



Social Security Scotland
Tèarainteachd Shòisealta Alba

Ask us to look at our decision again

Disability Living Allowance to
Adult Disability Payment case transfer
re-determination 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 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 takes 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), of receiving your decision letter.

The 42 day period includes weekends and bank holidays. It starts 2 days after the date on your letter. This is to allow 2 days for the letter to reach you.

Re-determination requests received after the 42 days, 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.

Other information you need to send us

You must fill in the review form that we sent to you with your decision letter, and send it back to us with this form. This review form will ask you for information about your condition and any recent changes. This review form makes up part of your re-determination request.

If we do not receive the completed review form, your payments may be affected or stopped.

If sending any additional supporting information, if you can, you should send in **photocopies** of documents. You should not send original documents. It takes up to two weeks for us to return any original documents you send.

Sending in additional 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

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.

Examples of types of legal powers:

- Power of Attorney
- Corporate Acting Body
- Personal Acting Body
- Deputy.

Corporate Acting Bodies or Personal Acting Bodies that have not acted on the client's behalf before should call us free 0800 182 2222 before proceeding.

Who is completing this form?

Please tick the box that applies to you.

- ☐ I am completing this form as a parent, guardian or appointee
- ☐ I am over 16 and am completing this form on my own
- ☐ I am completing the form on behalf of the client, and have the legal powers to act on their behalf
- ☐ I am a third party representative

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'.

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.

Your details

First name(s)

Last name

Address

Postcode

Date of birth

National Insurance number

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 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.

If you cannot find the letter, call us free on 0800 182 2222 and we can help.

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?

Three boxes containing letter pairs: DD, MM, and YYY.

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.

- ☐ I think I should have been awarded Adult Disability Payment
 - ☐ I think I should have been paid more
 - ☐ 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.

[illegible]

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 us your review form

You must fill in the review form we sent you and send it back to us in the same envelope as this form. This review form will ask you for information about your condition and any recent changes. This review form makes up part of your re-determination request.

If we do not receive the completed review form, your payments may be affected or stopped.

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.

Sending us additional supporting information

You can also give us any additional supporting information by posting it to us in the same envelope. Or, if you do not have all or some of the additional supporting information you want to give us, you can post it to us later. You do not 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 request and can be made up to 12 months from the date you received 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) of getting your decision letter.

The 42 day period includes weekends and bank holidays. It starts 2 days after the date on your letter. This is to allow 2 days for the letter to reach you.

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 good reason, we may 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 text or other markings on the paper.

Declaration

By signing this form, you agree to the following statement:

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

Your signature

Date

DD

LL

MM

LL

YYYY

LLLL

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

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 182 days, including weekends and bank holidays, to make our decision. You'll then get another decision letter. If we don't finish looking at your application within 182 days, 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.

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 uses your data, you can read our full privacy notice online: mygov.scot/social-security-data

You can use this page to continue giving your reason for asking us to look at our decision again if required.



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