Personal Independence Payment

Handbook

www.northernireland.gov.uk

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Introduction

Personal Independence Payment (PIP) is a new benefit designed to help people with long-term health conditions or disabilities live more independently by supporting those in greatest need. PIP will replace Disability Living Allowance (DLA) for eligible people of working age (16 to 64 years old) from 20 June 2016 in Northern Ireland.

There is no automatic entitlement to PIP, and from 20 June 2016 PIP will be implemented on a phased basis.

From 20 June 2016 we will invite existing working age DLA claimants to claim PIP as their fixed DLA awards come up for renewal, when they turn 16 years old, or where there is a change recorded in their health condition or disability.

All remaining DLA working age claimants will be randomly invited to claim PIP from December 2016 and all should be invited to claim by December 2018.

PIP will help towards some of the extra costs that come from having a long-term health condition or disability. This means ill-health or a disability that is expected to last 12 months or longer. Where a person is eligible for PIP they can choose to spend it in a way that suits them best.

Entitlement to PIP will be based on the effect a long-term health condition or disability has on a person's daily life. PIP will be made up of two parts (components), a Daily Living component and a Mobility component. Each component will have two rates, standard and enhanced.

Like DLA, PIP is not affected by income or savings, is not taxable, and a person can get it whether they are in work or not.

Conditions of entitlement

Required period condition

In order to be entitled to PIP, claimants have to satisfy a qualifying period of three months and a prospective test of nine months (making 12 months in total). These two conditions are referred to as the 'required period condition' and help establish that the health condition or disability is likely to be long-term.

The qualifying period establishes that the claimant has had the needs for a certain period of time before entitlement can start and the prospective test shows they are likely to have continuing needs for a specified period after the award starts.

The three month qualifying period and the nine month prospective test align the PIP definition of a long-term health condition or disability with that generally used by the Disability Discrimination Act 1995 and its associated guidance published by the Office of the First Minister and Deputy First Minister.

Claims can be submitted during the qualifying period but entitlement to PIP cannot start until the qualifying period has been satisfied.

Residence and presence

Claimants will need to be present in Northern Ireland, habitually resident in the United Kingdom, the Republic of Ireland, the Channel Islands or the Isle of Man and not subject to immigration control.

They must have been present for at least 104 weeks out of the last 156 weeks in Northern Ireland.

We treat serving members of Her Majesty's Forces and their families as present in Northern Ireland when serving and stationed abroad.

A temporary absence abroad for up to 13 weeks may be allowed, or up to 26 weeks if the absence is specifically for medical treatment. The claimant should notify us if they are planning to go abroad for four weeks or more.

The PIP residence and presence conditions are the same as those for DLA, Attendance Allowance (AA) and Carers Allowance (CA).

Age

Children under the age of 16 are not eligible to claim PIP; they can claim DLA and continue to do so until they are 16.

Supporting young people to claim

PIP cannot be claimed from age 65 except in certain circumstances where there has been a recent award of benefit. Entitlement can continue after the age of 65 if a claimant is already in receipt of PIP when they turn 65, providing they continue to satisfy the conditions of entitlement.

Overlapping benefits

PIP Mobility component overlaps with War Pensioner's Mobility Supplement (WPMS).

Veterans UK website

PIP Daily Living component overlaps with Constant Attendance Allowance (CAA).

The overlapping benefit is always paid in full and PIP is reduced by the amount of the overlapping benefit.

Those receiving Armed Forces Independence Payment (AFIP) will not be entitled to receive both PIP and AFIP.

Assessment criteria

PIP has two parts (components), Daily Living and Mobility. Both components are payable at a standard or enhanced rate, depending on the claimant's needs.

To determine entitlement to the two components and the level of payment, individuals are assessed on their ability to complete a number of key everyday activities for example, relating to their ability to dress and undress, make budgeting decisions, communicate and getting around.

Within each activity there are a number of descriptors, each representing a varying level of ability to carry out the activity.

Individuals will receive a point score for each activity, depending on how well they can carry them out and the help they need to do so.

The total scores will determine whether a component is payable, and if so, whether at the standard or enhanced rate. The entitlement threshold for each component is eight points for the standard rate and 12 points for enhanced.

The activities

There are a total of 12 activities:

Daily Living activities:

1. Preparing food
2. Eating and drinking
3. Managing treatments
4. Washing and bathing
5. Managing toilet needs
6. Dressing and undressing
7. Communicating
8. Reading
9. Mixing with other people
10. Making decisions about money

Mobility activities:

11. Going out

12. Moving around

Guidance on applying the criteria

As the assessment will consider a claimant's ability to carry out the activities, inability to carry out activities must be due to the effects of a health condition or disability and not simply a matter of preference by the claimant.

Health conditions or disabilities may be physical, sensory, mental, intellectual or cognitive, or any combination of these.

The impact of all impairment types can be taken into account across the activities, where they affect a claimant's ability to complete the activity and achieve the stated outcome.

For example, a claimant with a severe depressive illness may physically be able to prepare food and feed himself, but may lack the motivation to do so, to the extent of needing prompting from another person to carry out the task.

However, some activities focus on specific elements of function. For example, moving around relates to the physical aspects of walking, whilst mixing with other people relates to the mental, cognitive or intellectual aspects of interacting with other people.

As the assessment principles consider the impact of a claimant's condition on their ability to live independently and not the condition itself, claimants with the same condition may get different outcomes. The outcome is based on an independent assessment and all available evidence.

Evidence may come from a variety of sources including:

- The form – 'How your disability affects you'
- A factual report from the claimant's General Practitioner
- Evidence from other healthcare professionals involved in the claimant's care
- Any other evidence from other professionals involved in supporting the claimant, for example social worker or support worker.

Completing the form

Sometimes we can make a decision by using just the written information a claimant has given us, but some people may be asked to go to a 'face-to-face consultation' with a Health Professional.

The most appropriate descriptor for each activity will be selected, based on the assessment and any available evidence.

Regular reviews will take place during the lifecycle of a PIP award to ensure that the award still meets the claimant's support needs.

Reliability

For a descriptor to apply to a claimant they must be able to reliably complete the activity as described in the descriptor. Reliably means whether they can do so:

- safely – in a manner unlikely to cause harm to themselves or to another person, either during or after completion of the activity
- to an acceptable standard
- repeatedly – as often as is reasonably required, and
- in a reasonable time period – no more than twice as long as the maximum period that a non-disabled person would normally take to complete that activity.

Time periods, fluctuations and descriptor choices

The impact of most health conditions and disabilities can fluctuate. Taking a view of ability over a longer period of time helps to iron out fluctuations and presents a more coherent picture of disabling effects. The descriptor choice should be based on consideration of a 12-month period. This should correlate with the Qualifying Period and Prospective Test for the benefit – so in the three months before the assessment and in the nine months after.

A scoring descriptor can apply to claimants in an activity where their impairment(s) affect(s) their ability to complete an activity, at some stage of the day, on more than 50% of days in the 12-month period. The following rules apply:

- If one descriptor in an activity is likely to apply on more than 50% of the days in the 12-month period – the activity can be completed in the way described on more than 50% of days – then that descriptor should be chosen.
- If more than one descriptor in an activity is likely to apply on more than 50% of the days in the period, then the descriptor chosen should be the one that is the highest scoring. For example, if D is worth four points and applies on 100% of days, whilst E is worth six points and applies on 70% of days, then E is selected.
- Where one single descriptor in an activity is likely to not be satisfied on more than 50% of days, but a number of different scoring descriptors in that activity together are likely to be satisfied on more than 50% of days, the descriptor likely to be satisfied for the highest proportion of the time should be selected. For example if B applies on 20% of days, D on 30% of days and E on 5% of days, D is selected.

If someone is awaiting treatment or further intervention, it can be difficult to accurately predict its level of success or whether it will even occur. Descriptor choices should therefore be based on the likely continuing impact of the health condition or disability as if any treatment or further intervention has not occurred.

The timing of the activity should be considered, and whether the claimant can carry out the activity when they need to do it. For example, if taking medication in the morning (such as painkillers) allows the individual to carry out activities reliably when they need to throughout the day, although they would be unable to carry out the activity for part of the day (before they take the painkillers), the individual can still complete the activity reliably when required and therefore should receive the appropriate descriptor.

Risk and safety

When considering whether an activity can be carried out safely it is important to consider both the likelihood of the harm occurring *and* the severity of the consequences.

For example, an activity could be deemed unsafe if the harm caused would be very severe, even though the likelihood of the harm occurring is low

If the harm caused would be less severe, then the likelihood of that harm occurring would need to be higher for the activity to be deemed unsafe.

Support from other people

The assessment takes into account where claimants need the support of another person or persons to carry out an activity – including where that person has to carry out the activity for them in its entirety. The criteria refer to various types of support:

- Supervision is a need for the continuous presence of another person to ensure the claimant's safety to avoid harm occurring to the claimant or another person. We will consider the likelihood of the harm occurring *and* the severity of the harm were it to occur in the absence of such supervision. For example, an activity without supervision could be deemed unsafe if the harm caused would be very severe, even though the likelihood of the harm occurring is low. If the harm caused would be less severe, then the likelihood of that harm occurring would need to be higher for the activity to be deemed unsafe without supervision. To apply, supervision must be required for the full duration of the activity.

- Prompting is support provided by another person by reminding or encouraging a claimant to carry out or complete a task, or explaining it to them, but not physically helping them. To apply, this only needs to be required for part of the activity.

- Assistance is support that requires the presence and physical intervention of another person to help the claimant complete the activity - including doing some but not all of the activity in question. To apply, assistance only needs to be required for part of the activity.

A number of descriptors also refer to another person being required to complete the activity in its entirety. These descriptors would apply where the claimant is unable to reliably carry out any of the activity for themselves, even with help.

Activities 7 (communicating) and 9 (mixing with other people) refer to communication support and social support.

The assessment does not look at the availability of help from another person but rather at the underlying need. As such claimants may be awarded descriptors for needing help even if it is not currently available to them – for example, if they currently manage in a way that is not reliable, but could do so with some help.

Aids and appliances

The assessment takes into account where individuals need aids and appliances to complete activities. In this context:

- Aids are devices that help a performance of a function, for example, walking sticks or magnifying glasses.

- Appliances are devices that provide or replace a missing function, for example artificial limbs, collecting devices (stomas) and wheelchairs.

The assessment will take into account aids and appliances that individuals normally use, and low cost, commonly available ones which someone with their impairment might reasonably be expected to use, even if they are not normally used.

This may include mainstream items used by people without an impairment, where the claimant is completely reliant on them to complete the activity. For example, this would include an electric can-opener where the claimant could not open a can without one, not simply where they prefer to use one.

Activity 11 (going out) refers specifically to ‘orientation aids’, which are defined as specialist aids designed to assist disabled people in following a route.

Claimants who use or could reasonably be expected to use aids to carry out an activity will generally receive a higher scoring descriptor than those who can carry out the activity unaided.

When considering whether it is reasonable to expect a claimant to use an aid or appliance that they do not usually use, the health professional will consider whether:

- The claimant possesses the aid or appliance.

- The aid or appliance is widely available.
- The aid or appliance is available at no or low cost.
- It is medically reasonable for them to use an aid or appliance.
- The claimant was given specific medical advice about managing their condition, and it is reasonable for them to continue following that advice.
- The claimant would be advised to use an aid or appliance if they sought advice from a professional such as a General Practitioner or occupational therapist.
- The claimant is able to use and store the aid or appliance.
- The claimant is unable to use an aid or appliance due to their physical or mental health condition – for example, they are unable to use a walking stick or manual wheelchair due to a cardiac, respiratory, upper body or mental health condition.

Assistance dogs

We recognise that guide, hearing and dual sensory dogs are not 'aids' but have attempted to ensure that the descriptors capture the additional barriers and costs of needing such a dog where they are required to enable claimants to follow a route safely. Activity 11 (going out) therefore explicitly refers to the use of an 'assistance dog'. Assistance dogs are defined as dogs trained to help people with sensory impairments.

'Unaided'

Within the assessment criteria, the ability to perform an activity 'unaided' means without the use of aids or appliances and without help from another person.

Moving around

Activity 12 (moving around) considers a claimant's physical ability to move around without severe discomfort such as breathlessness, pain or fatigue. This includes the ability to stand and then move up to 20 metres, up to 50 metres, up to 200 metres and over 200 metres.

This activity should be judged in relation to a type of surface normally expected out of doors such as pavements and includes the consideration of kerbs.

Standing means to stand upright with at least one biological foot on the ground with or without suitable aids and appliances (note – a prosthesis is considered an appliance so a claimant with a unilateral prosthetic leg may be able to stand whereas a bilateral lower limb amputee would be unable to stand under this definition).

“Stand and then move” requires an individual to stand and then move independently while remaining standing. It does not include a claimant who stands and then transfers into a wheelchair or similar device. Individuals who require a wheelchair or similar device to move a distance should not be considered able to stand and move that distance.

Aids or appliances that a person uses to support their physical mobility may include walking sticks, crutches and prostheses.

When assessing whether the activity can be carried out reliably, consideration should be given to the manner in which they do so. This includes but is not limited to, their gait, their speed, the risk of falls and symptoms or side effects that could affect their ability to complete the activity, such as pain, breathlessness and fatigue. However, for this activity this only refers to the physical act of moving. For example, danger awareness is considered as part of activity 11 (going out).

Moving around activity principles

For individuals who cannot stand and then move 20 metres they will receive 12 points and therefore the enhanced rate of the mobility component regardless of whether they need an aid or appliance.

However, as with all of the activities in the assessment, in order for a descriptor to apply, consideration must be given to the manner in which the claimant can complete the activity.

This means that if individuals can stand and then move more than 20 metres but can’t do so in a safe and reliable way, they should receive 12 points and the enhanced rate.

Access to other benefits and services

Entitlement to PIP provides a gateway or passport to other benefits, such as Carer’s Allowance and schemes sponsored by other Departments such as the Blue Badge Scheme.

For many benefits and schemes there are additional qualifying conditions. For some schemes, such as Blue Badge, there are alternative ways of accessing the scheme that do not rely on a particular rate or component of PIP.

For social security benefits and Housing Benefit we share information to enable claimants to automatically access other disability benefits and services. However, claimants should inform other benefit offices about their entitlement to make sure they’re paid the correct amounts, particularly if there are any changes in their circumstances and awards. In most cases, claimants will need to use their PIP award letter as proof of entitlement.

(All references to a disabled child or disabled children made for passporting purposes apply only to a qualifying young person aged 16 or over because PIP is not available to children under the age of 16.)

Carers may be able to claim Income Support (including for up to 26 weeks while the PIP claim is being assessed). Many carers may continue claiming Income Support after PIP is awarded.

An award of PIP may enable claimants to access means-tested benefits even if they have previously been told they are not entitled to do so. Claimants should seek advice if in doubt.

It may be possible to backdate passported benefits to the start of the PIP award.

Where to get more information about social security benefits and schemes

- Access to Work
- Attendance Allowance
- Benefit Cap
- Carers Allowance
- Carer's Credit
- Christmas Bonus
- Disability Living Allowance
- Employment and Support Allowance
- Housing Benefit / Rate Relief
- Income Support
- Jobseeker's Allowance
- Pension Credit
- Help from the Social Fund
- Universal Credit

Veterans Agency

- Armed Forces Independence Payment (AFIP): Veterans UK website

HM Revenue and Customs benefits and schemes

- Child Tax Credit (nidirect pages to Tax Credits takes users to GOV.UK or HMRC content, so these links have been used for NI purposes)
- Disability element of Working Tax Credit
- Defining an adult as incapacitated and a child as disabled for the childcare element of Working Tax Credit

Vehicles and associated schemes

- Motability
- Vehicle Excise Duty exemption/reduction

Department for Infrastructure

- Concessionary travel in Northern Ireland
- Disabled Persons Badge (Blue Badge)
- Disability Action Transport Scheme

Other financial help for disabled people

- Health costs (for example optical and dental charges)
- Affordable Warmth Scheme
- Access to Work Programme
- Workable (NI) programme
- Legal advice and Legal Aid for someone looking after the claimant

It is up to other Departments and providers of schemes / benefits to decide how to treat any award of PIP.

Reassessing existing DLA claimants

We will start reassessing existing claimants of DLA for PIP from 20 June 2016.

PIP is for people aged between 16 and 64.

From 20 June 2016

We are inviting existing DLA claimants to claim PIP where:

- we receive information about a change in their care or mobility needs. We will ask these claimants to claim PIP. We will not ask claimants to claim PIP if the change they are reporting will have no affect on their entitlement, for example someone changing their address.
- they are aged 16 to 64 and have a DLA fixed award due to expire on or after 7 November 2016.
- they turn 16 years old on or after 7 November 2016 (unless they have been awarded DLA under the Special Rules for terminal illness).
- an individual chooses to claim PIP instead of their DLA.

Supporting young people to claim

This is referred to as Natural Reassessment.

From December 2016

From December 2016 we will start to reassess all remaining DLA claimants who were aged between 16 and 64 on 20 June 2016, the date that PIP was introduced. All these claimants will be randomly selected and invited to make a claim for PIP.

Claimants with an indefinite award made under the Special Rules for terminal illness or with a fixed term award expiring after December 2018 will be reassessed towards the end of the reassessment period.

Claimants who were aged between 16 and 64 on 20 June 2016, but have since reached age 65 or over will be treated as if they are still under the age of 65 for reassessment purposes. This means they may qualify for the mobility component of PIP if they satisfy the eligibility criteria.

We will not select a claimant for reassessment if they have had an assessment for DLA within the last six months.

We will do this gradually. It will take around two years for us to contact everyone on DLA. We expect all invitations to claim PIP for existing DLA claimants to have been issued by December 2018.

The process for reassessing existing DLA claimants

Existing DLA claimants do not need to do anything until we contact them.

We will write to claimants individually and in plenty of time to explain what action they need to take and by when if they want to claim PIP. All existing DLA claimants who are invited to claim PIP will need to decide if they want to make a claim for PIP. The invitation letter explains to the claimant what they need to do, how to make a claim, and the time limits for doing so.

It will not be an option to remain on DLA.

How to make a claim

Conditions of entitlement

Important information about existing DLA claimants and PIP

All existing DLA claimants who are invited to claim PIP will need to decide if they want to make a claim for PIP. It will not be an option to remain on DLA.

There is no automatic entitlement to PIP even where an indefinite or lifetime DLA award has been made.

We will make sure DLA remains in payment for all claimants who comply with the new claims process, until a decision on PIP has been communicated to them.

The claimant will be given 4 weeks to claim PIP and if they haven't done so by this time, their DLA may be suspended and after four weeks terminated if they still haven't claimed PIP. It they advise the Department upon receipt of the notification to claim PIP that they don't intend doing so, they will only be paid DLA for a further 2 weeks after this.

If the claimant is considered vulnerable, we'll make further enquiries before we take any action to suspend or terminate their DLA award.

When will DLA end?

There is no automatic entitlement to PIP even where an indefinite or lifetime DLA award has been made.

People can't get PIP and DLA at the same time. A PIP decision will automatically end the DLA claim. If PIP is not awarded or not claimed then DLA will stop.

If the claimant actively tells us they do not wish to claim or if they withdraw the PIP claim, their DLA will stop.

We will make sure DLA remains in payment for all claimants who comply with the new claims process, until a decision on PIP has been communicated to them.

Once a decision is made on the PIP claim no matter whether that decision is favourable or unfavourable, DLA will continue to be paid until 4 weeks after their next payday, until the PIP decision comes into force. These rules will also apply if the claimant is awarded PIP at a higher or lower rate than their previous rate of DLA or even disallowed altogether.

There will be no right of appeal against the decision to terminate entitlement to DLA unless we have incorrectly applied PIP's legislative requirements (for example if we have invited someone who is outside of the qualifying age criteria to claim PIP). However, the claimant will have a right of appeal against the PIP decision.

Disputes process

There will be no right of appeal against the date when the claimant is selected for reassessment.

Where a claimant is in a vulnerable situation, we will offer support.

DLA claimants who have turned 65 after 20 June 2016

All existing DLA claimants who were aged between 16 and 64 on 20 June 2016 will be invited to claim PIP, even if they have since reached age 65.

This means that existing DLA claimants whose 65th birthday is after 20 June 2016 will be invited to claim PIP. Only claimants whose 65th birthday was on or before 20 June 2016 will remain on DLA.

Claimants who turned 65 after 20 June 2016 will be treated as if they are still under 65 for PIP. This means they may qualify for the Mobility component of PIP if they satisfy the eligibility criteria.

If an existing DLA claimant claims PIP after they have turned 65 and receives a nil award, their claim to PIP will automatically be treated as a claim to Attendance Allowance. They will not have to make a separate claim although they may be asked to provide further information.

Choosing to claim PIP before invited to do so

If an existing DLA claimant contacts us to voluntarily claim PIP they can do so. However, if they are in receipt of both the Higher Rate Mobility component and Highest Rate Care component of DLA, we will advise them not to proceed. This is because they will have no likelihood of receiving an increase in benefit. These claimants would only be asked to claim PIP if they tell us that their condition or needs have improved.

How to make a claim

To start a claim for PIP, the claimant telephones us on:

0800 012 1573

or for claimants with speech or hearing difficulties by textphone on:

0800 012 1574

This is a free call from BT landlines and most mobiles, however some mobile or non-BT landline providers may charge for the call. If the caller is concerned about the cost of the call, they can ask us to call them back.

This number is for new claims to PIP only.

Anyone who has already claimed PIP, or has a general query about PIP should call us on:

0800 587 0932

or for claimants with speech or hearing difficulties by textphone on:

0800 587 0937

The telephone call can be made by someone supporting the claimant. The claimant must be present so that they can confirm the person supporting them has their permission to make the call.

Preparing for the telephone call

It is important that the claimant has all the basic information ready before telephoning us or it may delay progress of the claim. The claimant, or the person supporting them, needs to have:

- full name of the person claiming PIP
- National Insurance Number
- full address including postcode
- date of birth
- bank or building society account details (so we can arrange any payments if the claimant qualifies for the benefit)
- daytime contact number
- General Practitioner or other healthcare professionals details
- details of any recent stays in hospitals, care homes or hospices
- Nationality or Immigration status
- details of time spent abroad, if they have been abroad for more than four weeks at a time over the last three years

- details of any pensions or benefits that they or a family member may receive from another European Economic Area (EEA) state or Switzerland
- details if they are working or paying insurance to another EEA state or Switzerland.

The telephone call – what to expect

At the beginning of the telephone call the PIP Case Worker will ask the claimant a series of questions to verify their identity.

If the claimant is unable to answer these questions, the PIP Case Worker will continue to go through the rest of the questions on the application to gather as many details as possible, but we will need to take further action to verify the claimant's identity.

The PIP Case Worker will go through the claim with the claimant.

Some of the questions have a 'don't know' option.

The claimant will not have to answer detailed questions about their health condition or disability, just some questions to establish if they have a mental, cognitive or learning impairment. This will help us establish if the claimant may need additional support through the claim process.

The claimant will have the opportunity to tell us more about their health condition or disability and how it affects their daily living in the next stage of the claim process.

At the end of the initial telephone call, the claimant will be asked to agree a declaration that the PIP Case Worker will read out. When the claimant acknowledges this, the PIP Case Worker will submit the claim and the date of claim is set at this point.

Exceptions within the claiming process

People whose first language is not English

We use a language interpreting service called 'thebigword'. The PIP Case Worker will use this on any call where the claimant's first language is not English or where the caller is not comfortable continuing in English.

The PIP Case Worker will contact the interpreting service while the claimant is on the line and in most cases will be put through immediately to an interpreter for the appropriate language. A three-way conversation will then enable completion of the PIP claim.

Claimants who are unable to manage their own affairs

Where the claimant has an Appointee, Corporate Appointee, Power of Attorney or Controller (appointed by the Office of Care and Protection), the person appointed to act on behalf of the claimant must telephone to make the claim; the claimant does not have to be present.

Paper claims

Where a claimant is unable to deal with us by telephone, or needs extra help and they have no one to support them making a claim by telephone they can request that we post a paper claim form to them.

Claimants who are unable to deal with us by telephone, can write to us to request a paper claim form at the following address.

Freepost RTRT-EKUG-KXJR
Personal Independence Payment
Mail Opening Unit
PO Box 42
Limavady
BT49 4AN

This form will be unique to the claimant and cannot be used by anyone else.

We can only accept a claim on the unique authorised form that has been issued to the claimant. Stocks of paper claim forms are not available to order.

Completing the form

A paper claim form will also be issued to claimants who do not have a National Insurance Number.

The claimant is given one month to return the paper claim form from the date the request was received. If received within one month, then the date of claim will be calculated from the date the form was issued.

During the telephone call, if the PIP Case Worker identifies that the claimant needs additional support with completing the claim, they can arrange for a Departmental Outreach Officer to assist them. (Outreach Officers assist with application form completion for claimants who need extra support to help turn their potential entitlement into a benefit claim.)

What happens next

Once we have established that the claimant has met basic entitlement conditions relating to age and residence, a form called ‘How your disability affects you’ and an information booklet will be issued by post.

The claimant can use this form to describe how their health condition or disability affects their daily life, on both good and bad days and over a range of activities.

Completing the ‘How your disability affects you’ form

The form will have a personalised barcode and contain basic claimant details so it should only be used by the person it is sent to.

An information booklet will be sent with the form which claimants should read before they start to fill the form in.

The claimant has one calendar month to return the completed 'How your disability affects you' form. An envelope will be provided in which they can return the form. If the claimant has not returned the form after 19 days, a reminder letter will be issued to the claimant. Unless the claimant has been identified as requiring additional support, if the ‘How your disability affects you’ form has not been returned after one calendar month, PIP is automatically disallowed for failure to return the form by the required date.

Claimants who are making a claim to PIP because they are terminally ill will not have to complete the 'How your disability affects you' form. We will obtain the information required about mobility needs at the initial claim stage and the claimant will be encouraged to send in a DS1500.

Special rules for terminal illness

Where claimants in vulnerable situations are unable to return their 'How your disability affects you' form, we will arrange a referral direct to the Assessment Provider.

If the claimant is unable to complete the 'How your disability affects you' form within the given timescales they should contact us by telephone on **0800 012 1573** or **0800 012 1574** (for callers with speech or hearing difficulties) to ask for a short extension. Initially the PIP Case Worker should be able to grant this.

Further or longer extensions can be granted but only at the discretion of the PIP Case Manager, who will consider whether there is good reason for the late return of the form.

If the claimant loses the 'How your disability affects you' form, they will need to contact us to request another form.

About the questions in the form

When filling in the 'How your disability affects you' form the claimant may find it useful to have to hand:

- details of their medication or an up-to-date printed prescription list if they have one, and

- the name and contact details of any professionals who might be supporting them on a regular basis.

The 'How your disability affects you' form includes a number of questions about the claimant's ability to carry out key everyday activities. These will help us to understand the impact of the claimant's health condition or disability on their everyday life and to assess their entitlement to the benefit.

Assessment criteria

In each section and for each question, there is a tick box for the claimant to state 'yes', 'no' or 'sometimes'.

Claimants are asked to provide more detail in the "Extra Information" box so that they can explain how their health condition or disability affects their ability to carry out the activities; the difficulties they face and the help they need. Where they need help from another person, they can tell us what kind of help they need and when they need it.

Help with completing the 'How your disability affects you' form

If the claimant is having difficulty completing the 'How your disability affects you' form, they can ask a friend, relative, care provider or external organisation to assist them with completion.

We are providing advice and information to external support organisations to ensure that they understand the PIP process. This will enable them to provide assistance and support to claimants throughout the claims process. In addition, the claimant can contact their local Jobs & Benefits office / Social Security Office.

The claimant can also contact us by:

Telephone: **0800 012 1573**

Textphone: **0800 012 1574** (for claimants with speech or hearing difficulties)

The PIP Case Worker will be able to assist with basic enquiries and will also find out what level of support the claimant requires to complete the 'How your disability affects you' form.

They may refer the most vulnerable cases to the Departmental Outreach team for face-to-face support.

If an Outreach Officer is at the home of a claimant when they decide that they want to claim PIP, the Outreach Officer will be able to assist the claimant to make the initial telephone call to claim PIP.

Sending in additional supporting evidence

We want to use the widest range of evidence when we assess each PIP claim to ensure the claimant's PIP award is made correctly and paid promptly.

It is very important that the claimant provides us with any relevant evidence or information they already have that explains how their condition affects them.

We don't need to see general information about their condition – we need to know how they are personally affected.

The supporting evidence they send does not need to be recent but should be relevant to their current condition.

The claimant should send in any documents they have as soon as possible. They can use the same envelope as their completed 'How your disability affects you' form. Any delay sending evidence may mean:

- It will take longer to make a decision on their PIP claim, or
- They may have to attend a face to face consultation with a Health Professional when it may not have been necessary, or
- We may not be able to get all the information we need to make the correct decision on their claim

The claimant should only send in photocopies of things they already have available and shouldn't ask for other documents which might slow down their claim or for which they might be charged a fee – for example, from their General Practitioner. If we need this we'll ask for it ourselves using the contact details they provide on their form. That's why we need the claimant to tell us who is best placed to provide this evidence. It might also help if the claimant lets them know that we may contact them for information to help decide the PIP claim.

Here are some examples of things that could help decide the PIP claim. The claimant shouldn't worry if they only have some of them – they should just send us as many of the things listed that they already have. There are also examples of things we don't need to see below.

Evidence that will help us to assess a PIP claim

Reports about the claimant from:

- Specialist Nurses
- Community Psychiatric Nurses
- Social Workers
- Occupational Therapists

- General Practitioners
- Hospital Doctors
- Physiotherapists
- Support Worker

The claimant's **care or treatment plans** from:

- Occupational Therapists
- Social Workers
- Community Psychiatric Nurses
- Learning Disability Support Teams

The claimant's **hospital discharge** or outpatient clinic letters.

The claimant's **statement of special educational needs**.

The claimant's **certificate of visual impairment**.

The claimant's **test results** like:

- scans
- diagnostic tests
- audiology

The claimant's current repeat prescription lists.

Information that might help us to assess a PIP claim

Photographs or x-rays.

Letters about other benefits.

Letters from people who know the claimant but only if they can provide us with more information about how the claimant's condition affects them that they haven't already told us about on their form.

Information that doesn't help us to assess a PIP claim

General information or **fact sheets** about the claimant's condition(s) that are not about them personally.

Appointment cards or letters about medical appointments:

- times
- dates
- directions

Information about tests the claimant is going to have.

Fact sheets about the claimant’s medication.

Assessment Process and Assessment Provider

The PIP assessment will be delivered by an Assessment Provider working on our behalf.

Sometimes we can make a decision by using just the written information a claimant sends us but some people may be asked to go to a ‘face-to-face consultation’ with a Health Professional.

The face-to-face consultation will be conducted by a Health Professional who considers the evidence provided by the claimant, along with any further evidence they think is needed.

The assessment looks at people as individuals, and focuses on the impact their condition has on their daily lives and over a range of different activities.

The Health Professional will complete the assessment and will send a report back to us. A PIP Case Manager will then use all of this information to decide entitlement to PIP. The Health Professional will not make a decision on entitlement to PIP.

Face-to-face consultation

The face-to-face consultation may take place at a designated consultation centre or in the claimant’s own home.

The claimant will be encouraged to have someone with them at the consultation to support them and participate in the discussion if they would find this useful. The person chosen is at the discretion of the claimant and might be, but is not limited to, a parent, family member, friend, carer or someone else who can speak on the claimant’s behalf.

We have asked the Assessment Provider to ensure that claimants travel no more than 90 minutes (single journey) by public transport to their consultations. This figure is an absolute maximum and it is expected that travel time will be far less for the majority of cases.

Home consultations will take place:

- at the claimant's request, if supported by an appropriate health condition or disability, as determined by the Assessment Provider, or
- when the claimant provides confirmation through their healthcare professional that they are unable to travel on health grounds, or
- at the Assessment Provider's discretion for a business reason.

The consultation

At the consultation, the Health Professional will ask questions about the claimant's circumstances, their health condition or disability and how this affects their daily life.

The Health Professional may also carry out a short physical examination, but claimants will not be forced to do anything that causes them pain, embarrassment or discomfort.

The Assessment Provider will ensure that the Health Professionals have the right skills and experience to assess any claimant referred to them.

We believe that in most cases all Health Professionals should be able to assess the individual, even if they are not a specialist in their condition.

If the Health Professional feels they need more support before assessing someone, for example because the claimant has a condition they are unfamiliar with, the Assessment Provider will make someone with the appropriate skills available to either assist the original Health Professional or carry out the assessment themselves.

There is no time limit for face-to-face consultations. Consultations will be as long as necessary to reach the evidence-based conclusions on individual cases.

The Assessment Provider and their role

In Northern Ireland the PIP Assessment Provider will be Capita Health and Wellbeing.

Capita Health and Wellbeing website

How assessments are carried out is governed by regulations and guidance. Everyone will be able to bring a companion, see a same sex assessor if they advise the Assessment Provider in advance, and claim back their travel expenses. The Health Professional will be recruited for their empathy as well as medical qualifications. The Health Professionals will encourage claimants to explain how they feel on a bad day as well as on a good day. They will provide advice to us – we make the decision about entitlement to PIP.

Managing performance

We will monitor the performance of the Assessment Provider to make sure they are conforming to the detailed specifications for the assessment laid out in their contract with us.

We have set clear service level agreements setting out expectations for service delivery, including the quality of assessments and the number of days to provide advice to us. We have not set any targets in relation to the outcome of PIP assessments. This will ensure all the assessments are consistent, fair, evidence based and delivered to the required quality standard.

Decision and payment

PIP decision

The PIP Case Manager will make a reasoned decision on entitlement. If the claimant is entitled to PIP, they will also decide the level of award and the length of any award. In all cases the Case Manager will make a decision based on all the available evidence, such as:

- the report from the Assessment Provider
- the 'How your disability affects you' form
- any additional evidence that the claimant has provided, or
- further evidence that the Assessment Provider has provided.

If the Case Manager is not satisfied with the report from the Assessment Provider or has any queries about the report or the evidence, they will be able to discuss the issue with the Assessment Provider.

PIP award and reviews

The Case Manager will make an award of PIP based on the impact of the claimant's health condition or disability on their daily life and their ability to live independently. The length of award for PIP will be based upon each claimant's individual circumstances.

Over time a claimant's needs may change and we want to make sure a person's award of benefit reflects their current needs.

Awards vary in length from nine months to 10 years, depending on when changes in a claimant's needs could be reasonably expected, with reviews set at regular periods.

The maximum time between reviews is 10 years.

Limited term awards will be given where changes in needs may be reasonably expected – these will be up to two years and have a fixed end date.

Awards made under the Special Rules for terminal illness will be for three years. The Daily Living component will be paid at the enhanced rate in all cases. Payment of the Mobility component will depend on whether the claimant needs help to get around, and if they do, how much help they need.

Claimants will have their award periodically reviewed, regardless of the length of the award. This will make sure everyone continues to receive the most appropriate level of support.

Telling the claimant about the PIP decision

We will send the claimant a letter giving a decision on the PIP claim and a clear reasoned explanation of how that decision has been reached.

If the claimant has been awarded PIP, the letter will detail the amount of the award, the length of the award and the reasons for making that decision. The point score for each descriptor will be included in the letter. The letter will also show how the evidence informed the selection of descriptors and the decision made. It will give details of how and when the claimant needs to tell us about any changes in circumstance. It will also signpost the claimant to other benefits and services and local support organisations. The award letter will constitute a full statement of reasons for the decision.

If the claimant has not been awarded PIP, the letter will give all the same information as the award letter and will constitute a full statement of reasons for the decision. The letter will also explain what the claimant needs to do if they are not happy with the decision and explain how they can request a reconsideration of the decision.

PIP payments

Specific details of PIP payments including the date payments will start and their frequency will also be included in the letter sent to the claimant. PIP can be paid into a bank account, building society, credit union or Post Office® card account (POca). The claimant will be asked to provide these details when they make a claim to PIP.

Payment will usually be made every four weeks in arrears. Awards of PIP under the Special Rules for terminal illness will be made weekly in advance.

Changes in circumstances

The PIP award letter gives details of how and when the claimant needs to tell us about any changes in circumstance.

We need to know if the claimant's condition, the amount of help they need or their circumstances change. This is because it may change how much PIP they can get.

It is important the claimant tells us straightaway about any changes in their life that could affect their benefit. Based on these changes their benefit may go up, go down, stay the same or it may stop. If the claimant is overpaid, they will normally have to repay the money. Failure to tell us about any of these changes may result in prosecution.

How to report a change

The claimant can report a change by:

Telephone: **0800 587 0932**

Textphone: **0800 587 0937** for claimants with speech or hearing difficulties)
By post: To the address at the top of their award notification.

PIP enquiry line:

0800 587 0932

Changes the claimant needs to report

Changes to daily living or mobility needs

For example, more or less help or support is needed or the condition will last for a longer or shorter time than the claimant has previously told us about.

This change may affect entitlement to PIP. The amount and the period of the PIP award may change.

Admission to a hospital, care home or hospice

Entry into a residential school or college

Entry into foster care, sheltered housing or Health Trust care

These changes may affect the amount of PIP that can be paid to the claimant.

We need to know the name and address of the place the claimant has gone into, and the date they went in. We need this information as soon as they go in. Failure to tell us this straightaway could result in an overpayment. We also need to know if the claimant spends any nights at home and the date the claimant comes out of this place as soon as this happens. This is because we may be able to pay PIP for any nights spent at home and as soon as they come out of this place.

Hospitals or similar institutions

Both components of PIP cease to be payable 28 days after the claimant is admitted to a National Health Service hospital. Privately funded patients are unaffected by these rules and can continue to be paid either component of PIP.

If a claimant is in hospital or a similar institution at the date entitlement to PIP starts, PIP is not payable until they are discharged.

Care Homes

The Daily Living component of PIP ceases to be payable after 28 days of residency in care home where the costs of the accommodation are met from public or local funds.

PIP Mobility component can continue to be paid. People who fully self fund their placement are unaffected by these rules. If a claimant is in a care home at the date of entitlement, PIP Daily Living component is not payable until they leave.

Linked spells in hospital and a care home

Spells in hospital are linked if the gap between them is no more than 28 days. The Daily Living component for spells in a care home is also linked if the gap between them is no more than 28 days. There is no link for the Mobility component because payment is not affected when in a care home.

Both components of PIP will stop being paid after a total of 28 days in hospital. The Daily Living component of PIP will stop being paid after a total of 28 days in a care home. If a claimant moves between a hospital and care home or vice versa, these periods will also link.

Leaving the country or planning to leave the country for a period of more than four weeks even if this is a holiday

This change may affect the claimant’s entitlement to PIP. We will need to know the date the claimant is leaving the country, how long they are planning to be out of the country, which country they are going to and why they are going abroad.

Change of name

This change will not affect payment or eligibility for PIP, but it is important that we have the most up-to-date details for the claimant.

This change needs to be reported in writing – if the claimant phones to give these details, the PIP Case Worker will ask for these details to be put in writing. The written notification must contain full details of their previous name, their new name, details of any changes made to the bank or building society account into which PIP is paid such as the name of the account or the account number and the letter must be signed by the claimant.

Change of account PIP is paid into

We need full details of the name and address of the new bank or building society along with details of the new account including the name of the account, the account number and the sort code or roll number.

Change of person acting for the claimant, by this we mean an appointee or someone with power of attorney for the claimant

This change is important so that we can make payments to the right person at the right time. We need the full name, address and contact details of the new person who is acting for the claimant. If the person acting for the claimant has moved or has different contact details, we just need the new details.

Change of address

This change, providing it is not a hospital or nursing home will not affect eligibility or payment of PIP. It is important that we hold the most up-to-date details for the claimant.

We need full details of the new address the claimant has moved to, including the postcode and the date that they moved.

Change of doctor or healthcare professional

This change will not affect payment or eligibility for PIP and is not mandatory once a decision on the PIP claim has been made. However, if the change happens during the claiming stage it is essential that we have the most up-to-date information. This will make sure the Assessment Provider has the right contact details to gather any further information or evidence they may require. We need the full name, address and contact details of the new doctor or healthcare professional.

Imprisonment or claimant held in legal custody

This change may affect the amount of PIP that can be paid to the claimant.

We need to know the date the claimant was taken into prison or legal custody and the length of time they are expected to be there if known.

Detained in legal custody

PIP ceases to be payable after 28 days where someone is being detained in legal custody. This applies whether the offence is civil or criminal and whether they have been convicted or are on remand.

Suspended payments of benefit are not refunded regardless of the outcome of proceedings against the individual. Two or more separate periods in legal custody link if they are within one year of each other.

Changes the claimant does not need to report

PIP is not means tested and can be paid whether the claimant is working or not. There is no need to report that the claimant has started or finished work or if the nature of their current employment has changed, unless the amount of help that they need has changed.

Special Rules for terminal illness

There are Special Rules that exist for claimants who have a terminal illness – those who have less than six months to live, to allow them to get help quickly when they claim PIP.

Claims made under Special Rules follow a different process than the standard PIP claims.

People who meet the criteria for claiming under the Special Rules:

- will not have to complete the form 'How your disability affects you';
- will not need a face-to-face consultation;
- will be entitled to an award of the enhanced rate of the Daily Living component of PIP without having to satisfy the normal qualifying period; and
- may also be entitled to the Mobility component of PIP depending on their mobility needs.

Claimants awarded PIP under Special Rules will receive payment on a weekly basis, one week in advance.

How to claim

To claim under the Special Rules for terminal illness, telephone **0800 012 1573** (textphone number **0800 012 1574**).

The telephone call can be made by someone supporting the claimant (such as a support organisation or family member) without the claimant needing to be present.

However, the claimant should be aware of the claim because we may need to contact them to verify their details, and we will send notifications and any payment to them.

The claimant does not need to know that the claim has been made under the Special Rules for terminal illness, and this will not be mentioned by us in any contact with the claimant.

PIP special rules for terminal illness claim line:

0800 012 1573

Preparing for the telephone call

It is important that the claimant or the person making the telephone call has as much information ready before calling us.

In addition to an identity check, the caller will be asked for the following information:

- Contact details and date of birth
- National Insurance number
- Bank or building society details
- Name and contact for their GP or other healthcare professionals
- Details of any time spent abroad or in a care home or hospital.

The claim can be taken even if the caller doesn't have all of the information but certain details are needed to register the claim. If the caller doesn't know the answer to some of the questions the claim may be delayed because we will need to get the detail before the claim can be put into payment.

As previously stated, the claimant will not be sent the form 'How your disability affects you' if they meet the criteria for an award under the Special Rules; instead they, or the person claiming on their behalf, will be asked some extra questions whilst they are on the telephone about their condition and how it affects their ability to get around. These questions are:

- Do you need someone else to plan any journey for you that you wish to take?
- Do you have difficulties following the route of a familiar journey? For example do you need:
    - another person with you
    - an assistance dog, or
    - aids, such as a white stick?
- Do you have difficulty walking short distances of up to 50 metres?
- Do you have difficulty walking short distances of up to 20 metres?

The telephone call – what to expect

At the beginning of the telephone call the claimant will be asked a series of questions to verify their identity.

If a third party makes a claim on someone else's behalf they will also be asked for their name and address.

The caller will be given an explanation of what the Special Rules for terminal illness mean and will be asked to confirm that they wish to claim under the Special Rules.

DS1500 report

Claimants are encouraged to get a DS1500 medical report to support the claim. The DS1500 is a report about their medical condition, not their prognosis, and the claimant can obtain one from their General Practitioner, consultant or certain other healthcare professionals, including Macmillan nurses. The claimant will not have to pay for a DS1500.

The DS1500 report can be sent to us either by the healthcare professional or by the person requesting it but it is important that it is sent in quickly to support the PIP claim. The claimant (or the person making the claim on their behalf) will be given the following options for sending in the DS1500:

Fax it to 028 7772 6041

Bring it to a local Social Security Office/Jobs & Benefits Office and ask them to fax it to 028 7772 6041

Post it to the following address:

Freepost RTRT-EKUG-KXJR
Personal Independence Payment
Mail Opening Unit
PO Box 42
Limavady
BT49 4AN

It's important to use the full address to avoid unnecessary delay in processing the claim.

We cannot treat a DS1500 as a claim to PIP. It is important that a claim to PIP is made in addition to providing the DS1500.

Assessment process

The claim information and the DS1500 will be sent to the Assessment Provider – Capita Health and Wellbeing – who provide an assessment service for us.

A Health Professional working for them will be able to complete the assessment using the information provided during the claims process, the DS1500 and any further evidence gathered.

Claimants who are deemed to qualify under the Special Rules will not need a face-to-face consultation.

The Health Professional may need to contact the person who has completed the DS1500 for more information.

Timetable for PIP replacing DLA

PIP and existing DLA Special Rules claimants

Those claimants who are already in receipt of DLA under Special Rules will either be invited to claim PIP when their current DLA award expires or in cases where they have an indefinite/lifetime award, when they are contacted to make a claim to PIP. This includes young people who reach age 16.

If an existing DLA claimant contacts us to say that their condition has deteriorated and they are now terminally ill, they will be invited to claim PIP and will be encouraged to get a DS1500 to support their claim.

Supporting young people to claim

DLA will remain for young people under 16. A young person will not be invited to claim PIP until they reach the age of 16.

Preparing young people for claiming PIP

We will write to parents or guardians of young people, who are currently in receipt of DLA as they approach age 16.

At age **15 years and 7 months** a letter will be sent to the parent or guardian to explain that:

- PIP replaces DLA as the correct benefit for anybody age 16 years and over
- the young person will need to claim PIP at 16 years of age
- we will write to the young person about this to explain how to claim PIP, when they are 16
- if the young person makes a claim for PIP when they reach 16, we will make sure their DLA continues to be paid until we make a decision about their PIP claim
- the parent / guardian needs to let us know who to pay DLA to once the young person turns 16, while we make a decision about their claim to PIP
- the parent / guardian should discuss the letter with the young person.

The letter will also ask whether the young person will need an appointee when they turn 16, and what bank details should be used.

At age **15 years and 10 months** a letter will be sent to the parent or guardian to explain that the young person will shortly be invited to claim PIP at 16. A variant of the letter also repeats the questions in the previous letter if an answer has not been received.

At **age 16** a letter will be sent to the young person, or their appointee, to invite them to claim PIP, it will explain:

- how to claim PIP and when the claim must be returned by
- that if they don't claim PIP by the date given on their letter, their DLA will stop
- that their DLA will continue to be paid (even if their DLA award was due to expire) as long as they send us any information asked for and go to an assessment consultation, if required.

Claim for PIP is made

If a young person makes a claim to PIP, their DLA will continue to be paid until we make a decision on their PIP claim; when the decision on their PIP claim is made their DLA will end even if they currently have a long term or indefinite award. If the young person is awarded PIP it may be the same amount or more or less than their current DLA.

Appointees

Appointee information on nidirect

If a young person can't do things like tell us if their condition gets better or worse, or about changes in address or bank details and so on, another person may need to act on their behalf, as their 'Appointee'. This must be because of their illness or disability and not just because they are still a young person.

Disputes process

The Welfare Reform Order 2015 includes the introduction of changes to the appeals process to ensure more disputes against benefit decisions are resolved without being referred The Appeals Service (TAS).

The change to the appeals process are:

- mandatory reconsideration of decisions prior to appeal
- direct lodgement of appeals with TAS, and
- time limits for us to return appeal responses to TAS.

PIP disputes process

Once a decision has been made on a claim, a decision notification will be issued to the claimant advising them of their award or disallowance, giving the reasons for the decision and advising what steps the claimant needs to take if they dispute the decision. The decision notification will also explain to the claimant or Personal Acting Body (PAB) that they can contact us if they want to discuss the decision.

If the claimant disputes the decision and would like us to look at the decision again, they can request a reconsideration.

Claimants have one calendar month from the date on their decision letter to request a reconsideration.

If a reconsideration request is received a PIP Case Manager may telephone the claimant to discuss the decision and answer any questions the claimant or someone acting on their behalf may have.

The claimant will be asked to be specific about the points at issue or descriptors they are unhappy with. They will be encouraged to send in any further evidence or information they may have.

A second PIP Case Manager will usually look at the decision, including any additional evidence or information that has been provided to decide if the original decision is fair and consistent with the evidence.

A letter called the Mandatory Reconsideration Notice will be issued to the claimant responding to any issues that they had about the decision and advising them of the outcome of their reconsideration request. It will also contain the claimant's right of appeal against the decision and advise them how to make an appeal to TAS and where they can get a notice of appeal form (NOA1(SS)).

If, after we have reconsidered the decision, the claimant still disputes the decision, they can lodge an appeal directly with TAS. When lodging an appeal the claimant has one calendar month from the date on the Mandatory Reconsideration Notice to appeal direct to TAS.

If the claimant sends the appeal in error to us, we will not forward the appeal request to TAS. We will first check that a Mandatory Reconsideration Notice has been carried out, and if not will treat any appeals we receive as a request for a mandatory reconsideration. If the claimant has had a mandatory reconsideration we will forward their appeal to TAS.

An appeal cannot be lodged with TAS until after we have reconsidered the decision. The claimant will need to include a copy of the Mandatory Reconsideration Notice with their appeal.

When TAS receives the appeal, they will validate it and send it to us for a response. We will send our response back to TAS within 28 days of receipt of the appeal response request.

TAS will administer and process the appeal, advising all parties of hearing dates if an oral hearing is to be held.

Disclaimer

We have made every effort to make sure the information in this handbook is correct. However, changes in the law may make it become gradually less accurate.

This leaflet is a guide only and does not cover every circumstance. All information is correct at time of print. It should not be treated as being a current and comprehensive statement of the law. The most up-to-date information can be found on nidirect.gov.uk

Available in alternative formats.

Further Information

There is information on all aspects of Welfare Changes and Personal Independence Payment available at **www.nidirect.gov.uk**

Northern Ireland Executive
www.northernireland.gov.uk

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Does it need a number?