s)

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

Last name

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

National Insurance number (if you know it)

| | | | | | | |

Date of birth

DD MM YYYY
| | | | | | | |

Your address

Country

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

Postcode

| | | | | | | |

I do not have a fixed address

It's on your:

- National Insurance card
- payslip
- social security letters
- P60

If you're filling this in as part of your job, we do not need your National Insurance number.

If you do not have a fixed address, 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 application.

Examples include the address of a:

- friend
- family member
- charity
- council

If you do not have a fixed address, where do you want letters sent to?

Address

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

Country

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

Postcode

| | | | | | | |

If your phone number is outside the UK, tell us the country code.

Your phone number

Do you have a phone number you can give us?

Yes

I do not have a phone number I can give you

We'll contact you if we need to ask any questions about the details you've given in this application. We'll still send you a letter each time we make a decision.

We'll only store one email address for you. So we'll send emails to the most recent address you've given us.

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

We can call you in over 100 languages.

We'll still send you a letter giving our decision about your application.

We can write to you in over 100 languages.

What is your phone number?

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

If you've given a mobile number, would you like to get text messages from us?

Yes No

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?

Phone call in English

Phone call in a different language
(please tell us which language)

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

British Sign Language video call

Letter (this could take longer)

Tell us if you need letters in a different format

Braille (English only)

Large print

Easy read

Audio

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

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

I do not need to be sent letters in a different format

Other payments and allowances

For more information about these related allowances, go to [gov.uk](https://www.gov.uk) and search for either:

- 'Armed Forces Independence Payment'
- 'Constant Attendance Allowance'

Receiving related allowances could have an effect on receiving Pension Age Disability Payment:

- Armed Forces Independence Payment (AFIP) gives financial support to service personnel and veterans seriously injured as a result of their service
- Constant Attendance Allowance (CAA) is paid with an Industrial Injuries Disablement Benefit or a War Disablement Pension if you need daily care and attention because of a disability

Do you currently get, or are you waiting on the outcome of an application for any of these benefits?

Select all the options that apply

Armed Forces Independence Payment (AFIP)

Constant Attendance Allowance (CAA)

Or

None of these

Your right to live in the UK

For more information about British citizenship, go to [gov.uk](https://www.gov.uk) and search for 'British citizenship'.

Are you a British citizen?

Yes

No

If you're a British or Gibraltarian citizen, go to the question 'How long have you lived in the United Kingdom?' on page 15.

If no, what is your nationality?

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

These questions are specifically for clients living in the EEA, Switzerland or Gibraltar. You can see what countries are in the EEA at [gov.uk/eu-eea](https://www.gov.uk/eu-eea)

How long have you lived in your current country of residence?

Since birth

Other

If other, when did you move to your current country of residence?

DD MM YYYY
| | | | |

Which country did you move from?

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

If you're not a British citizen or an Irish citizen, permission to stay in the UK is known as "leave to remain" or "leave to enter". You can look up your immigration status at [gov.uk/view-prove-immigration-status](https://www.gov.uk/view-prove-immigration-status)

What restrictions, if any, do you have on your leave to remain in the UK?

Select one

No restrictions

Indefinite leave to remain

Limited leave to remain

When does your limited leave to remain end?

DD MM YYYY
| | | | |

Refugee status or humanitarian protection

When does your refugee status or humanitarian protection end?

DD MM YYYY
| | | |

Afghan resettlement schemes

When does your leave to remain end?

If you've been awarded indefinite leave as part of an Afghan resettlement scheme, you do not need to fill this in.

DD MM YYYY
| | | |

Ukraine schemes

When does your limited leave to remain end?

DD MM YYYY
| | | |

EU Settlement Scheme pre-settled status

EU Settlement Scheme settled status

Awaiting the outcome of an application to the EU Settlement Scheme

Awaiting the outcome of an appeal to the EU Settlement Scheme

No leave to remain

I do not know

What is your passport number? (optional)

We ask for this so we can automatically check your immigration status. This should help us process your application quicker. We will not use this information for any other reason.

You do not need to send us this if you are a:

- British or Irish citizen
- citizen of Gibraltar

The passport number you provide should be the one with your most recent immigration status.

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

Your right to live in the UK may include the condition that you have 'no recourse to public funds'. This means that you're not entitled to some types of government support, including some benefits.

If this applies to you, it will be stated on your immigration documentation.

To find out more about public funds and whether you can receive help from them while you're living in the UK, go to gov.uk and search for 'public funds'.

To get a 'share code', you can:

- view and prove your immigration status at gov.uk/view-prove-immigration-status
- use the link provided in the letter you got confirming your status under the EU Settlement Scheme. We cannot accept a copy of this letter as proof of your status

Does your immigration status say you have no recourse to public funds?

Yes

No

I do not know

What is your 'share code'?

Share code (for example, 'A1234567G')

| | | | | | | |

A share code helps us check your immigration status. If you cannot get one, leave this box blank. We'll contact you to discuss how to confirm your status. This may delay our decision about your payment.

How long have you lived in the United Kingdom?

Since birth

Other

If other, when did you move to the United Kingdom?

DD MM YYYY
| | | | |

Which country did you move from?

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

The UK has agreements with countries in the European Economic Area (EEA), Gibraltar and Switzerland about the payment of Pension Age Disability Payment.

You can see what countries are in the EEA at gov.uk/eu-eea

The UK is no longer in the EEA.

'Family' can include:

- a spouse or civil partner
- children under 21
- children you depend on
- an adult who is legally dependent on you

Do you or any members of your family get pensions or benefits from an EEA country, Gibraltar or Switzerland?

Yes

No

I do not know

Do you or any members of your family work or pay taxes in an EEA country, Gibraltar or Switzerland?

Yes

No

I do not know

The Common Travel Area covers:

- the UK (Scotland, England, Wales and Northern Ireland)
- Ireland
- the Channel Islands (Jersey and Guernsey)
- the Isle of Man

British and Irish citizens can travel freely within the Common Travel Area.

Have you been outside the Common Travel Area in the last 12 months?

Go to page 18 if you:

- are part of the Afghan resettlement scheme
- are part of a Ukraine scheme
- have refugee status or humanitarian protection

For example, if you've been abroad on holiday, for medical treatment or if you've been living outside the Common Travel Area.

Yes

No

If yes, tell us about each time you've been outside the Common Travel Area in the last 12 months.

From	To	Where	Reason for trip

Payment details

Tell us which account you want Pension Age Disability Payment paid into

Your payment can go into your bank account or someone else's. If you're using someone else's 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 more about how their data will be handled by reading Social Security Scotland's privacy notice at mygov.scot/social-security-data

Do you have a bank account to receive payments?

Yes, I have a bank account

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

I do not have access to a bank account to receive payments

Name on account

.....
.....

Sort code

.....

Account number

.....

Building society or credit union reference number
(if you have one)

.....

If you do not have a UK bank account you'll need to contact us to discuss:

- the options for receiving payments
- decide which one is best for you

You should continue with your application just now, and contact us about this once you have submitted your full application.

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.

Pension Age Disability Payment – Part 2

About your care needs

When your care needs started

In this section, we'll ask about your care needs.

This includes asking:

- whether you have had care needs for 6 months or more
- when your care needs started, if you have not had care needs for 6 months or more

What care needs are

Care needs are help or support you need during the day or night. This could be because of a condition or disability.

We want to know if you have had care needs for 6 months or more

Your care needs could have started when you:

- first needed support
- began to notice a change
- had to start changing your habits
- got a diagnosis

They could have started before you:

- got help or support
- had a diagnosis

If your care needs started less than 6 months ago, you can still apply. If your application is successful, your award will begin 6 months after your care needs started.

Have you had care needs for 6 months or more?

Yes

No

If No

We want to know when your care needs started

If your application is successful we'll use this to calculate when your payments will start.

We can only pay you Pension Age Disability Payment after you have had care needs for 6 months or more.

Tell us roughly when your care needs started

Date DD MM YYYY
| | | |

You'll have an opportunity to tell us more about your needs, conditions and circumstances later in the application.

Supporting information

In this section we'll ask about any supporting information you have. By this, we mean documents that support what you've told us in your application.

We ask for supporting information so we can understand:

- your care needs
- the impact of your condition or symptoms

This helps us make sure we give you the award you're entitled to.

You can send us supporting information, or ask us to gather it for you.

Supporting information you can send

You can send us supporting information from:

- a professional
- someone in your wider support network

We treat supporting information from professionals and your wider support network equally when we look at your application.

For example, they could be someone who works:

- in public or private healthcare, like a nurse, GP, health visitor or therapist
- in social care, like a carer
- for a charity, like a Macmillan nurse or counsellor

Supporting information from a professional

This is a document from someone who:

- is involved in your care or treatment
- understands your care needs

This could be:

- a formal medication or prescription list that shows the medication you take
- reports, records or summaries, for example, occupational therapy reports or physiotherapy reports
- social work reports or social work assessments
- care plans or care assessments
- treatment plans
- test results or certificates
- letters from hospitals like discharge letters
- letters about appointments (but not about missed appointments)
- letters or documents that show your local authority have made changes to your home, like adding a mobility aid, stair lift, ramp or accessible shower

Supporting information from your wider support network

This is a document or a letter from someone who:

- knows you best
- can describe the impact your care needs have on your daily life

They could be:

- a family member, partner or friend
- someone who helps care for you but not as part of their job
- another person in your life who knows about your needs, like a neighbour or volunteer
- unpaid carers
- volunteers leading groups or activities that you go to

The purpose of this statement is to provide an option to get someone else to give an account of your needs.

It can be filled in by:

- someone from your wider support network
- a professional

Statement of support from someone that knows you

You can ask someone that knows you to complete a section in this form. This is called a statement of support from someone that knows you. This is on pages 27-29.

In this section we'll ask about:

- your needs
- how often the person filling in the statement sees you

You can send us this as part of your application.

This is an optional section that does not have to be completed, but it can help us to understand your care needs better.

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

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. You can add contact details for a:

- professional on pages 31-32
- member of your wider support network on pages 33-34

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

If you do not have supporting information

You can still submit your application without any supporting information. Try to include as much detail in the application form as you can.

You can 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. Add their details on pages 31-34.

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

How you can give us supporting information

To give us supporting information, you can:

- upload it online at mygov.scot/uploading-your-documents
- send it by post
- ask us to gather it on your behalf

You can send a document as a:

- photo
- screenshot
- photocopy
- scan

We do not need to see original documents. If you do send originals, it can take us up to 2 weeks to return them. You can make photocopies at your local library.

Do not send us any photos or videos of you or your condition.

How to post your supporting information

Write on your copies:

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

Send your copies to:

Pension Age Disability Payment
PO Box 27199
GLASGOW
G4 7EP

If you need a prepaid envelope to send us your copies, 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 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.

How would you like to give us your supporting information?

Select all the options that apply

I will upload all or some of my supporting information online

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

I will have someone complete the 'Statement from someone that knows you' on pages 27-29

I need help to gather supporting information

Or

I do not have any supporting information

You can upload files from your computer or photos of documents you have taken on your phone at mygov.scot/uploading-your-documents

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

Tell us about the supporting information you're giving us

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 a social worker with details about your support needs	Yes/No

How often you see the applicant

You should tell us:

- what their conditions or disabilities are
- how their conditions or disabilities affect them
- the type of care or support they need
- any help or support you provide, if you do
- how their conditions or disabilities have changed over time

Tell us about the applicant's care needs

This declaration should be signed by the person who completed the statement of support from someone that knows you.

Declaration

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

- I declare that the information I have provided in this statement is correct, complete and up to date as far as I know and believe
- I understand that I may be prosecuted if I knowingly provide details that are not correct or complete

Your signature

Date DD MM YYYY
| | | | |

Help you need to gather supporting information

This section will ask you about help you need to gather supporting information.

We can gather supporting information on your behalf.

You can either:

- provide contact details of someone we can gather supporting information from
- submit your application without providing contact details for someone we can contact

If you submit your application without providing contact details for someone, we'll contact you to find out what help you need.

You can give us contact details for:

- a professional
- someone in your wider support network

What we mean by a professional

These are people who:

- are involved in your care or treatment
- understand your needs

What we mean by wider support network

These are the people who know you best and who can describe your daily life and care needs.

They could be:

- someone who helps care for you but not as part of their job
- a family member or friend
- another person in your life who knows about your needs, like a neighbour

Contact details for a professional

Are there any professionals we can contact about your needs?

Yes

No

If someone has already added a statement as someone who knows you, you do not need to give us their contact details.

For example, they could be someone who works:

- in public or private healthcare, like a nurse, GP, health visitor or therapist
- in social care, like a carer
- for a charity, like a Macmillan nurse or counsellor

If you're not adding any contact details for professionals, go to the contacts from your wider support network section on page 33.

Contact details for a professional

If you add someone's contact details here, you are giving us permission to:

- contact them
- ask them for supporting information about your application

You can provide contact details for more than one person if you want to. You should write their contact details on a separate sheet of paper along with the following information:

- your full name
- your date of birth
- your National Insurance number
- the words 'Pension Age Disability Payment'

First name(s)

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

Last name

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

Job title

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

Department (optional)

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

Organisation (optional)

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

Phone number

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

Address

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

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

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

Postcode

| | | | | | | |

This does not have to be in person. It could be over the telephone.

When did they last spend time with you?

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)

If we cannot get in touch with a professional contact you gave us

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 both:

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

This helps us avoid any delays in processing your application.

Contacts from your wider support network

Is there anyone from your wider support network we can contact about your needs?

Yes

No

If you're not adding any contact details for someone from your wider support network, go to page 35.

When you add someone's contact details here, you should let them know we:

- will store their contact details and their relationship to you
- may get in touch with them to ask for supporting information about your application

First name(s)

Last name

Describe how this person knows you

Phone number

Address

Postcode

When did they last spend time with you?

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)

Conditions, medications and treatments

About your conditions, medications and treatments

In this section, we'll ask about any:

- conditions you have
- medications you take
- treatments or therapies you have

We will also ask:

- about any symptoms you have, even if you do not have a diagnosis
- how you're affected by your symptoms
- any side effects caused by your medication or treatments

You do not need a formal diagnosis to get Pension Age Disability Payment. However, it can be helpful for us to know about any condition that affects your care needs.

Tell us about your conditions and symptoms

If you know the name of your condition or conditions you can enter them below.

Examples of conditions you might want to add:

- arthritis
- dementia
- heart disease
- respiratory disorders and diseases
- anxiety
- depression
- stroke
- cancer
- something else

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

- your symptoms
- any test results you're waiting for

Do you have any conditions or symptoms?

Yes

No

About your conditions and symptoms

Tell us about any conditions you have.

We'll ask about:

- the name of the condition
- how long you've had the condition

If you do not know the name of your condition, tell us about your symptoms.

Name of condition	How long have you had it?

If you do not know the name of your condition or are waiting on test results, you can give the details of your symptoms and how you are affected.

Tell us about any medication you take

In this section we'll 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.

Things that could help you complete this section include:

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

Do you take any medication?

Yes

No

If you have a recent prescription list showing your medication, you can either upload it online or post it to us.

You can enter details of medications below if:

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

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

Name of medication	Dosage	How often do you take it?

Treatments and therapies

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

These could include:

- medical treatments
- counselling
- activities to improve wellbeing like art therapy and spending time with animals

Do you get any treatments or therapies?

Yes

No

About your treatments or therapies

Tell us about any treatment or therapies you get.

For each treatment or therapy, tell us about:

- the name of the treatment or therapy
- how frequently you do it
- how long it takes

You should also tell us where you get your treatment. It's helpful for us to know if it's:

- at home
- in a hospital
- somewhere else

Name of treatment or therapy	Frequency	Duration

Planned medical treatment

About your planned medical treatment

In this section, we'll ask about any medical treatment you have planned, related to your care needs.

It's helpful for us to know about medical treatment for any condition or disability that means you need help or support.

This includes any:

- regular treatment you receive
- follow-up care you have planned

Are you on a waiting list for surgery or medical treatment?

Yes

No

If yes

What surgery are you going to have?	When is it planned for?

Tell us about the surgery or medical treatment you have planned, related to your care needs

It's helpful for us to know about:

- how your needs might change before or after your surgery or medical treatment
- help or support you'll need before or after your surgery or medical treatment

Current stays in a hospital, care home or legal detention

About any current stay in a hospital, care home or legal detention

In this section, we'll ask whether you're currently staying in:

- hospital
- care home
- legal detention

We'll also ask how this is paid for, if you're in a hospital or care home.

We ask about this because it can affect:

- how much Pension Age Disability Payment you're paid
- when your payments will start, if you're entitled to Pension Age Disability Payment

You can also tell us if you're not sure.

At the moment, are you staying in any of the following?

Hospital or hospice

Care home

Legal detention

None of the above

If hospital or hospice, care home or legal detention

Tell us about your stay

You should include:

- when your stay started
- how long you'll be there, if you know
- if you've moved during your stay, for example from a care home to a hospital

How your stay in a hospital or care home is paid for

Tell us how your stay in a hospital or care home is paid for, if you know. You can select more than one box.

By the NHS, council or other public body

My own money or savings

Private healthcare

Another way

I do not know

Getting in and out of bed

About getting in and out of bed



In this section, we'll ask about whether you:

- have difficulty getting in and out of bed
- use aids, tools or adaptations to get in and out of bed

We will also ask about the help and support you need getting in or out of bed. This includes:

- any aids, tools or adaptations you use
- help you need, even if you do not currently get it

Help you need getting in and out of bed

You should think about:

- help you might need but do not already have
- help you only need sometimes
- help from a person, or using an aid, tool or adaptation

Do you have difficulty getting in and out of bed?

This could be:

- physical difficulty
- needing encouragement or motivation from someone else
- needing to use an aid, tool or adaptation
- taking a long time to get in or out of bed

I sometimes or always have difficulty getting in or out of bed.

Yes

I never have difficulty getting in or out of bed.

No

Do you ever use any aids, tools or adaptations to get in or out of bed?

Examples of aids and adaptations:

- stick
- frame
- handrail
- hoist
- changes to your bedroom
- leaning on furniture

I sometimes or always use an aid, tool or adaptation to get in or out of bed.

Yes

I never have difficulty getting in or out of bed.

No

Tell us about help and support you need getting in or out of bed

You should also tell us about:

- help you might need but do not already have
- help you only need sometimes
- help from a person, or using an aid, tool or adaptation

We know this might vary, so let us know if this can change.

For example, if your condition flares up every few weeks, or if you sometimes stay in bed all day.

Washing and bathing

About washing and bathing



In this section, we'll ask about:

- whether you need help or support washing and bathing
- help you need from someone else
- any aids, adaptations or tools you use

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 about your ability to get to and from the bathroom in the Moving around section.

You can tell us more about your ability to get dressed and undressed in the Dressing and undressing 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 your application.

Help or support with washing, showering and bathing

Do you need help or support with washing, showering or bathing?

This includes:

- help you only need sometimes
- help from a person, or using an aid, tool or adaptation
- help you might need but do not already have

Yes

No

I sometimes or always need help or support with washing, showering or bathing.

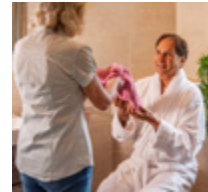
I never need help or support with washing, showering or bathing.

Help or support from someone else

Examples of help from a person:



support getting washed



being reminded to wash



something else

Tell us about the help or support you need from someone else to wash, shower or bathe yourself

We know this may vary, so let us know if this can change.

For example, if you always have difficulty washing yourself without help from someone, or if you need someone to remind you to wash or bathe.

Aids, adaptations and tools

Tell us about any aids, adaptations or tools you use to wash, shower or bathe.

Examples of aids and adaptations:



handrail



bath seat



non-slip mat



long handled sponge



foot washer



something else

For example, if you had rails installed to help you get in and out of the bath, or if you need to use a bath seat.

Toilet needs and managing incontinence

Help or support with using the toilet or managing incontinence



Using the toilet 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)

Incontinence is:

- an urge to urinate or poo that you cannot control
- urinating or pooing without realising you needed the toilet

I sometimes or always need help or support with using the toilet or managing incontinence.

I never need help or support with using the toilet or managing incontinence.

Do you need help or support with using the toilet or managing incontinence?

This includes:

- help from a person, or using an aid, tool or adaptation
- help you only need sometimes
- help you might need but do not already have

Yes

No

Help or support from someone else

Examples of help from a person:



someone to help you get on and off the toilet



someone to help you clean yourself



something else

Tell us about the help or support you need from someone else to use the toilet or manage incontinence

We know this may vary, so let us know if this can change. For example, tell us if you always have difficulty cleaning yourself after, or if you sometimes need encouragement from someone else to go to the toilet.

Aids, adaptations and tools

Tell us about any aids, adaptations or tools you use to use the toilet or manage incontinence

Examples of aids and adaptations:



stoma bag or catheter



raised toilet seat



incontinence pads



something else

We know this may vary, so let us know if this can change. For example, tell us if you always need to use a stoma bag or catheter, or if you need someone to help you use the toilet when your condition flares up.

Moving around indoors

About moving around indoors



In this section, we'll ask about:

- help or support you need moving around indoors during the day
- what you need help or support with
- any aids, adaptations or tools you use

We will also ask about:

- whether you ever fall or stumble moving about indoors
- if you need help or support from someone to avoid falls or stumbles
- help or support you need to feel confident when moving around indoors

Help you need moving around indoors

This includes:

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

Examples of help you might need:



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

What help or support do you need moving around indoors during the day?

Select all the options that apply

Getting in and out of a chair or wheelchair

Moving around safely

Getting to particular parts of your home

Going up or down stairs

Sitting in a chair

Needing someone to encourage, prompt or watch over you

Other help or support

Or

I don't need any support moving around indoors during the day

Tell us about what you need help or support with and any aids, tools or adaptations you use

We know this might vary, so let us know if this can change. For example, if you need help every day, or if you need help when your condition flares up every few weeks.

You should also tell us if the help or support needed is not described in the list above.

I sometimes or always fall or stumble when moving around indoors.

I never fall or stumble when moving around indoors.

I sometimes or always need help or support from someone or something to avoid falls and stumbles.

I never need help or support from someone or something to avoid falls or stumbles.

Falls and stumbles when moving around indoors

Do you ever fall or stumble when moving around indoors?

Yes

No

Do you need help or support from someone or something to avoid falls or stumbles?

Yes

No

Tell us about the help or support you need to feel confident when moving around indoors

For example, having a person hold your arm when you're moving about, or using a walking stick to avoid falls and stumbles.

Dressing and undressing

About dressing and undressing



In this section, we'll ask about:

- help or support you need dressing and undressing
- help or support you need from another person
- any aids, adaptations or tools you use

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

What we mean by dressing and undressing

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

Help or support dressing and undressing

Do you need help or support dressing and undressing?

This includes:

- help you might need but do not already have
- help you only need sometimes
- help from a person, or using an aid, tool or adaptation

Yes

No

I sometimes or always need help or support dressing and undressing.

I never need help or support dressing and undressing.

Help or support from someone else

Examples of help from a person:



putting on clothes



doing up buttons



putting on shoes



something else

Tell us about the help or support you need from someone else to dress and undress

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

For example, if you need someone to:

- physically help you dress or undress
- help you choose suitable clothes
- remind or encourage you to dress or undress

Aids, adaptations and tools

Examples of help you might need include:



grabber



sock puller

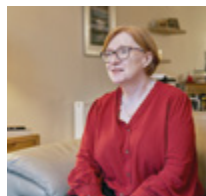


shoe horn

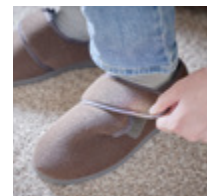


something else

Examples of adapted clothes include:



spin-on or loose fitting clothes



Velcro fastenings



something else

Tell us about any aids, adaptations or tools you use to dress and undress

For example, if you need to use adapted clothes, or if you need to use a sock puller whenever your condition flares up.

Communicating with others

About communicating with others



In this section, we'll ask about:

- help or support you need communicating with others
- help or support you need from another person
- any aids, adaptations or tools you use

What we mean by communicating with others

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
- read and understand information

Help or support communicating with others

Do you need help or support communicating with others?

This includes:

- help you might need but do not already have
- help you only need sometimes
- help from a person, or using an aid, tool or adaptation

Yes

No

I sometimes or always need help or support communicating with others.

I never need help or support dressing and undressing.

Help or support from someone else

Examples of help from a person:



help to read and understand information



help to use a tablet, phone or other device



something else

Tell us about the help or support you need from someone else to communicate with others

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

For example, if you need someone to help you speak, make phone calls for you, or to read letters and information for you.

Aids, adaptations and tools

Things you might use to help you communicate include:



hearing aid



expression
cards



something
else

Tell us about any aids, adaptations or tools you use to communicate with others

For example, if you use a hearing aid, or need to communicate in a particular way.

Eating and drinking

About eating and drinking



In this section, we'll ask about:

- help or support you need eating and drinking
- help or support you need from another person
- any aids, adaptations or tools you use

I sometimes or always need help or support eating and drinking.

I never need help or support eating and drinking.

Help or support eating and drinking

Do you need help or support eating and drinking?

This includes:

- help you might need but do not already have
- help you only need sometimes
- help from a person, or using an aid, tool or adaptation

Yes

No

Help or support from someone else

Examples of help from a person:



help to cut up food or feed you



something else

Tell us about the help or support you need from someone else to eat and drink

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

For example, if you need someone to:

- help you cut up food or feed you
- make sure you do not choke
- remind or encourage you to eat and drink

Aids, adaptations and tools

Examples of help you might need include:



weighted plates



no-spill cups



plate guards



knives, forks and spoons with large handles



feeding tube



something else

Tell us about any aids, adaptations or tools you use eating and drinking

For example, if you need to use a feeding tube, or if you need to use plate guards to make sure you do not spill food.

Staying safe during the day

About staying safe during the day



In this section, we'll ask about:

- whether you need help or support staying safe during the day
- the help and support you need, even if you do not already get it

What we mean by staying safe

This is making sure you stay safe and avoid potentially harmful situations during the day. You may:

- feel dizzy or have blackouts
- get confused
- need support with your mental health
- need someone to come around to check on you

Help you need staying safe during the day

Do you need help or support to stay safe during the day?

You should tell us about:

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

We know this may vary, so let us know if this can change.

For example if you need someone to:

- check in on you every few days
- support you during the day every day, even if you do not currently get this help

I sometimes or always need help or support to keep me safe during the day.

Yes

I never need help or support to keep me safe during the day.

No

Tell us about the help or support you need to help you stay safe during the day

This could be help from someone else, or using an aid, tool or adaptation. We know this may vary, so let us know if they can change. For example if you need help or support every day to keep you safe, or when your condition flares up.

Activities and interests

About your activities and interests



In this section, we'll ask about activities and interests.

We'll ask how your activities and interests have changed since your care needs started.

This includes whether you need extra help with:

- activities indoors
- activities outdoors

Help with activities and interests

Since your care needs started, do you need extra help or support from someone with activities and interests at home?

For example:

- reading
- watching TV
- doing puzzles

Yes

No

I sometimes or always need help or support with activities and interests at home.

I never need help or support with activities or interests at home.

Since your care needs started, do you need extra help or support from someone with activities and interests outside?

For example:

- visiting family
- gardening
- going for a walk
- sports
- clubs and groups
- social or religious activities

Yes

No

I sometimes or always need help or support with activities and interests outside.

I never need help or support with activities or interests outside.

Tell us how your activities and interests have changed since your care needs started

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

Support taking medication, monitoring a condition and with therapy

About help you need with medication, therapies and monitoring a condition



In this section, we'll ask about help you need to:

- take medication
- monitor a health condition
- do therapy at home

Medication can include:

- pills
- creams
- capsules
- tablets
- injections
- salves
- remedies
- medicated wraps
- inhalers
- nebulisers
- patches

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

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

We want to know if you need help to take medication

This is only medication that has been prescribed for you.

Remember to think about:

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

Here are some examples of things you might need to use to help you take medication:



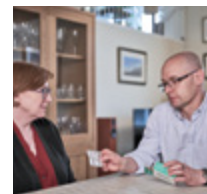
pill box
(sometimes called a dosette box)



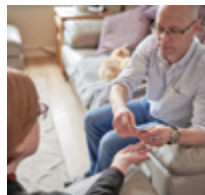
pill crushers or splitter



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

No

What help do you need to take medication, and why do you need this help?

How often 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
- need someone to remind me about 4 days each week

We want to know if you need someone to help monitor a health condition

Tell us about help you need to:

- look out for changes in your health
- deal with or manage any changes

This could be either:

- another person (or more than one person)
- tools, aids or adaptations you use

This includes:

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

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

Yes

No

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

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

How does someone or something help you to monitor a health condition, and why do you need this help?

For example:

- taking your temperature, checking your blood sugar levels
- managing repeat prescriptions
- something else

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

We want to know if you need someone to help you do therapy at home

This is help with 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
- counselling or psychotherapy
- something else

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

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

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

Yes

No

How does someone help you do therapy at home, and why do you need this help?

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
- I need someone to set up video calls with my counsellor or therapist

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

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

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

Night time care needs

About your care needs during the night



In this section, we'll ask about care you need at night.

We'll ask about:

- getting settled and sleeping comfortably
- getting to and using the toilet
- managing incontinence
- medication, treatments and therapies
- staying safe at night

This includes:

- help you might need but do not already have
- help you only need sometimes
- help from a person, or using an aid, tool or adaptation

We also ask if there is anything else you'd like us to know about help or support at night.

By night we mean after the household has closed down for the night.

For example, this would be 10pm if everyone who lives there goes to bed at 10pm.

I sometimes or always need help or support at night.

I never need help or support at night.

I sometimes or always need help sleeping comfortably or getting settled at night.

I never need help sleeping comfortably or getting settled at night.

Care needs during the night

Do you need help or support during the night?

If you select yes, we'll ask you some questions about the different type of help or support you need at night.

Yes

No

If you answered no, go to page 84.

Getting settled and sleeping comfortably

This includes:

- help you might need but do not already have
- help you only need sometimes
- help from a person, or using an aid, tool or adaptation

Do you need help sleeping comfortably or getting settled in bed?

This could include:

- needing help getting into a comfortable position
- needing to move during the night

Yes

No

If you answered no, go to page 77.

On average, how many nights a week do you need help getting settled or sleeping comfortably?

We know this can vary, so let us know if this can change.

For example:

- 2-3 times every night
- once or twice in a night, 4 nights a week
- every night when my condition flares, which happens every few weeks

Tell us about the help you need sleeping comfortably or getting settled

Getting to and using the toilet

This includes:

- help you might need but do not already have
- help you only need sometimes
- help from a person, or using an aid, tool or adaptation

Do you need help getting to or using the toilet at night?

This could include:

- getting out of bed to use the toilet
- having someone help you use the toilet
- getting back to bed after

I sometimes or always need help with getting to or using the toilet at night.

I never need help with getting to or using the toilet at night.

Yes

No

If you answered no, go to 'Managing incontinence' on page 78.

On average, how many nights a week do you need help getting to or using the toilet?

We know this can vary, so let us know if this can change.

For example:

- 2-3 times every night
- once or twice in a night, 4 nights a week
- every night when my condition flares, which happens every few weeks

Tell us about the help you need getting to or using the toilet at night

For example, if you need help getting to the toilet, or you need someone to encourage or motivate you to get up to go in the night.

Managing incontinence

This includes:

- help you might need but do not already have
- help you only need sometimes
- help from a person, or using an aid, tool or adaptation

Do you need help managing incontinence at night?

This could include:

- getting changed
- needing prompted or reminded to go to the toilet
- changing a bed after being incontinent

I sometimes or always need help with managing incontinence at night.

I never need help with managing incontinence at night.

Yes

No

If you answered no, go to page 80.

On average, how many nights a week do you need help managing incontinence?

We know this can vary, so let us know if this can change.

For example:

- 2-3 times every night
- once or twice in a night, 4 nights a week
- every night when my condition flares, which happens every few weeks

Tell us about the help you need managing incontinence at night

For example, if you need help emptying a stoma bag, or you need help cleaning up after.

Medication, treatments and therapies

This includes:

- help you might need but do not already have
- help you only need sometimes
- help from a person, or using an aid, tool or adaptation

Do you need help with medication, treatment or therapies at night?

This could include:

- needing prompted to take medication
- having someone remind you to take medication
- needing help with treatments at night

Yes

No

I sometimes or always need help with medication, treatments or therapies at night.

I never need help with medication, treatments or therapies at night.

If you answered no, go to page 82.

On average, how many nights a week do you need help with medication, treatments and therapies?

We know this can vary, so let us know if this can change.

For example:

- 2-3 times every night
- once or twice in a night, 4 nights a week
- every night when my condition flares, which happens every few weeks.

Tell us about the help you need with medication, treatments and therapies at night

For example, having someone remind you to take medication at night, or using an aid, tool or adaptation to monitor a health condition during the night.

Staying safe during the night

This includes:

- help you might need but do not already have
- help you only need sometimes
- help from a person, or using an aid, tool or adaptation

Do you need help staying safe during the night?

For example:

- you sometimes get confused
- you have dizzy spells or blackouts
- you need support with your mental health
- you have someone come around to check on you
- someone comes to help you with taking medication at night
- you sometimes trip or fall at night and need help getting back up

I sometimes or always need help staying safe at night.

I never need help staying safe at night.

Yes

No

If you answered no, go to 'Care needs during the night' on page 83.

On average, how many nights a week do you need help staying safe during the night?

We know this can vary, so let us know if this can change.

For example:

- 2-3 times every night
- once or twice in a night, 4 nights a week
- every night when my condition flares, which happens every few weeks

Tell us about the help you need from someone to stay safe during the night

For example, having someone come around to check on you during the night, or to help you when you get confused at night.

Care needs during the night

Tell us anything else you'd like us to know about help or support you need during the night

You should tell us about:

- any types of care not covered so far
- any reasons you need help or support not covered so far
- any aids or adaptations you use at night, that you have not covered so far

This includes:

- help you might need but do not already have
- help you only need sometimes
- help from a person, or using an aid, tool or adaptation

It's ok to not complete this box if you have already told us everything about your care needs at night.

Anything else you want to tell us

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

Confirming your details

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.

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 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 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

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.