



Social Security Scotland  
Tèarainteachd Shòisealta Alba

STA

# Ask us to look at our decision again

## Adult 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 a new one.

**mygov.scot**

Social Security Scotland  
PO Box 10303  
DUNDEE  
DD1 9FY

---

# Asking us to look at our decision again

If you disagree with our decision about your Adult Disability Payment application, you can ask us to look at our decision again. This is called a re-determination. It's where a new team at Social Security Scotland who weren't involved in making our original decision take a fresh look at your application, along with any new information you want to give us. They will decide if:

- you should get Adult Disability Payment
- you are being paid the right amount
- you are being paid for the right dates.

This decision will replace the most recent decision we made about your Adult Disability Payment.

You can ask us to look at our decision again by:

- filling in this form and posting it to us in the prepaid envelope provided
- calling us on 0800 182 2222 (freephone, 8am to 6pm, Monday to Friday).

You need to ask us to look at our decision again within 42 days (six weeks), including weekends and bank holidays, of receiving your decision letter. Requests received after 42 days (six weeks), including weekends and bank holidays, will be considered as late. If you do not provide a reason, we will not be able to consider your request. See page 11 for more information on what to do if your request is late.

You cannot withdraw your re-determination request once you have made it.

This is because we are legally required to complete the re-determination process and arrive at a new decision.

Short-term Assistance is a new type of payment. The Scottish Government has committed to providing Short-term Assistance where Adult Disability Payment has been reduced or stopped and you choose to ask for a re-determination or an appeal to challenge that decision.

If Adult Disability Payment has been reduced or stopped, Short-term Assistance will replace the amount we reduced or stopped it by while you are challenging the decision.

## Short-term Assistance

Short-term Assistance is available while we look again at our decision to reduce or stop an award for Adult Disability Payment. Short-term Assistance payments replace the amount we reduced your Adult Disability Payment by. This means you continue to get the amount of money you received before our decision to reduce your payment.

Short-term Assistance is not automatically paid to you. If you wish to apply for Short-term Assistance please tick the box on page 9 of this form.

You will **not be asked to pay back** any Short-term Assistance payments you receive regardless of our new decision.

The only exceptions to this are if:

- it is found the original Adult Disability Payments were applied for fraudulently
- you were paid too much Short-term Assistance due to an error that was either your fault or the kind someone could be expected to notice.

## Sending in supporting information

If you want to send us any additional supporting information to support your request by post you should send it in the pre-paid envelope along with this completed form. There is more information about sending this to us on page 10 of this form.

You can get information in the following formats:

- braille
- another language, including Gaelic
- large print
- audio recording.

## If you need any help

If you require additional information or help, including getting this form in other formats call us free on 0800 182 2222.

You may wish to seek independent advice on your application. There are services in your local area that can help. You can find more details on these services at: [mygov.scot/benefits-support](https://mygov.scot/benefits-support)

Please use a black pen and write in BLOCK CAPITALS. You should tick ✓ boxes. If you make any mistakes, please cross out the error clearly. If you need to, you can request a new form by calling us free on 0800 182 2222.

If you're filling in this form for yourself, tell us your details in this section.

If you're filling in this form for someone else, tell us their details in this section. We will get your details on page 6 or 7.

It's on your National Insurance card, benefit letter, payslip or P60 – for example, 'QQ 12 34 56 C'.

## Your details

First name(s)

Last name

Address

Postcode

Date of birth

D

D

M

M

Y

Y

Y

Y

National Insurance number

We want to make sure we have up to date contact details.

If you're filling in this form for yourself, tell us if your contact number has changed.

We'll contact an appointee or representative if you have one. We'll get their contact details on pages 6 and 7.

## If we need to contact you

We may need to ask you questions about the information you've given in this form. Please provide a telephone number we can contact you on.

Phone

Is this phone a

mobile

☐

landline

☐

You should fill in this section with your details if you are someone who has the legal right to apply for someone else, or want to do that for someone who cannot manage their own affairs.

If you would like more information about acting on behalf of someone else, please contact Social Security Scotland free on 0800 182 2222.

You only need to tell us this if you're part of an organisation helping someone to fill in this form as part of your job.

If you're an individual helping someone to fill in this form, tell us your home address. If you're part of an organisation helping someone to fill in this form, tell us your work address.

## If you're filling in this form on behalf of someone who cannot manage their own affairs

Please give us your details.

First name(s)

Last name

Date of birth

National Insurance number

Company or organisation name

Address

  
  
  

Postcode

Your phone number

The client wishes all correspondence about their request to be sent to their representative

Yes ☐ No ☐

# Third party representative details

A third party representative is any person or organisation acting on behalf of, or making enquiries for an individual. These may include:

- advice, advocacy or welfare rights organisations
- professionals such as social workers, community nurses or doctors
- family members or friends.

The third party representative may be able to help you in several ways, including:

- enquiries on the progress of an application
- helping make a claim
- seeking an explanation of entitlement and how it has been decided
- supporting with a re-determination or appeal
- supporting you to manage your finances.

Go to [mygov.scot/benefits-support](https://mygov.scot/benefits-support) or call us free on 0800 182 2222 for details of organisations that can help with benefits advice and support.

**If you have a representative, please fill in their details here.**

Please provide representative details.

First name(s)

Last name

Organisation name, if relevant

(Any paperwork will be sent to both you and your representative)

Address

  
  
  

Postcode

Preferred  
phone number

# Why you disagree with our decision

This is the date on the letter that was sent with this form.

Short-term Assistance is available to replace the amount we reduced your Adult Disability Payment by while you ask us to look at our decision again. Short-term Assistance is not automatically paid to you; you must tick the box in this section if you wish to receive it. You will **not be asked to pay back** any Short-term Assistance payments you receive regardless of our new decision.

Other reasons for asking us to look at our decision again can be provided in the box below.

If you run out of space you can carry on writing on another sheet of paper and send this to us with your form. Please make sure to label this extra paper with your name and National Insurance number.

What is the date on your decision letter?

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Do you wish to request Short-term Assistance while we look at our decision again?

Yes ☐ No ☐

If you'd like to tell us why you disagree with our decision about Adult Disability Payment, fill in this part of the form.

Tick all statements that apply.

- ☐ Adult Disability Payment should have been awarded
- ☐ I think the amount of Adult Disability Payment should be increased
- ☐ I think Adult Disability Payment should have been paid from an earlier date
- ☐ I don't think that all information has been considered
- ☐ Other (please write in the box below)

Tell us more about why you disagree with our decision.


Please continue your reason for asking us to look at our decision again on the next page if required.



Please continue here.

If you have any extra information you want us to look at with your original application please send photocopies with this form.

# Sending in supporting information

If you are unsure about what information to give us or do not know where to find it, we can get in touch with you to help. This might mean it takes us longer to process your changes.

To post supporting information, you should:

- send copies, not original documents
- make sure all copies are clear and readable
- write your name and National Insurance number on each copy.

## Send us your documents by post

You can give us any supporting information by posting it to us in the same envelope as the rest of this form. Or, if you don't have all or some of the supporting information you want to give us, you can post it to us later. You don't need to send any supporting information you've already sent to us as part of your original application.

We've enclosed a pre-paid envelope for you to send us a photocopy of your documents, along with your completed form. If you lose the envelope you can still send the documents to:

Social Security Scotland  
PO Box 10303  
Dundee  
DD1 9FY

You should write the following information on your photocopies:

- your name
- your National Insurance number.

If you need to contact us for advice, call us free on 0800 182 2222 (8am to 6pm, Monday to Friday).

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

- ☐ I will send some or all of the supporting information with this form
- ☐ I will send some or all of the supporting information later
- ☐ I need your help to find some or all of the supporting information
- ☐ I will not be sending any supporting information

## If your request is late

If we receive your request after 42 days (six weeks), including weekends and bank holidays, you have to give us the reason why it is late on the form or when you call us. This is called a late re-determination and can be done up to 12 months from the date on your Adult Disability Payment decision letter. If you do not provide a reason, we will not be able to consider your request.

If you run out of space you can carry on writing on another sheet of paper and send this to us with your form. Please make sure to label this extra paper with your name and National Insurance number.

You can leave this page blank if you have sent this form within 42 days (six weeks), including weekends and bank holidays, of getting your decision letter.

Please help us understand the reason(s) why your request was not made sooner. We will consider each request and the reasons you give on a case by case basis. **If you do not provide a reason, we will not be able to consider your request.**

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

---

## Next steps

We'll send you a letter to let you know that we've received your request. Once we've received your request, we have 56 days (eight weeks), including weekends and bank holidays, to make our decision. This 56 day period will begin on the day we receive your request for a re-determination. You'll then get another decision letter. If we don't finish looking at your application within 56 days (eight weeks), including weekends and bank holidays, we'll write to you advising you how to appeal. If we need to ask you any questions about the information you've given in this form we will call you on the number you have provided.

---

## Before you send the form

**Tick the boxes below to show that you've read and agree with 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 Short-term Assistance does not have to be paid back regardless of the outcome of my re-determination, unless: ☐

- it is found the original Adult Disability Payments were applied for fraudulently
- I was paid too much Short-term Assistance due to an error that was either my fault or the kind someone could be expected to notice.

Signature

Date

**Use the pre-paid envelope provided to return the completed form and any photocopied supporting information.**

---

# Privacy notice

## You and your data

Our privacy notice explains your rights under the Data Protection Act 2018 (DPA) and General Data Protection Regulation (GDPR). It describes the type of information we may hold on you, how it may be processed and who we might share it with. Personal data (which we will call 'data' throughout the rest of this notice) means any information about an individual from which that person can be identified.

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. Social Security Scotland is registered with the Information Commissioner (registration number Z4857137) under Scottish Ministers, to handle your data.

If you want to know more about how Social Security Scotland use your data, you can read our full privacy notice online: [mygov.scot/social-security-data](https://mygov.scot/social-security-data)







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.