
West Lothian
Community Health and Care Partnership

Livingston Social Work Centre
New Cheviot House
Civic Square
Almondvale Boulevard
Livingston
EH54 6QN
Tel: 01506 282252
Fax: 01506 282268

Our Ref: RA/RB

Date: 28th December 2012

Mr Peter Still
113 Glebe Road
Whitburn
EH47 0AX

Dear Mr Still

We have received information from the Police about a recent incident suggesting that you may be experiencing some difficulties and may require some support/advice. Given the circumstances we would like to offer any assistance we can at this time.

Under The Adult Support and Protection (Scotland) Act 2007, West Lothian Council has a duty to make inquiries about a person's well-being if it knows or believes that the person may be an adult at risk.

We would be very happy to discuss any concerns you may have and provide any advice or support, which might be beneficial.

Our Duty Worker is available via the phone on **01506 282252**, Monday to Friday, please do not hesitate to contact us.

The Duty Worker will be happy to speak to you about any issues/problems that you are experiencing.

Yours sincerely

Rena Anderson
Duty Team Manager

9323B
per
Us-

Ward 17

Information for Patients

0
f/hard of
3551

PAYABLE

5 a week.

| Activity Group

a week.

Your circumstances mean you will qualify for a Christmas Bonus Payment. This will be paid the first week in December. The amount payable is £10.00

We will credit you with National Insurance contributions while claiming Employment and Support Allowance.

You are required to immediately report any change in your circumstances to us, or the circumstances of your partner if you have one.

The attached sheet shows how we worked out your money. If you want more information please get in touch with us. Our phone number and address are at the top of this letter.

This assessment is based on how much the law says you need to live on and your National Insurance Contribution Record.

HOW THE MONEY WILL BE PAID

The money will be paid every two weeks for as long as you are still entitled to Employment

and Support Allowance.

Bank/Building society: JP MORGAN EUROPE LTD
POST OFFICE CARD ACCOUNT 5

We also hold an account number/sort code but for security reasons they have not been included in this letter.

We will pay £41.40 Employment and Support Allowance into your account. (Your account details are known to us but have not been stated in this letter for security reasons. Any payments made to you will be paid into this account. Tell us straightaway if your account details change.) The first payment includes arrears of £41.40 that are due from 2 January 2013 to 15 January 2013.

PAYMENT TO YOUR BANK/BUILDING SOCIETY

These notes are about allowance payments into a bank or building society account. Please make sure you read them.

You must tell us straight away if any details about the account change. Otherwise you may not be able to get your money.

You should check the account to see how much is paid in. We will tell you if your Employment and Support allowance is going to change.

If you think the payment is wrong, you should get in touch with us straight away. We will check your payment and tell you what will happen.

If your money is due on a Bank Holiday we will pay it into the account on the last weekday before the Bank Holiday.

If the account goes overdrawn, the bank or building society may not let you take any money out of the account. Talk to the bank or building society if this happens. You should also tell us as we can change how we pay you.

If you want a full explanation of why your Employment and Support Allowance has changed, please get in touch with us. Our phone number and address are at the top of this letter.

WHAT HAPPENS AFTER THE DECISION IS LOOKED AT AGAIN

If the decision can be changed we will send you a new decision. If we cannot change the decision we will tell you why. You will still have the right of appeal against the decision.

HOW TO APPEAL

To appeal, fill in the form in leaflet GL24 "If you think our decision is wrong". Please send it to us within one month of the date of this letter.

You can get this leaflet from your Jobcentre Plus Office. Your appeal will be heard by an independent appeal tribunal.

If the decision is wrong, the independent appeal tribunal can change it. But the independent appeal tribunal cannot:

- change the law that the decision is based on;
- pay more money than the law allows;
- check or change your contribution record.

Disability and Carers Service

Department for Work and Pensions

Disability Living Allowance claim for a person aged 16 or over

We received the request for this claim form on:
We will treat the claim as made on this date if you return it by the date in the next box.

15 OCT 2011 23:04 2011

Please send the form back by:
Allow a few days for the form to reach us by post.

15 OCT 2011 23:04 2011

i Before you fill in this form, read page 3 of the notes booklet that came with this form.



About you

Please tell us your personal details. If you are filling in this form for someone else, tell us about them, not you.

1 Surname or family name

STILL

All other names in full

PETER THOMAS WILKINSON

Title

For example, Mr, Mrs, Miss, Ms

MR

2 National Insurance number

Letters	Numbers	Letter
N R	9 6 9 3 2 3	B

3 Date of birth (day/month/year)

13 1 06 169

4 Sex

Male Female

5 Address where you live

113 GLEBE ROAD,
WHIRBURN
Postcode E H 4 7 O A X



6 Daytime phone number where we can contact you or leave a message.

Phone number, including the dialling code

07586715423

If you have speech or hearing difficulties and want us to contact you by textphone, please tick this box.

Textphone number

7 What is your nationality?

For example, British, Spanish, Turkish

BRITISH

About you (continued)

8

Do you normally live in Great Britain?

Great Britain is England, Scotland and Wales.

i For more information please read page 7 of the **notes**.

Yes Please continue below.

No Go to question 9.

If you live in Wales and would like us to contact you in Welsh in future, tick this box.

9

Have you been abroad for more than a total of 13 weeks in the last 52 weeks?

Abroad means out of Great Britain.

Yes Please continue below.

No Go to question 10.

Please tell us when you went abroad.

From

To

Tell us where you went.

Tell us why you went.

If you have been abroad more than once in the last 52 weeks, please tell us the dates you went, where you went and why you went at question 61 **Extra information**.

10

What type of accommodation do you live in?

For example, you may live in a house, bungalow, flat, supported housing, residential care home, nursing home, residential school or somewhere else.

11

Where is there a toilet in your home?

Upstairs Downstairs Other

Tell us where.

Where do you sleep in your home?

Upstairs Downstairs Other

Tell us where.

BRITISH

Signing the form for someone else

12 Signing the form for someone else

You can fill in this form for another adult, but they must still sign it themselves unless **one or more of the following apply**. Please tick all the relevant boxes.

- I hold a power of attorney to receive and deal with their benefits from social security, or
- I act as a deputy for them, appointed by the Court of Protection, or
- (In Scotland) I am a judicial factor, guardian, tutor or curator bonis appointed under Scottish law.

Send us the relevant document (or certified copy) with this claim form and sign the declaration on their behalf. Copies must be certified and signed as being true and complete by the person this form is about, a solicitor or a stockbroker.

- I am an appointee, appointed by the Department for Work and Pensions (DWP), to receive and deal with their benefits and their letters from social security.

We will send all letters about Disability Living Allowance to you.

- They cannot manage their affairs due to a mental-health problem or learning disability.

We will contact you about this. If the customer cannot manage their affairs, the DWP may appoint you to get their benefits and to deal with letters from social security.

- They are so ill or disabled they find it impossible to sign for themselves.

We will contact you about this.

- I am claiming for them under the special rules.

i You must read the **notes about special rules** on page 8 of the notes. Then decide if you should tick this box.

If the person does not know you are signing this form for them, tell us why.

Your name

Letters Numbers Letter

National Insurance number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Date of birth
(day/month/year)

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
----------------------	---	----------------------	---	----------------------

Your address

<input type="text"/>									
<input type="text"/>									
Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Daytime phone number,
including the dialling code

About your illnesses or disabilities and the treatment or help you receive

13 Please list separately details of your illnesses or disabilities in the table below.

By illnesses or disabilities we mean physical, sight, hearing or speech difficulty or mental-health problems.

If you have a spare up-to-date printed prescription list, please send it in with this form. If you send in your prescription list you do not need to tell us about your medicines and dosage in the table below.

By treatments we mean things like physiotherapy, speech therapy, occupational therapy or visiting a day-care centre or a mental-health professional for counselling or other treatments.

You can find the dosage on the label of your medicine.

Name of illness or disability	How long have you had this illness or disability?	What medicines or treatments (or both) have you been prescribed for this illness or disability?	What is the dosage and how often do you take each of the medicines or receive treatment?
Example Eye problem - Glaucoma	About 14 months	Eye drops	Twice a day
Example Kidney failure	About a year	Dialysis	Two times a week
Example Learning difficulties	17 years	None	None
SPONDYLOSIS	Since 1996 17 Years	AMITRIPTOLINE 50 mg	Three a day 2 night 1 morning
MENTAL HEALTH ANXIETY + STRESS DEPRESSION PANIC ATTACKS	Since 2001	" " " SAMB MOGOLATOL	" "
	12 YEARS	FOR BACK PAIN,	" "

If you need more space to tell us about your illnesses or disabilities, please continue at question 61 **Extra information**.

About your illnesses or disabilities and the treatment or help you receive (continued)

14

Apart from your GP, in the last 12 months have you seen anyone about your illnesses or disabilities?

For example, a hospital doctor or consultant, district or specialist nurse, community psychiatric nurse, occupational therapist, physiotherapist, audiologist or social worker.

Yes Please continue below.

No Go to question 15.

Their name

(Mr, Mrs, Miss, Ms, Dr)

DR SHENKAR

Their profession or specialist area

CONSULTANT

The address where you have seen them

For example, the address of the health centre or hospital

WARD 17 ST JOHNS

HOSPITAL, LIVINGSTON

WEST LOTHIAN

Postcode

Their phone number,

including the dialling code

01506 524117

Your hospital record number

You can find this on your appointment card or letter.

REFER TO HOSPITAL DOCT KNOW

Which of your illnesses or disabilities have you seen them about?

MENTAL HEALTH

How often do you usually see them because of your illnesses or disabilities?

WAITING TO BE CONTACTED BY MENTAL HEALTH ADVOCATE

When did you last see them because of your illnesses or disabilities?

24 / 12 / 2012

If you have seen more than one professional, please tell us their contact details, what they treat you for and when you last saw them at question 61 **Extra information.**

About your illnesses or disabilities and the treatment or help you receive (continued)

15 Does anyone help you because of your illnesses or disabilities?

For example, a carer, support worker, friend, neighbour or family member.

Yes Please continue below.

No Go to question 16.

Their name

ROBERT SHAW.

Their address

3 RAMSAY CRESC,
BATHGATE,
Postcode E14 4 8

Their phone number, including the dialling code

07594172376

What help do you get from them?

TO HELP ME WHEN GO OUT IN PUBLIC PLACE, CREDIT BUDGET, SHOPPING

Their relationship to you

FRIEND

How often do you see them?

3 OR 4 TIMES A WEEK

If more than one person helps you, please tell us their name and how they help you at question 61 Extra information.

16 About your GP

The GP only gives details of medical fact, they don't decide if you can get Disability Living Allowance.

Their name

If you do not know your GP's name, please give the name of the surgery or health centre.

DR. W. J. BROWNE.

Their address

WHITBURN MEDICAL CENTRE
1 WEAVER'S WALK.
Postcode E14 4 7 0 5 0

Their phone number, including the dialling code

01501 740297

When did you last see them because of your illnesses or disabilities?

21 1 1 1 13

About your illnesses or disabilities and the treatment or help you receive (continued)

17 Consent

We may want to contact your GP, or the people or organisations involved with you, for information about your claim. This may include medical information. You do not have to agree to us contacting these people or organisations, but if you don't agree, we may be unable to make sure you are entitled to the benefit you are claiming.

We, or any health care professional working for an organisation approved by the Secretary of State, may ask any person or organisation to give them or us any information, including medical information, which we need to deal with:

- this claim for benefit, or
- any appeal or other request to reconsider a decision about this claim.

Please tick one of the consent options then sign and date below.

I agree to you contacting the people or organisations described in the statement above.

I do not agree to you contacting the people or organisations described in the statement above.

Signature

Date

Peter Still

6 1 2 1 13

Please make sure you also sign and date the declaration at question 62.

About your illnesses or disabilities and the treatment or help you receive (continued)

18 Special rules



You **must** read page 8 of the **notes** about special rules before you complete this question.

The special rules are for people who have a progressive disease and are not expected to live longer than another six months.

If you are not claiming under the special rules, please go to question 19.

If you are claiming under the special rules, tick this box.

If you have any walking difficulties, please make sure you answer questions 23 to 34 **Getting around outdoors.**

If you are claiming under special rules, you do not need to answer questions 35 to 54 **Help with your care needs.**

Please answer **all** the questions on this form that apply to you, or the person you are claiming for.

Please send this form to us with a DS1500 report. You can get the report from your doctor or specialist.

If you have not got your DS1500 report by the time you have filled in the claim form, send the claim form straight away. If you wait, you could lose money.

Please send the DS1500 report when you can.

Make sure you sign the **consent** question 17 and the **declaration** question 62.

19 Do you have any reports about your illnesses or disabilities?

These may be from a person who treats you, for example an occupational therapist, hospital doctor or counsellor. It may be an assessment report, a care plan, a certificate of vision impairment or something like this.



For more information please read page 9 of the **notes**.

Yes Please tick the boxes that apply and send us a copy. No Go to question 20.

Assessment Report Certificate of Vision Impairment

Care Plan Hospital Report

Other, please tell us what.

POLICE REPORT, MENTAL HEALTH, SOCIAL WORK

PLEASE CONTACT HOSPITAL WARD 17, AND SOCIAL WORK DON'T HAVE COPY OF REPORTS, ALSO DWP.

8
ASD 3rd JANUARY 2013, EMPLOYEE SUPPORT AGREEMENT ASSOCIATION

About your illnesses or disabilities and the treatment or help you receive (continued)

20 Are you on a waiting list for surgery?

Yes Please tell us about this in the table below.

No Go to question 21.

The date you were put on the waiting list	What surgery are you going to have?	When is the surgery planned for, if you know this?
Example 1 December 2010	Operation to replace my right hip	1 June 2011

21 Have you had any tests for your illnesses or disabilities?

For example, a peak flow, a treadmill exercise, a hearing or sight test or something else.

Yes Tell us about these in the table below.

No Go to question 22.

Date and type of test	Results
Example February 2011 treadmill test	Four minutes (stage 2)
Example January 2011 eyesight test	Referral to hospital doctor needed.

About your illnesses or disabilities and the treatment or help you receive (continued)

22 Please list the aids and adaptations you use.

Put a tick in the second box against those that have been prescribed by a health care professional, for example an occupational therapist.

If you have difficulty using any aids or adaptations or you need help from another person to use them, tell us in the table below.

i For more information please read page 9 of the notes.

Aids and adaptations		How does this help you?	What difficulty do you have using this aid or adaptation?
Example Hoist	✓	Helps me get out of bed	None

If you need more space to tell us about your aids or adaptations, please continue at question 61 **Extra information**.

Getting around outdoors

This is about your ability to walk outdoors on a reasonably flat surface. We cannot take account of any problems you may have walking on steps or uneven ground.

i For more information please read pages 6 and 10 of the notes.

23 Do you have physical problems that restrict your walking?

Yes Go to question 24. No Go to question 31.

It is important you give us a clear picture of your walking ability. If you are not sure how far you can walk or how long it takes you, it may be useful to measure this so you can give accurate information. By severe discomfort, we mean things like shortness of breath, pain, extreme tiredness, or muscle spasms.

24 How far can you normally walk (including any short stops) before you feel severe discomfort? metres

Handwritten notes: Can't walk more than 100m for
more than 5 mins. Disturbed
by noise & vibration.

25 How many minutes can you walk before you feel severe discomfort? minutes

26 Please tick the box that best describes your walking speed.

- Normal more than 60 metres (66 yards) a minute
- Slow 40 to 60 metres (44 to 66 yards) a minute
- Very slow less than 40 metres (44 yards) a minute

If none of these boxes describes your walking speed, tell us in your own words about your walking speed.

Handwritten text: I have severe back pain, due to spondylosis
this is constant, do not take pain killers
due to affect of liver, jaundice, back in
2001, have not taken paracetamol or orank
alcohol since then due to affect liver on
liver

Getting around outdoors (continued)

27 Please tick the box that best describes the way you walk.

- Normal
- Reasonable For example, you walk with a slight limp.
- Poor For example, you shuffle, or walk with a heavy limp, or a stiff leg or have problems with balance.
- Extremely poor For example, you drag your leg, stagger or need physical support.

If none of these boxes describes the way you walk, tell us in your own words about the way you walk.

HAVE SEVERE PAIN DUE TO SPONDYLOLISTHESIS
 FIRST DIAGNOSED IN 1996, NOT TRAUMATIC PAIN
 KILLS ME DUE TO AFFECT HAD ON MY LOWER
 CAN WALK BUT HAVE SEVERE PAIN DOWN
 BOTH LEGS, BUTTOCKS, INTO MY FEET. DON'T
 LEAVE HOUSE, ONLY WALK SHORT DISTANCE DUE TO PAIN

28 Do you need physical support from another person to help you walk?

- Yes Please tick the boxes that apply to you.
- No Go to question 29.

- I cannot walk without physical support.
- I would fall without physical support.
- I would injure myself without physical support.

If none of these boxes describes the help you need, tell us why you need physical support in the box below.

I NEED TO BE HELD UP BY SOMEONE TO WALK
 BECAUSE OF MY PAIN AND WEAKNESS
 I CAN'T HOLD MY BALANCE AND I
 WOULD FALL IF I WALKED ALONE
 I NEED SOMEONE TO HOLD MY ARM
 TO KEEP ME BALANCED AND TO
 SUPPORT ME IF I START TO
 SWAY OR FALL

Getting around outdoors (continued)

29 How many days a week do you have difficulty walking?

7 days

30 Do you fall or stumble when walking outdoors?

For example, you may fall or stumble because of weak muscles, stiff joints or your knee giving way.

Yes Please continue below.

No Please go to question 31.

Why do you fall?

How often do you fall?

Tell us roughly how many times you fall or stumble for example, every day, once a week, twice a week, once a month.

Do you need help to get up after a fall?

Yes Tell us why in the box below.

No Please go to question 31.

Getting around outdoors (continued)

Having someone with you when you are outdoors

31 Do you need someone with you to guide or supervise you when walking outdoors in unfamiliar places?

For example, you may have a mental-health problem (such as agoraphobia), a learning disability, a sight, hearing or speech difficulty, or a physical disability (for example, problems with balance) and need someone with you to make sure you do not put yourself or others in danger. Or you may need help to move around in crowds or traffic, or cross unfamiliar roads.

Yes Please tick the boxes that apply to you.

No Go to question 33.

Please tell us why you need supervising or guiding outdoors.

To avoid danger

I may get lost or wander off

I have anxiety or panic attacks

To make sure I am safe

If none of these boxes describes why you need help, tell us in your own words in the box below.

Tell us what problems you would have in unfamiliar places. Tell us what another person could do to help you so that you could walk around in unfamiliar places.

32 How many days a week do you need someone with you when you are outdoors?

days

Getting around outdoors (continued)

29 How many days a week do you have difficulty walking?

7 days

30 Do you fall or stumble when walking outdoors?

For example, you may fall or stumble because of weak muscles, stiff joints or your knee giving way.

Yes Please continue below.

No Please go to question 31.

Why do you fall?

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Getting around outdoors (continued)

Having someone with you when you are outdoors

31

Do you need someone with you to guide or supervise you when walking outdoors in unfamiliar places?

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Yes Please tick the boxes that apply to you.

No Go to question 33.

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To avoid danger

I may get lost or wander off

I have anxiety or panic attacks

To make sure I am safe

If none of these boxes describes why you need help, tell us in your own words in the box below.

Tell us what problems you would have in unfamiliar places. Tell us what another person could do to help you so that you could walk around in unfamiliar places.

32

How many days a week do you need someone with you when you are outdoors?

days

Getting around outdoors (continued)

33

Is there anything else you want to tell us to help us understand the help you need with walking outdoors?

For example, if your condition varies and you have good days and bad days, please tell us how often you have these and your needs on these days.

Yes Tell us in the box below.

No Go to question 34.

WONT LEAVE MY HOME ON MY OWN, DUE TO STRESS AND ANXIETY, SEVERE DEPRESSION PANIC ATTACKS, ONLY LEAVE HOUSE WHEN I'M WITH MY FRIENDS. DONT WALK FAR DUE TO PAIN DUE TO SPONDYLOLISTHESIS WHICH HAS FOR MANY BAD OUTR PAST FEW YEARS AFTER LOSING MY EMPLOYMENT IN 2010 MAY, FOR CAPABILITY, DUE TO ADDITIONAL BACK PAIN,

If you need some more space to tell us about the help you need walking outdoors, please continue at question 61 **Extra information**.

34

When your walking difficulties started

Normally, you can only get the mobility part of Disability Living Allowance if you have needed help for at least three months.

Please tell us the date your walking difficulties started.

/ / '2011

If you cannot remember the exact date, tell us roughly when this was.

Your care needs during the day

During the day includes the evening. Care needs during the night are covered later.

If you are claiming under special rules, please go to question 55. You do not have to answer any more questions until then.

By care needs we mean help with personal care or someone to supervise you, due to an illness or disability.

'Help with personal care' means day-to-day help with things like:

- washing (or getting into or out of a bath or shower)
- dressing
- eating
- getting to or using the toilet
- telling people what you need, or
- making yourself understood - for example, if you have learning difficulties.

'Supervise' means that you need someone to watch over you to avoid substantial danger to yourself or other people. This could mean:

- when you take medicines or have treatment
- keeping you away from danger that you may not know is there
- avoiding danger you could face because you cannot control the way you behave, or
- stopping you from hurting yourself or other people.

Help means physical help, guidance or encouragement from someone else so you can do the task.

Use the boxes to tell us about the difficulty you have or the help you usually need.

For example

If you need help to get to and use the toilet four times a day, you would fill in the boxes as shown below.

I have difficulty or need help:

- with my toilet needs

How often?

4

How long each time?

5 minutes

It is important that you tell us about the difficulty you have or the help you need, whether you get the help or not.

Your care needs during the day (continued)

35

Do you usually have difficulty or do you need help getting out of bed in the morning or getting into bed at night?

Yes Please continue below.

No Go to question 36.

I have difficulty or need help:

- getting into bed
- getting out of bed

How often?	How long each time?
	minutes
every day	10-15 minutes

I have difficulty concentrating or motivating myself and need:

- encouraging to get out of bed in the morning
- encouraging to go to bed at night

How often?	How long each time?
	minutes
	minutes

Is there anything else you want to tell us about the difficulties you have or the help you need getting in or out of bed?

For example, you may go back to bed during the day or stay in bed all day.

Yes Tell us in the box below.

No Go to question 36.

Due to back pain, after waking up in morning some mornings can't move due to severe back pain, this is really scary and can take hours before being able to get out of bed this began when I was in homeless unit, Feb 2011.

and has got worse since then

Help with your care needs during the day (continued)

36

Do you usually have difficulty or do you need help with your toilet needs?

This means things like getting to the toilet, or using the toilet, commode, bedpan or bottle. It also means using or changing incontinence aids, or a catheter or cleaning yourself.

Yes Please continue below.

No Go to question 37.

Please tell us what help you need and how often you need this help.

I have difficulty or need help:

- with my toilet needs
- with my incontinence needs

How often?

How long each time?

 minutes

 minutes

I have difficulty concentrating or motivating myself and need:

- encouraging with my toilet needs
- encouraging with my incontinence needs

How often?

How long each time?

 minutes

 minutes

Is there anything else you want to tell us about the difficulties you have or the help you need with your toilet needs?

Yes Tell us in the box below.

No Go to question 37.

○ Help with your care needs during the day (continued)

37 Do you usually have difficulty or do you need help with washing, bathing, showering or looking after your appearance?

This means things like getting into or out of the bath or shower, checking your appearance or looking after your personal hygiene. Personal hygiene includes things like cleaning your teeth, washing your hair, shaving, or coping with periods.

Yes Please continue below. No Go to question 38.

Please tell us what help you need and how often you need this help.

I have difficulty or need help:	How often?	How long each time?
• looking after my appearance	DAILY	20-30 minutes
• getting in and out of the bath		minutes
• washing and drying myself or looking after my personal hygiene		minutes
• using a shower		minutes

I have difficulty concentrating or motivating myself and need:	How often?	How long each time?
• encouraging to look after my appearance		minutes
• encouraging or reminding about washing, bathing, showering, drying or looking after my personal hygiene		minutes

Is there anything else you want to tell us about the difficulty you have or the help you need washing, bathing, showering or looking after your appearance or personal hygiene?

Yes Tell us in the box below. No Go to question 38.

HAVE SHOWER, MAYBE ONCE A WEEK, HAVE TO
 HAND WASH MY CLOTHES, HAD TO HAVE ALL MY
 TEETH TAKEN OUT DUE TO DECAY, ON 3RD FEBRUARY
 2013 AT ST JOHNS, NEVER LEAVE MY HOME ASHAMED
 OR WAS I LOOK AND SEVERELY DEPRESSED THE
 WAY I'D LET MYSELF GO, TO THE POINT OF THOUGHTS
 OF TAKING MY OWN LIFE,

Help with your care needs during the day (continued)

38

Do you usually have difficulty or do you need help with dressing or undressing?

Yes Please continue below.

No Go to question 39.

Please tell us what help you need and how often you need this help.

I have difficulty or need help:

How often?

How long each time?

- with putting on or fastening clothes or footwear

 minutes

- with taking off clothes or footwear

 minutes

- with choosing the appropriate clothes

 minutes

I have difficulty concentrating or motivating myself and need:

How often?

How long each time?

- encouraging to get dressed or undressed

 minutes

- reminding to change my clothes

 minutes

Is there anything else you want to tell us about the difficulty you have or the help you need dressing or undressing?

For example, you may get breathless or feel pain or it may take you a long time.

Yes Tell us in the box below.

No Go to question 39.

I RATHER CHANGE CLOTHES, USUALLY WEAR SAME CLOTHES FOR A NUMBER OF WEEKS SLEEP WITH SAME CLOTHES I WEAR DURING DAY DONT HAVE WASHING MACHINERY OR MUCH CLOTHES HAVE TO HAND WASH HAVEN'T HAD GAS SINCE DECEMBER 2011, ONLY ELECTRICITY HEATERS

FIND IT HARD TO DRY CLOTHES AND WASH

Help with your care needs during the day (continued)

39

Do you usually have difficulty or do you need help with moving around indoors?

By indoors we mean anywhere inside, not just the place where you live.

Yes Please tick the boxes that apply to you.

No Go to question 40.

I have difficulty or need help:

- walking around indoors
- going up or down stairs
- getting in or out of a chair
- transferring to and from a wheelchair

I have difficulty concentrating or motivating myself and need:

- encouraging or reminding to move around indoors

Is there anything else you want to tell us about the difficulty you have or the help you need with moving around indoors?

For example, you may hold on to furniture to get about or it may take you a long time.

Yes Tell us in the box below.

No Go to question 40.

Door go out, Best using in living room of my home, where I sleep, only go to toilet, want leave house to only entry to go anywhere else indoors

Help with your care needs during the day (continued)

40 Do you fall or stumble because of your illnesses or disabilities?

For example, you may fall or stumble because you have weak muscles, stiff joints or your knee gives way, or you may have problems with your sight, or you may faint, feel dizzy, blackout or have a fit.

Yes Please continue below.

No Go to question 41.

What happens when you fall or stumble?

Tell us why you fall or stumble and if you hurt yourself.

Do you need help to get up after a fall?

Tell us if you have difficulty getting up after a fall and the help you need from someone else.

Yes Tell us in the box below.

No

When did you last fall or stumble?

If you don't know the exact date, tell us roughly when this was.

/ /

How often do you fall or stumble?

Tell us roughly how many times you have fallen or stumbled in the last month or year.

times last month

times last year

○ Help with your care needs during the day (continued)

41 Do you usually have difficulty or do you need help with cutting up food, eating or drinking?

This means things like getting food or drink into your mouth or identifying food on your plate.

Yes Please continue below.

No Go to question 42.

I have difficulty or need help:

- eating or drinking
- cutting up food on my plate

How often?

How long each time?

 minutes minutes

I have difficulty concentrating or motivating myself and need:

- encouraging or reminding to eat or drink

How often?

How long each time?

 minutes

Is there anything else you want to tell us about the difficulty you have or the help you need with cutting up food, eating or drinking?

Yes Tell us in the box below.

No Go to question 42.

Help with your care needs during the day (continued)

42

Do you usually have difficulty or do you need help with taking your medicines or with your medical treatment?

This means things like injections, an inhaler, eye drops, physiotherapy, oxygen therapy, speech therapy, monitoring treatment, coping with side effects, and help from mental-health services. It includes handling medicine and understanding which medicines to take, how much to take and when to take them.

Yes Please continue below.

No Go to question 43.

Please tell us what help you need and how often you need this help.

I have difficulty or need help:

How often?

How long each time?

• taking my medicine

 minutes

• with my treatment or therapy

 minutes

I have difficulty concentrating or motivating myself and need:

How often?

How long each time?

• encouraging or reminding to take my medication

 minutes

• encouraging or reminding about my treatment or therapy

 minutes

Is there anything else you want to tell us about the difficulty you have or the help you need taking your medication or with medical treatment?

Yes Tell us in the box below.

No Go to question 43.

Help with your care needs during the day (continued)

43

Do you usually need help from another person to communicate with other people?

For example, you may have a mental-health problem, learning disability, sight, hearing or speech difficulty and need help to communicate. Please tell us about difficulties you have even when using normal aids such as glasses or a hearing aid.

Yes Please tick the boxes that apply to you.

No Go to question 44.

I have difficulty or need help:

- understanding people I do not know well
- being understood by people who do not know me well
- concentrating or remembering things
- answering or using the phone
- reading letters, filling in forms, replying to mail
- asking for help when I need it

Is there anything else you want to tell us about the difficulty you have or the help you need from another person to communicate with other people?

For example, you use BSL (British Sign Language).

Yes Tell us about your communication needs in the box below.

No Go to question 44.

DO NOT LIKE GOING OUT IN PUBLIC PLACES, OR SOCIAL CONTACT WITH OTHER PEOPLE. IF I NEED TO LEAVE HOUSE I WANT DO THIS UNLESS SOMEONE IS WITH ME, WANT USE PUBLIC TRANSPORT, BUT ID ANXIETY PUBLIC PLACES, THIS HAS GOT WORSE OVER PAST 2 YEARS, AFTER LOSING MY HOME, SEPARATION FROM PARENTS AND TWO DAUGHTERS, BEING MARRIED HUNGARIAN.

44

How many days a week do you have difficulty or need help with the care needs you have told us about on questions 35 to 43?

days

Help with your care needs during the day (continued)

45 Do you usually need help from another person to actively take part in hobbies, interests, social or religious activities?

We want to know this because we can consider the help you need or would need to take part in these activities, as well as the other help you need during the day.

Yes Please continue below. No Go to question 46.

Tell us about the activities and the help you need from another person **at home**.

What you do or would like to do	What help do you need or would you need from another person to do this?	How often would you do this and how long would you need this help each time?
Example Listening to music	I cannot see and need help to find the disc I want and put the disc in the player.	Four or five times a week, one to two minutes each time.

Tell us about the activities and the help you need from another person **when you go out**.

What you do or would like to do	What help do you need or would you need from another person to do this?	How often would you do this and how long would you need this help each time?
Example Swimming	When I get to the swimming pool I need help to get changed, to dry myself and to get in and out of the pool.	Two or three times a week, 30 minutes each time.

If you need some more space to tell us about hobbies, interests, social or religious activities please continue at question 61 **Extra information**.

○ Help with your care needs during the day (continued)

46 Do you usually need someone to keep an eye on you?

For example, you may have a mental-health problem, a learning disability, or a sight, hearing or speech difficulty, and need supervision.

Yes Please tick the boxes that apply to you.

No Go to question 48.

Please tell us why you need supervision.

- To prevent danger to myself or others.
- I am not aware of common dangers.
- I am at risk of neglecting myself.
- I am at risk of harming myself.
- I may wander.
- To discourage antisocial or aggressive behaviour.
- I may have fits, dizzy spells or blackouts.
- I may get confused.
- I may hear voices or experience thoughts that disrupt my thinking.

How long can you be safely left for at a time?

Don't know

Is there anything else you want to tell us about the supervision you need from another person?

Yes Tell us in the box below.

No Go to question 47.

AFTER LOSING MY EMPLOYMENT IN MAY 2010, DUE TO CAPABILITY, FOLLOWED BY LOSING MY HOME, MY FAMILY LIFE, BEING MOVED HOMELESS, RETURNED TO WHERE I AM AS PATIENT MY MENTAL HEALTH AND PHYSICAL HEALTH HAS GOT WORSE TO THE POINT OF THINKING OF ENDING MY LIFE, ASKED FOR HELP NEVER GOT THIS UNTIL SIGNING MYSELF INTO HOSPITAL IN DEC 2012

47 How many days a week do you need someone to keep an eye on you?

7 days

Help with your care needs during the day (continued)

48 Would you have difficulty preparing and cooking a main meal for yourself?

This means planning and preparing a freshly cooked main meal for yourself on a traditional cooker (in other words, not using a microwave oven or convenience foods), assuming you have all the ingredients you need.

This does not mean reheating ready-made meals or convenience foods.

Yes Please tick the boxes that apply to you.

No Go to question 49.

- I have difficulty or need help planning a meal, for example measuring amounts, following a logical order of tasks, or knowing when food is cooked properly.
- I lack the motivation to cook.
- I have physical difficulties, for example coping with hot pans, peeling and chopping vegetables, or using taps, switches, knobs, kitchen utensils or can-openers, or carrying, lifting, standing or moving about to perform tasks.
- I would be at risk of injury preparing a cooked main meal for myself.

How many days a week would you need this help?

 days

Is there anything else you want to tell us about the difficulty you would have planning, preparing and cooking a main meal?

Yes Tell us in the box below.

No Go to question 49.

Help with your care needs during the night

By night we mean when the household has closed down at the end of the day.

49 Do you usually have difficulty or need help during the night?

This means things like settling, getting into position to sleep, being propped up or getting your bedclothes back on the bed if they fall off, getting to the toilet, using the toilet, using a commode, bedpan or bottle, getting to and taking the tablets or medicines prescribed for you and any treatment or therapy.

Yes Please continue below. No Go to question 51.

Please tell us what help you need, how often and how long each time you need this help for.

I have difficulty or need help:	How often?	How long each time?
• turning over or changing position in bed		minutes
• sleeping comfortably	DAILY	? minutes
• with my toilet needs		minutes
• with my incontinence needs		minutes
• taking medication		minutes
• with treatment or therapy		minutes

I have difficulty concentrating or motivating myself and need:	How often?	How long each time?
• encouraging or reminding about my toilet or incontinence needs		minutes
• encouraging or reminding about medication or medical treatment		minutes

Is there anything else you want to tell us about the difficulty you have or the help you need during the night?

Yes Tell us in the box below. No Go to question 50.

DONT SLEEP WELL DUE TO BACK PAIN
HAVING NIGHTMARES, AND EXPERIENCE OF
NOT BEING ABLE TO MOVE IN MORNING, DUE TO
BACK PAIN, KEEP PLASTIC BOTTLE TO URINATE
IN NEXT TO BED IN CASE OF PROBLEMS MORNING
WHEN WAKING UP DURING NIGHT

50 How many nights a week do you have difficulty or need help with your care needs? nights

Help with your care needs during the night (continued)

51 Do you usually need someone to watch over you?

For example, you may have a mental-health problem, learning disability, sight, hearing or speech difficulty and need another person to be awake to watch over you.

Yes Please tick the boxes that apply to you.

No Go to question 53.

Please tell us why you need watching over.

- To prevent danger to myself or others.
- I am not aware of common dangers.
- I am at risk of harming myself.
- I may wander.
- To discourage antisocial or aggressive behaviour.
- I may get confused.
- I may hear voices or experience thoughts that disrupt my thinking.

How many times a night does another person need to be awake to watch over you?

How long on average does another person need to be awake to watch over you at night?

 minutes

Is there anything else you want to tell us about why you need someone to watch over you?

Yes Tell us in the box below.

No Go to question 52.

52 How many nights a week do you need someone to watch over you?

 nights

Help with your care needs

53

Please tell us anything else you think we should know about the difficulty you have or the help you need.

AFTER LOSING MY JOB IN MAY 2010, DUE TO BACK PAIN, ANXIETY + STRESS, DEPRESSION HAVING LOST MY HOME, SEPARATION FROM MY PARTNER AND TWO DAUGHTERS, BEING MADE HOMELESS IN OCT 2010, REHOUSED BY COUNCIL TO PRESENT ADDRESS BEING A HOME 10 MILES AWAY FROM MY KIDS IN APRIL 2011, BEING PUT IN A HOME WITH NO FURNITURE, OR ANYTHING SORT OF HELP REFUSED GRANT SOCIAL FUND, NO BCD WASTING MATERIALS OR ANY HOUSEHOLD ITEMS, SINCE IN THE SAME POSITION TO PRESENT DAY, NOT HAD SPS AS NOT BEEN ABLE TO APPEAR TO PAY SINCE DECEMBER 2011, BEEN REFUSE ESA, HAVING TO GO TO TRIBUNAL IN NOVEMBER 2011 NOT BEEN ABLE TO GET ANY HELP AT ALL EVEN IN HAVING THOUGHTS OF ENDING MY LIFE, FIRST BACK IN MAY 2012, THEN MORE RECENTLY 23rd DECEMBER 2012 WHEN AFTER ROAD TRAPPED ACCIDENT THE POLICE TOOK ME TO ST JAMES HOSPITAL, DUE TO MY MENTAL HEALTH, WHERE I WAS ASSESSED BY STAFF AT WARD 17, WAITING FOR HELP FROM MENTAL HEALTH ADVISORY

If you need some more space to tell us about the help you need or the difficulty you have with your care needs, please continue at question 61 **Extra information**.

54

When your care needs started

Normally, you can only get the care part of Disability Living Allowance if you have needed help for three months.

Please tell us the date your care needs started.

17/12/11

If you cannot remember the exact date, tell us roughly when this was.

○ About time spent in hospital, a care home or a similar place (continued)

56 Have you come out of hospital, a care home or similar place in the past six weeks?

Yes Tell us when you went in.

No Go to question 57.

23 / 12 / 2012

Tell us when you came out.

26 / 12 / 2012

Please tell us the full name and address of the place where you were staying.

WARD 17, ST JOHN'S HOSPITAL							
LIVING PAR							
WEST COTHAM							
Postcode	U	N	I	T	S	E	S

If you have been in hospital, why did you go into hospital?

MENTAL HEALTH

57 Have you been in hospital in the past two years?

Yes Please continue below.

No Go to question 58.

Why did you have to go into hospital?

MENTAL HEALTH + OPERATION
TO HAVE ALL MY TEETH REMOVED

About other benefits

58 About other benefits you are getting or waiting to hear about

Please tick the relevant boxes if you are getting or waiting to hear about any of the following benefits.

War Pensions Constant Attendance Allowance

Industrial Injuries Disablement Benefit Constant Attendance Allowance

War Pensions Mobility Supplement

How we pay you



Please read pages 11 and 12 of the **notes** before you fill in this page.

Please tell us the account details below.

It is very important you fill in all the boxes correctly, including the building society roll or reference number, if you have one. If you tell us the wrong account details your payment may be delayed or you may lose money.

59

Name of account holder

Please write the name of the account holder exactly as it is shown on the chequebook or statement.

MR PETER STILL

Full name of bank or building society

POST OFFICE, CARD ACCOUNT

Sort code

Please tell us all six numbers for example, 12-34-56

60 95 24

Account number

Most account numbers are eight numbers long. If your account number has fewer than 10 numbers, please fill in the numbers from the left.

3 1 7 6 1 4 9 2

Building society roll or reference number

If you are using a building society account you may need to tell us a roll or reference number. This may be made up of letters and numbers, and may be up to 18 characters long. If you are not sure if the account has a roll or reference number, ask the building society.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

You may get other benefits and entitlements we do not pay into an account. If you want us to pay them into the account above, please tick this box.

Extra information

61 Please tell us anything else you think we should know about your claim.

I ATTENDED A MEDICAL APPOINTMENT
ON 3rd JANUARY 2013, FOR MY EMPLOYMENT
AND SUPPORT ALLOWANCE, AT THAT PLACE,
IN EDINBURGH, I WAS MOVED FROM WORK
RELATED EMPLOYMENT SUPPORT TO THE SUPPORT
GROUP, I'VE SENT THIS ALONG WITH LETTER
I RECEIVED FROM SOCIAL WORK AFTER,
POLICE CONTACTED THEM,

I'M WAITING ON HELP FROM MENTAL HEALTH ADVISOR
IN LIVINGSTON WAS TOLD THAT THEY WOULD BE IN
CONTACT BY THE HOSPITAL AT WARD IF STILL
WAITING FOR THEM TO CONTACT ME.

Continue on a separate piece of paper if necessary. Remember to write your name and National Insurance number at the top of each page.

○ Declaration

62 We cannot pay any benefit until you have signed the declaration and returned the form to us. Please return the signed form straight away.

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

I understand that if I knowingly give false information, my benefit may be stopped and I may be liable to prosecution or other action.

I understand that I must promptly tell the office that pays my Disability Living Allowance of anything that may affect my entitlement to, or the amount of, that benefit.

I understand that the Department for Work and Pensions may use the information which it has now or may get in the future to decide whether I am entitled to:

- the benefit I am claiming
- any other benefit I have claimed
- any other benefit I may claim or be awarded in the future.

This is my claim for Disability Living Allowance.

Signature

Peter Still

Date

6 / 2 / 13

Print your name here

PETER STILL

i For information about how we collect and use information, see page 12 of the **notes**.

What to do now

Check that you have filled in all the questions that apply to you or the person you are claiming for.

Make sure you have signed the **consent** question 17 and the **declaration** question 62.

Please list all the documents you are sending with this claim form below.

For example, a prescription list, a certificate of vision impairment, a medical report or a care plan.

ESA, LETTER DWP,
SOCIAL WORKER LETTER,

Send the claim form back to us in the envelope we have sent you. It does not need a stamp.

i For help and advice about other benefits, see page 13 of the notes.

What happens next

i For information about what happens next, see page 14 of the notes.

If you contact us, use this reference:

SAR Number: 34870
NINO: NR 96 93 23 B



Department
for Work &
Pensions

Mr Peter Still
84 Plessey Road
Bathgate
West Lothian
EH48 2XP

Data Protection/SAR Team
Disability Benefits Centre 6
Post Handling Site B
WOLVERHAMPTON
WV99 1BB

www.gov.uk

Telephone: 029 2058 6356
Textphone: 029 2058 6267

01 March 2016

Dear Mr Still

Request for personal information

You wrote to us on 27 01 2016 asking for a copy of the personal information we hold about you.

Please find enclosed the information we hold about Disability Living Allowance and Personal Independence Payment.

You should now have received the following information in relation to:

Social Fund.

We are currently unable to locate the following information about:

Employment and Support Allowance
Incapacity Benefit

We are continuing to search for them and will issue them as soon as possible. Please accept our apologies; we hope this does not cause too much inconvenience.

You also requested information for:

Jobseekers Allowance
Income Support
Pension Credit

Please note that DWP cannot issue information about benefits which you have not claimed.

SAR No: 34870

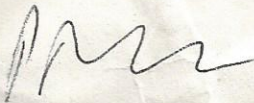
The Data Protection Officer for Debt Management has already informed you that no overpayment records are held.

Please note that because of our policy not to keep personal information when we no longer have a business need for it, we may no longer hold some information about you.

The Department sometimes uses abbreviations. To help you understand the personal information we have sent you, a set of abbreviation lists are enclosed.

The Data Protection Act 1998 states that in some circumstances your right to see certain information is limited. This includes personal information relating to health; the way crime is detected or prevented; or the assessment or collection of taxes or duty. If an exemption applies, this personal information will be blocked on the enclosed records.

Yours sincerely



Data Protection Officer



Department
for Work &
Pensions

Mr Peter Still
84 Plessey Road
Bathgate
West Lothian
EH48 2XP

Contact Centre Bradford
Debt Management (BF)
PO Box 171
Mitcheldean
Gloucestershire
GL17 0XG

Opening times
Mon-Fri 08:00 – 20:00
Saturday 09:00 – 16:00

Tel: 0345 850 0293
Direct line: 01274 302525
Fax: 01274 302571
www.dwp.gov.uk

Date: 02 March 2016

Our Ref: NR969323B
Your Ref:

Dear Mr. Still,

• **Request for personal information**

You wrote to us on 27 January 2016 asking for a copy of the personal information we, Debt Management, hold about you.

Please note that because of our policy not to keep personal information when we no longer have a business need for it, we no longer hold any information about you.

The retention of customer documentation is directed by the "DWP Benefits Document and Data Retention Policy", which specifies guidance for the retention of overpayment documents..

The Data Protection Act 1998 dictates that "personal data kept for any purpose should not be kept for longer than necessary". For DWP, these retention periods have been determined by the maximum review and appeal time limits which, in general, generate a retention principle of 14 months. This, in practice, allows customer documents to be destroyed 14 months after the overpayment(s) have been fully repaid.

For these reasons the documentation you requested is no longer held by Debt Management.

A copy of the DWP Benefits Document and Data Retention Guide is available on request from:

DWP Knowledge and Information Management Team
Department for Work and Pensions
Information Management, Devolution and Governance
Room 1S25
Quarry House
Quarry Hill
Leeds, LS2 7UA

If you wish to discuss anything about this matter, please contact me on the number at the top of this page.

Yours sincerely



Mrs Linda Hemadou
Deputy Data Protection Officer

DISABILITY LIVING ALLOWANCE JACKET

NINO **NR 96 93 23 B**

LO No. _____
 Es No. **46**
 DSA No. _____

PERSON WITH THE ILLNESS OR DISABILITY

Surname

Other names

Title

Date of birth

/ /

V / NV

Address

 Postcode

Send all correspondence to

 Postcode



Other

Surname

7 STILL PETER

Chargings

Charging	Date	Charging	Date	Charging	Date
DM	18/12/13		/ /		/ /
A	18/12/13		/ /		/ /
DECLINPT FSN	19/02/13		/ /		/ /
	/ /		/ /		/ /
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04/01

DLA3Y

Report of telephone call, request for call back, or interview report

Customer's Surname

Still

DLA

Customer's other names

Peter

Customer's date of birth

13/06/1969

NINO

NR969323B

Name and address of caller
* if not customer

Relationship of caller to
Customer * if applicable

Telephone number

075867 15423

Tick if * as on
system

Time of enquiry

16:35

Date and time of call back if
needed (if applicable)

Reason

Q. Your DLA claim form was late being returned to us. Was there a reason
For this?

A. Yes. I had the form last year (2012) but then thought I would leave it (not complete) as it was the same as I had completed before. Then I was in hospital at Christmas. I had my Atos interview in January (2013) and was then advised by a counsellor that I should apply for DLA. So I eventually completed it then.

Name

Audrey Barrow

Ext

4298

Date

18/02/2013

Location

Section

2

Room

3

Site

Glasgow DBC

Charging

MU

46

DEPT

New Claims DBC

SECTION

3

DBD508

Still/NR969323B/DLA

Page 1 of 1

CHARGING/ACTION	PRINT/STAMP NAME	DATE
1		
TO DM	D.GILLESPIE	14/02/2013
A	<i>AG</i>	18/2
3		
4		
5		
6		
7		
8		
9		
10		

DM to complete

EVIDENCE / DISABILITY CODES		Main Disability Code	2nd Disability Code
Evidence code	Claim Form	F41	730
<input type="checkbox"/>	<input checked="" type="checkbox"/>	HCP	IB/ESA Report
Non fee paying medical evidence	Medical evidence from customer	Telephone call	Fee paying medical evi
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

PRINT (legibly): : *Alcove* DATE: 18.2.13

NINO:	NR969323B		NEW CLAIM	
Surname:			Indicator:	
Forename:				
Nationality	Y/N			
POA / Appointee/ 3rd Party	HELD		Signed	
Archived Data	YES			
Check Child/Parent Address	YES			

AA Registration action completed and confirmed.

NOTE: * MEANS 3 ATTEMPTS TO OBTAIN EVIDENCE BY TELEPHONE BEFORE ISSUE OF FORMS

Print (legibly) / Stamp Name	Date
DAVID GILLESPIE	14/02/13

Lay/Payability questions	Query	DM remarks - inc. relevant dates.	Iss By
EDOC - Late? <u>Mon/Sat</u> ?*	Y/N	Call - 200 508 11 912/13	
Res & Pres * (26 wks in last 52)	Y/N	If 'yes' and EU case refer to QSO	
Consent	Y/N		
Mob QP/PT * put date if DOE affected	Y/N	*QP/PT sat date:	
Care QP/PT * put date if DOE affected	Y/N	*QP/PT sat date:	
Hospital *If DOE affected - state in remarks	Y/N	*	
Res.care/special school			
Overlapping Benefit *	Y/N		
MS Portal Checked	Y/N	Last ESA = 3/1/13	
Appointee/DBD225	Y/N		
DM: 3 call attempts made, last call on	/ /	Time:	

Medical Information / Action:

1st Option Factual (as issued by DM)	Type of FR	Recipient
2nd Option Factual	Type of FR Disabilities	Recipient

DM Notes/Advice
 * Can resume problems with making a main med (depression). Lack of cooking facilities in his home.
 A Borne 18.2.13

Decision makers scrutiny completed and confirmed.

Print (legibly) / Stamp Name	Date
A Borne	18.2.13

Name

Peter Still

NINO

NR969323B

Outcome

F01

Decision on Disability Living Allowance

I have made a decision

Details of Decision

Mobility component

The claimant is entitled to DLA Mobility component LOWER RATE from 09/02/2013 to 08/02/2015 (both dates included).
Reason Code M41

Care component

The claimant is entitled to DLA Care component LOWEST RATE from 09/02/2013 to 08/02/2015 (both dates included).
Reason Code C43

Disability codes

Main Disability Code F41
Secondary Disability Code P30

Evidence used

Evidence code 6

Claim Form

Fee paying medical evidence

social work letter

13/02/13 - 19/02/13
£41.10
£41.10

DM Signature

AB

Print Name

Audrey Barrow

Date

18/02/2013

See also reasons for decision

Harmful Information



No harmful information identified.



Department
for Work &
Pensions

If you get in touch with us tell us this reference
number **NR969323B**

Our address
Floor2
Disability Benefits Centre
PO Box 37
Glasgow
G90 8AS

Mr Peter Still
113 Glebe Road,
Whitburn, Bathgate,
West Lothian
EH47 OAX

Our phone number **08457 123456**

If you have a
textphone **08457 224433**

Website: www.gov.uk

Date 19/2/13

Please keep this safe as you may need it in the future.

Dear Mr Still

This letter is about your claim for Disability Living Allowance.

Disability Living Allowance is made up of two components, mobility for help with getting around and care for help with your personal care.

Mobility

I have awarded you the Lower Rate of £20.55 a week from 09/02/2013 to 08/02/2015 (both dates included) as you need guiding or supervising when walking outside.

Care

I have awarded you the Lowest Rate of £20.55 a week from 09/02/2013 to 08/02/2015 (both dates included) as you need help to prepare a cooked main meal for one person.

I have not awarded you Disability Living Allowance from 15/10/2012 to 08/02/2013 (both dates included) as you did not return your claim form within the six week limit.

I have only awarded you until 08/02/2015 as how much help you will need then is uncertain.

We will ask if you want to claim Disability Living Allowance again before 08/02/2015.

How I made my decision

I made my decision using the information about your illnesses and disabilities from:

- your claim form
- the health care professional who examined you for Employment and Support Allowance on 03/01/2013
- your social service advisor

including details about any:

- current treatment
- medication
- test results
- symptoms

I consider this information to be the most suitable available and enough to decide how much help you need.

Having considered all the information I have decided, although your needs vary, the help you need most of the time is as follows:

Help with getting around outdoors

Physical difficulties walking

You can walk:

- at a normal speed
- in a normal manner

You are not unable or virtually unable to walk.

This means you are not entitled to higher rate mobility.

Guidance or supervision

You need help:

- because of anxiety or panic attacks

You need someone to guide or supervise you to walk outside in places you don't know well, so you are entitled to lower rate mobility.

Help with personal care

Preparing a cooked main meal

You need help to:

- plan a meal
- motivate yourself

You need help to prepare a cooked main meal for one person.

During the day

Day Attention

You don't need help to:

- get in and out of bed
- use a bath or shower
- dress and undress
- get up and down stairs
- move about indoors
- communicate

You don't need help with your personal care from someone several times right through the day.

Day Supervision

You are:

- not at risk of harming yourself
- not at risk of neglecting yourself

You don't need supervising right through the day to prevent substantial danger to you or others.

During the night

Night Attention

You don't need help to:

- sleep comfortably

You don't need help with your personal care from someone more than once, or for 20 minutes or more, a night.

This means you are entitled to lowest not middle or highest rate care.

What happens next

We will contact you again before 08/02/2015 to check if your award is still correct.

However, if you have more or less walking problems or you need more or less help with personal care you must tell us.

You must tell us straight away if anything changes that may affect your Disability Living Allowance. You need to read the leaflet 'Notes for people getting Disability Living Allowance' with this letter.

How you will get your money

We will pay the money we owe you into the account you asked us to. This can take three to four working days to reach your account. All future payments will be made every four weeks.

Carer's Credit

If someone is providing care for you they may be entitled to Carer's Credit. This is a National Insurance credit for those under State Pension age who provide care to one or more disabled people for a total of 20 hours or more a week. Carer's Credit may help the person providing care to build up entitlement to a better basic or additional State Pension.

If you want more details phone us on 0800 88 22 00 or go online at www.direct.gov.uk/employment.

If you disagree with or do not understand why we have made this decision

If you do not understand why we have made this decision and you want us to explain it further, you can contact us by telephone or in writing. Our address and telephone number are shown at the top of the front page of this letter.

If you think our decision is wrong, or you have any information that we have not taken into account, please telephone us or write to us within **one month** from the date of this letter and tell us the additional information. We will look at the claim again and may be able to change the decision. If we cannot change it we will tell you why.

You have the right to appeal to an Independent Tribunal. Your appeal **must** be in writing and received within one month of the date of this letter, saying which decision you are appealing and giving your reasons (if since receiving this letter we have sent you a written statement of reasons for our decision you have at least an extra 14 days to make your appeal). You can find out more about how to appeal in leaflet GL24, which you can get from:

- Jobcentre Plus
- a Citizens Advice Bureau

The enclosed leaflet contains important information you should read now.

Disability Living Allowance and work

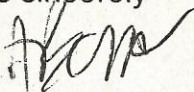
Disability Living Allowance is paid to help you live an independent life. You can receive Disability Living Allowance and be in work or training.

It is your responsibility to tell us immediately of any changes to the amount of help you have told us you need for personal care or getting around. Your award can be looked at again and a new decision made, if needed. Your money may stay the same, go up or go down.

If you need advice on work or training you can contact Jobcentre Plus. Jobcentre Plus has specialist Personal Advisers who can help disabled people or people with health conditions back to work or training. They can make sure you are claiming all the benefits you are entitled to.

For more information contact Jobcentre Plus on 0845 606 0234 or textphone 0845 605 5255 or go online at: www.direct.gov.uk.

Yours sincerely



Audrey Barrow

Entitlement Summary

Please keep this safe as you may need it in the future.

Mr Peter Still is entitled to Disability Living Allowance at the following rates:

Mobility:

Lower Rate of £20.55 a week from 09/02/2013 to 08/02/2015 (both dates included).

Care:

Lowest Rate of £20.55 a week from 09/02/2013 to 08/02/2015 (both dates included).

The rates of Disability Living Allowance payable are available at www.direct.gov.uk. You can use this letter to prove your entitlement to Disability Living Allowance to a variety of organisations.

How Employment and Support Allowance has been worked out

The Employment and Support Allowance Award

The payment of Employment and Support Allowance is based on your National Insurance Contribution records and any additional amount the law says you need to live on.

.....	£71.00
Your living expenses	

Extra money because of the Disability Income Guarantee	£14.80
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Limited capability for work addition

Extra Money because you are in the Support Group	£34.05
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Which gives a total income-related amount	£119.85
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Income and Benefits

No income will be taken off your Employment and Support Allowance

Your income-related amount is £119.85 less total income of £0.00

So your income-related entitlement is	£119.85
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The amounts on this page apply from 2 January 2013 to 9 April 2013.

Yours sincerely

Alison Hippman

Manager

NR969323B