



Social Security
Scotland

Tèarainteachd Shòisealta Alba

Combined form



Office use only

Pension Age Disability Payment

Once finished, return this form in the pre-paid envelope.

If you do not have this envelope, call us free on

number removed

and we'll send you one.

mygov.scot

Pension Age Disability Payment

PO Box 27199

GLASGOW

G4 7EP

This is your application for Pension Age Disability Payment

Completing your application

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

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

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

If you need help

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

Speak to an adviser

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

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

Call us free on number removed to find out more about how we can help. Our opening times are Monday to Friday, 8am to 5pm.

Call us from outside the UK

If you need to contact us from outside the UK, call number removed. This call is not free but you can ask us to call you back. Check with your phone provider for details of charges.

Make a British Sign Language video call

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

Book a call with an interpreter

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

Help from other organisations

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

For more information visit mygov.scot/benefits-support

Special Rules for Terminal Illness

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

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

Get support from an independent advocate

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

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

To contact VoiceAbility:

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

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

You and your data

At Social Security Scotland, we process lots of data to do our job. We manage your personal data to deliver a number of social security benefits outlined in the Social Security (Scotland) Act 2018. We're committed to protecting and respecting your privacy.

To find out more about how we use your data, you can either:

- go to mygov.scot/social-security-data
- call us free on number removed

How to complete your form

Use a black pen and write your answers as clearly as you can. You should mark the boxes in this form with a tick or cross. If you make any mistakes, put a line through errors clearly.

If you need to, you can request a new form by calling us free on number removed.

If you run out of space for any of your answers

You can continue your answers on the blank pages at the end of this form, or on separate sheets of paper.

You should write the following information on any separate sheets:

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

You should also include the name of the section of the form that you're answering on the separate sheets of paper. Send any separate sheets with your completed application form.

Types of legal powers include:

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

Who's completing this form?

- ☒ I'm completing the form on my own
- ☐ I'm completing the form on behalf of someone where I have the legal power to act on their behalf
- ☐ I'm getting help from a friend, family member or representative from an organisation to complete the form. I want them to become my third party representative
- ☐ I'm completing the form on behalf of someone who I believe cannot act for themselves. I'm applying to be their Appointee

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

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

About the person who is acting for the applicant

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

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

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

It's on your:

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

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

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

Organisation name

First name(s)

Last name

Date of birth

National Insurance number (if you know it)

Address

Postcode

Nominating a third party representative to support you

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

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

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

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

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

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

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

Their name and contact details

Full name

How do they know you?

Phone number

Address

Postcode

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

Job title

Organisation

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

How long authorisation should last

My authorisation should last until:

DD	MM	YYYY

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

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

EXAMPLE — made-up person

About you

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

Your details

First name(s)

JEAN ELIZABETH

Last name

EXAMPLE

National Insurance number (if you know it)

QQ123456C

Date of birth

02

07

1945

Your address

1 EXAMPLE STREET
ANYTOWN

Country

SCOTLAND

Postcode

AB1 2CD

☐

I do not have a fixed address

It's on your:

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

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

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

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

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

We can call you in over 100 languages.

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

We can write to you in over 100 languages.

What is your phone number?

07700 900321

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

Yes ☒ No ☐

Can we use your email address?

Yes ☒ No ☐

Your email address

jean.example@example.com

How would you like us to contact you if we need to ask you a question?

- ☒ Phone call in English
- ☐ Phone call in a different language (please tell us which language)

- ☐ British Sign Language video call
- ☐ Letter (this could take longer)

Tell us if you need letters in a different format

- ☐ Braille (English only)
- ☐ Large print
- ☐ Easy read
- ☐ Audio
- ☐ A letter in a language other than English (Please tell us which language)

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

Other payments and allowances

For more information about these related allowances, go to gov.uk and search for either:

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

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

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

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

Select all the options that apply

- ☐ Armed Forces Independence Payment (AFIP)
- ☐ Constant Attendance Allowance (CAA)

Or

- ☒ None of these

Your right to live in the UK

For more information about British citizenship, go to gov.uk and search for 'British citizenship'.

These questions are specifically for clients living in the EEA, Gibraltar or Switzerland.

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

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

Are you a British citizen?

Yes ☒ No ☐

If you're a British or Gibraltarian citizen, go to the question 'How long have you lived in the United Kingdom?' on page 16.

If no, what is your nationality?

Do you live in the European Economic Area (EEA), Gibraltar, or Switzerland?

☐ Yes

☐ No

If yes, how long have you lived in the EEA, Gibraltar, or Switzerland?

☐ Since birth

☐ Other

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

Which country did you move from?

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

Select one

☐ No restrictions

☐ Indefinite leave to remain

☐ Limited leave to remain

When does your limited leave to remain end?

For more information about these schemes, go to gov.uk and search for:

- Afghanistan Locally Employed Staff Ex-Gratia Scheme
- Afghan citizens resettlement scheme
- Afghan Relocations and Assistance Policy
- Ukraine Family Scheme
- Ukraine Extension Scheme
- Ukraine Sponsorship Scheme (Homes for Ukraine)

☐ Refugee status or humanitarian protection

When does your refugee status or humanitarian protection end?

DD	MM	YYYY

☐ Afghan resettlement schemes

When does your leave to remain end?

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

DD	MM	YYYY

☐ Ukraine schemes

When does your limited leave to remain end?

DD	MM	YYYY

☐ EU Settlement Scheme pre-settled status

☐ EU Settlement Scheme settled status

☐ Awaiting the outcome of an application to the EU Settlement Scheme

☐ Awaiting the outcome of an appeal to the EU Settlement Scheme

☐ No leave to remain

☐ I do not know

Have you applied for an extension to your limited leave to remain?

☐ Yes

☐ No

If yes, what date did you apply for the extension to your limited leave to remain?

Date

DD	MM	YYYY

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

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

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

To get a 'share code', you can:

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

What is your passport number? (optional)

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

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

- British or Irish citizen
- citizen of Gibraltar

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

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

- ☐ Yes
- ☐ No
- ☐ I do not know

What is your 'share code'?

Share code (for example, 'A1234567G')

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

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

☐ Yes

☒ No

☐ I do not know

The Common Travel Area covers:

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

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

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

Go to page 19 if you:

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

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

☐ Yes

☒ No

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

From	To	Where	Reason for trip

A family member of a member of the armed forces or a civil servant means:

- the child, step-child or child in care of that person
- the parent, step-parent or parent-in-law of that person
- married to or in a civil partnership with that person
- living together with that person as if they were married or in a civil partnership

Are you living outside of the Common Travel Area in your capacity as a serving member of the British Armed Forces or as a UK Civil Servant?

Yes ☐ No ☒

What was your last address before moving abroad?

Address



Postcode

How long did you live at this address before you were posted abroad to work?

Years Months

Are you living outside of the Common Travel Area with a relevant family member who is living there in their capacity as a serving member of the British Armed Forces or as a UK Civil Servant?

Yes ☐ No ☒

What was your serving family member's last address before being posted abroad?

Address

[illegible]

Postcode

How long did the family member live at this address before they were posted abroad to work?

Years Months

Payment details

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

Your payment can go into your bank account or someone else's. If you're using someone else's account, you need to make sure they agree. You should also be sure you'll be able to access the money. The account holder can find out more about how their data will be handled by reading Social Security Scotland's privacy notice at mygov.scot/social-security-data

Do you have a bank account to receive payments?

- ☒ Yes, I have a bank account
- ☐ I'm using someone else's bank account and they have agreed to let me use it
- ☐ I do not have access to a bank account to receive payments

Name on account

Sort code

Account number

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

Bank details: you write these in yourself. We never ask for them on the phone.

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

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

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

Your sort code has six digits and your account number has eight digits. You can find both of these on your bank card or statements.

Pension Age Disability Payment – Part 2

About your care needs

When your care needs started

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

This includes asking:

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

What care needs are

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

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

Your care needs could have started when you:

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

They could have started before you:

- got help or support
- had a diagnosis

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

If you've had an award of Attendance Allowance or Pension Age Disability Payment in the last 2 years for the same rate or higher than your new award, your payments can start from your application date.

Have you had care needs for 6 months or more?

☒ Yes

☐ No

If no

We want to know when your care needs started

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

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

Tell us roughly when your care needs started

Date

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

Supporting information

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

We ask for supporting information so we can understand:

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

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

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

Supporting information you can send

You can send us supporting information from:

- a professional
- someone in your wider support network

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

Supporting information from a professional

This is a document from someone who:

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

This could be:

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

For example, they could be someone who works:

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

Supporting information from your wider support network

This is a document or a letter from someone who:

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

They could be:

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

Statement of support from someone that knows you

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

It can be filled in by:

- someone from your wider support network
- a professional

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

In this section we'll ask about:

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

You can send us this as part of your application.

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

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

If you need help

Get in touch if you're not sure what you can use as supporting information. We can help you work out if you can use documents you already have at home. Call us free on number removed.

If you need to contact us from outside the UK please call

number removed

This call is not free but you can ask us to call you back. Check with your phone provider for details of charges.

If you want us to gather supporting information for you, we can get in touch with your contacts for you and ask them to send it to us. You can add contact details for a:

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

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

If you do not have supporting information

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

You can give us the names and contact details of people who can give us supporting information, and we'll get in touch with them for you. Add their details on pages 31-34.

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

How you can give us supporting information

To give us supporting information, you can:

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

You can send a document as a:

- photo
- screenshot
- photocopy
- scan

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

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

How to post your supporting information

Write on your copies:

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

Send your copies to:

Pension Age Disability Payment
PO Box 27199
GLASGOW
G4 7EP

If you need a prepaid envelope to send us your copies, call us free on number removed and we'll send you one.

If you're sending copies to us from outside the UK, you'll need to pay the correct amount for postage. Check with your local postage service.

If you need to contact us from outside the UK please call number removed number removed. This call is not free but you can ask us to call you back. Check with your phone provider for details of charges.

How would you like to give us your supporting information?

Select all the options that apply

- ☐ I will upload all or some of my supporting information online
- ☒ I will send some or all of my supporting information with my application
- ☒ I will have someone complete the 'Statement from someone that knows you' on pages 27-29
- ☐ I need help to gather supporting information
- Or
- ☐ I do not have any supporting information

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

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

Tell us about the supporting information you're giving us

Give a brief description of the supporting information you will be sending to us	Will you be sending it with this application?
For example, letter from a social worker with details about your support needs	Yes/No
Copy of my repeat prescription list	Yes
Letter from the rheumatology clinic, Anytown Hospital (12/08/2026)	Yes
Occupational therapy home assessment report (12/05/2026)	Yes
Statement from my daughter Fiona (pages 27 to 29)	Yes

Statement of support from someone that knows you

When we refer to the applicant, this means the person applying to receive Pension Age Disability Payment.

This could be:

- someone from your wider support network
- a professional

In this section, you can ask somebody who knows you to tell us about your care needs.

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

It's helpful if the person completing the statement:

- knows you well
- can describe the help or support you need

This section should **not** be completed by:

- the applicant, if you're completing the form yourself
- someone with legal powers to act on your behalf, such as an appointee

Tell us the name and contact details of the person providing the statement.

Full name

Fiona Example

Phone number

07700 900654

Address

5 Example Close
Anytown
AB1 3CD

For example, tell us if you:

- are a friend or family member
- help provide care or support for them
- know them through your profession and your role in relation to their care

How you know the applicant

I am her daughter. I live 10 minutes away and I help her every morning and every evening.

How often you see the applicant

Every day: every morning from about 8 to 9, and every evening from about 8 to 9, 7 days a week. I also phone her every lunchtime.

You should tell us:

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

Tell us about the applicant's care needs

My mother has osteoarthritis in her knees and hips, rheumatoid arthritis in her hands, dizzy spells when she stands up, and a weak bladder. She is waiting for a cataract operation.

She cannot get in or out of bed, get in or out of the bath, or dress on her own. Every morning I help her stand up, walk behind her to the bathroom, help her onto the bath board, wash and dry her (about 30 minutes) and help her dress (about 20 minutes). I open her pill box and check she has taken her tablets. Every evening I cut up her meal, help her wash at the basin, undress, get up the stairs and lift her legs into bed.

The only toilet is upstairs. She climbs the stairs about 8 times a day holding both rails, and often leaks before she gets there. At night she gets up about 3 times, and about 2 nights a week she wets the bed and changes everything on her own.

She has fallen 3 times this year. On 3 September 2026 she fell in the kitchen and lay on the floor for about 2 hours until I came. She now wears an alarm pendant.

She has got much worse over the last two years. She used to go to church and a lunch club on her own; now she cannot go anywhere without someone with her.

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

Declaration

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

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

Fiona signs here

Date

Help you need to gather supporting information

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

We can gather supporting information on your behalf.

You can either:

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

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

You can give us contact details for:

- a professional
- someone in your wider support network

What we mean by a professional

These are people who:

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

What we mean by wider support network

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

They could be:

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

Contact details for a professional

Are there any professionals we can contact about your needs?

☒ Yes

☐ No

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

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

For example, they could be someone who works:

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

Contact details for a professional

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

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

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

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

First name(s)

Dr Anna

Last name

Sample

Job title

GP

Department (optional)

Organisation (optional)

Example Medical Practice

Phone number

01632 960123

Address

10 Example Road
Anytown

Postcode

AB1 4CD

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

When did they last spend time with you?

Select one

- ☒ In the last 3 months
- ☐ 3 to 12 months ago
- ☐ More than a year ago

Why do you want us to speak to this person? (optional)

My GP knows about all my conditions and my medicines. I saw her on 04/09/2026 after my fall, and she referred me to the falls clinic. There is a second professional (my rheumatologist) on page 86.

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

We'll make every effort to get in touch with the professional contacts you give us.

If we cannot get in touch with them, or cannot get the information we need, we may need to contact someone else who both:

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

This helps us avoid any delays in processing your application.

Contacts from your wider support network

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

☒ Yes

☐ No

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

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

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

First name(s)

Fiona

Last name

Example

Describe how this person knows you

She is my daughter

Phone number

07700 900654

Address

5 Example Close
Anytown

Postcode

AB1 3CD

When did they last spend time with you?

Select one

☒ In the last 3 months

☐ 3 to 12 months ago

☐ More than a year ago

Why do you want us to speak to this person? (optional)

She helps me every morning and every evening, and she knows better than anyone what I cannot do on my own. She has also filled in the statement on pages 27 to 29.

Conditions, medications and treatments

About your conditions, medications and treatments

In this section, we'll ask about any:

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

We will also ask:

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

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

Tell us about your conditions and symptoms

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

Osteoarthritis in both knees and hips. Rheumatoid arthritis in my hands and wrists. Overactive bladder (I leak). Dizziness when I stand up (low blood pressure on standing). High blood pressure. Cataract in my left eye. Details on the next page.

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

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

Do you have any conditions or symptoms?

☒ Yes

☐ No

Examples of conditions you might want to add:

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

About your conditions and symptoms

Tell us about any conditions you have.

We'll ask about:

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

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

Name of condition	How long have you had it?
Osteoarthritis in both knees and hips	About 8 years
Rheumatoid arthritis in my hands and wrists	About 5 years
Overactive bladder, I leak (urge incontinence)	About 3 years
Dizziness when I stand up (low blood pressure on standing), and high blood pressure	About 2 years (dizziness), 10 years (blood pressure)
Cataract in my left eye	About 1 year

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

I am waiting for a cataract operation on my left eye (see page 39). I am also waiting for an appointment at the falls clinic, after my fall on 3 September 2026.

Tell us about any medication you take

In this section we'll ask about any medication you take.

This includes how often you take it and any medication that you do not take regularly or only need in emergencies.

Things that could help you complete this section include:

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

Do you take any medication?

☒ Yes

☐ No

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

You can enter details of medications below if:

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

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

Name of medication	Dosage	How often do you take it?
Paracetamol 500 mg (and Naproxen 250 mg with Omeprazole 20 mg, see my list)	2 tablets	4 times a day
Methotrexate 2.5 mg tablets	6 tablets (15 mg)	Once a week (Mondays)
Folic acid 5 mg	1 tablet	Once a week (Thursdays)
Mirabegron 50 mg (for my bladder)	1 tablet	Once a day
Amlodipine 5 mg (for blood pressure)	1 tablet	Once a day

Treatments and therapies

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

These could include:

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

Do you get any treatments or therapies?

☒ Yes

☐ No

About your treatments or therapies

Tell us about any treatment or therapies you get.

For each treatment or therapy, tell us about:

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

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

- at home
- in a hospital
- somewhere else

Name of treatment or therapy	Frequency	Duration
Physiotherapy exercises for my knees and hands, at home	Every day	15 min
Blood tests at the GP practice, because of methotrexate	Every 3 months	30 min
Rheumatology clinic, Anytown Hospital	Every 6 months	1 hour
Incontinence pads from the continence nurse, at home	Day and night	About 10 min each change

Planned medical treatment

About your planned medical treatment

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

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

This includes any:

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

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

☒ Yes

☐ No

If yes

What surgery are you going to have?	When is it planned for?
Cataract operation on my left eye (on the waiting list since 10/06/2026)	Not known yet

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

It's helpful for us to know about:

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

After the operation I will not be allowed to bend or lift, and I will need eye drops several times a day for some weeks. My fingers are too stiff to use eye drops on my own, so my daughter will need to come more often. Until then my eyesight makes the stairs and reading harder.

Current stays in a hospital, care home or legal detention

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

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

- hospital
- a hospice
- a care home
- legal detention

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

We ask about this because it can affect:

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

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

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

- ☐ Hospital
- ☐ Hospice
- ☐ Care home
- ☐ Legal detention
- ☒ None of the above

If hospital, hospice, care home or legal detention, tell us about your stay

Name of the place where you're staying

Address

Phone number

Date you
entered

How long you'll be there (if you know)

For example, moving from
a care home to a hospital.

Have you moved during your stay? If yes, please provide details.

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

Tell us how your stay in a hospital or care home is paid for,
if you know.

☐

By the NHS

☐

By the council or other public body

☐

Privately funded

☐

I do not know

By your own money,
by family or friends, or
through private healthcare.

Getting in and out of bed

About getting in and out of bed



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

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

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

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

EXAMPLE — made up

Help you need getting in and out of bed

You should think about:

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

Do you have difficulty getting in and out of bed?

This could be:

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

☒ Yes

☐ No

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

Examples of aids and adaptations:

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

☒ Yes

☐ No

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

I never have difficulty getting in or out of bed.

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

I never have difficulty getting in or out of bed.

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

You should also tell us about:

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

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

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

My hips and knees are stiff and painful, worst in the morning. I cannot lift my legs onto the bed, so every night my daughter lifts them for me. In the morning it takes me about 10 minutes to sit up and stand, holding on to the bed and my walking frame, and my daughter helps me up. I often feel dizzy when I first stand. I need this help every day.

EXAMPLE — made-up person

Washing and bathing

About washing and bathing



In this section, we'll ask about:

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

You should tell us if:

- your mental health affects whether you can wash and bathe
- you have difficulty understanding how and when to wash and bathe

What's covered in other sections

You can tell us about your ability to get to and from the bathroom in the Moving around section.

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

It's ok if you're not sure where to put something. We'll take into account all relevant information that's included anywhere in your application.

Help or support with washing, showering and bathing

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

This includes:

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

☒ Yes

☐ No

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

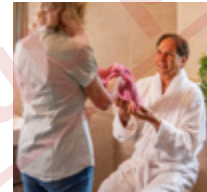
I never need help or support with washing, showering or bathing.

Help or support from someone else

Examples of help from a person:



support
getting
washed



being
reminded
to wash



something
else

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

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

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

I cannot lift my legs over the side of the bath, turn the taps or squeeze a flannel. Every morning my daughter helps me onto the bath board, washes my back, legs, feet and hair, dries me and helps me out. It takes about 30 minutes. Every evening she helps me wash at the basin, about 15 minutes. On days she cannot come I cannot wash properly.

Aids, adaptations and tools

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

Examples of aids and adaptations:



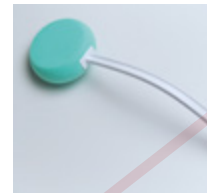
handrail



bath seat



non-slip mat



long handled
sponge



foot washer



something
else

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

A bath board and a grab rail, from the occupational therapist (12/05/2026). I still cannot get my legs over the side of the bath on my own, so I only wash when my daughter is here. I cannot use a long-handled sponge because I cannot grip it.

Toilet needs and managing incontinence

Help or support with using the toilet or managing incontinence



Using the toilet includes:

- getting on and off a standard toilet (this means one that has not been specially adapted for you to use)
- urinating (peeing) or pooing (this includes using a catheter or a stoma bag)

Incontinence is:

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

EXAMPLE —

made-up person

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

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

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

This includes:

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

☒ Yes

☐ No

Help or support from someone else

Examples of help from a person:



someone to help you get on and off the toilet



someone to help you clean yourself



something else

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

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

The only toilet is upstairs. I go about 8 times a day and climb the stairs every time. Someone should be behind me on the stairs, but I only have that when my daughter is here. About 3 times a day I do not get there in time and leak. My fingers are stiff, so pulling my clothes down and up and changing a pad is slow and hard. My daughter helps me wash and change when she is here.

Aids, adaptations and tools

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

Examples of aids and adaptations:



stoma bag or
catheter



raised
toilet seat



incontinence
pads



something
else

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

Incontinence pads, day and night, from the continence nurse. A raised toilet seat with a frame, from the occupational therapist, because my knees give way when I stand up. At night the pads do not always hold, and about 2 nights a week I have to change my nightdress and sheets.

Moving around indoors

About moving around indoors



In this section, we'll ask about:

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

We will also ask about:

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

Help you need moving around indoors

This includes:

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

Examples of help you might need:



walking stick



walking frame, such as a zimmer frame



crutches



holding on to someone's arm



holding on to a grab rail or furniture



something else

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

Select all the options that apply

- ☒ Getting in and out of a chair or wheelchair
- ☒ Moving around safely
- ☒ Getting to particular parts of your home
- ☒ Going up or down stairs
- ☐ Sitting in a chair
- ☒ Needing someone to encourage, prompt or watch over you
- ☐ Other help or support

Or

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

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

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

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

I walk with a walking frame and hold on to the furniture. It takes me about 3 minutes to cross my living room. On the stairs I hold both rails and go up one step at a time, about 5 minutes. My daughter walks behind me on the stairs in the morning and at night. I cannot get up from my armchair without pushing on the arms 2 or 3 times. I need this every day.

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

I never fall or stumble when moving around indoors.

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

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

Falls and stumbles when moving around indoors

Do you ever fall or stumble when moving around indoors?

☒ Yes

☐ No

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

☒ Yes

☐ No

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

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

I have fallen 3 times this year and I stumble once or twice a week, because my knees give way and I get dizzy when I stand up. On 3 September 2026 I fell in the kitchen and lay on the floor for about 2 hours until my daughter came. I cannot get up off the floor on my own. I wear an alarm pendant, and I need someone with me on the stairs.

Dressing and undressing

About dressing and undressing



In this section, we'll ask about:

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

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

What we mean by dressing and undressing

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

EXAMPLE — made-up person

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

I never need help or support dressing and undressing.

Help or support dressing and undressing

Do you need help or support dressing and undressing?

This includes:

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

☒ Yes

☐ No

Help or support from someone else

Examples of help from a person:



putting on clothes



doing up buttons



putting on shoes



something else

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

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

For example, if you need someone to:

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

I cannot do buttons, zips, hooks or laces, and I cannot bend to reach my feet. Every morning my daughter helps me put on my bra, socks, shoes and cardigan, and every night she helps me undress. It takes about 20 minutes each time. When I leak during the day I have to change on my own, which takes me about 30 minutes.

Aids, adaptations and tools

Examples of help you might need include:



grabber



sock puller

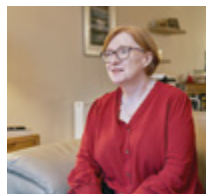


shoe horn

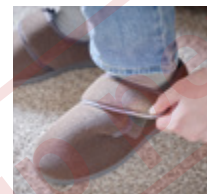


something
else

Examples of adapted clothes include:



spin-on or
loose fitting
clothes



Velcro
fastenings



something
else

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

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

I wear slip-on shoes and loose clothes with elastic waists. I tried a sock aid, but my fingers are too stiff to pull the cords.

Communicating with others

About communicating with others



In this section, we'll ask about:

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

What we mean by communicating with others

This includes being able to:

- speak to people, or express yourself in another way that can be understood
- hear what people say to you
- understand what people say to you
- read and understand information

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

I never need help or support communicating with others.

Help or support communicating with others

Do you need help or support communicating with others?

This includes:

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

☐ Yes

☒ No

Help or support from someone else

Examples of help from a person:



help to read and understand information



help to use a tablet, phone or other device



something else

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

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

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

Aids, adaptations and tools

Things you might use to help you communicate include:



hearing aid



expression
cards



something
else

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

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

Reading glasses. Because of my cataract I cannot read small print, even with my glasses.

Eating and drinking

About eating and drinking



In this section, we'll ask about:

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

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

I never need help or support eating and drinking.

Help or support eating and drinking

Do you need help or support eating and drinking?

This includes:

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

☒ Yes

☐ No

Help or support from someone else

Examples of help from a person:



help to cut up food or feed you



something else

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

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

For example, if you need someone to:

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

My fingers are bent and weak, so I cannot hold a knife firmly enough to cut meat or vegetables. My daughter cuts up my evening meal. At lunch I only have things I do not need to cut, like soup or a sandwich. I hold my cup with both hands and still spill hot drinks.

Aids, adaptations and tools

Examples of help you might need include:



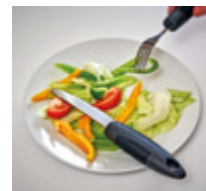
weighted
plates



no-spill cups



plate guards



knives, forks
and spoons
with large
handles



feeding tube



something
else

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

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

A mug with two handles and cutlery with thick handles. I still cannot cut up food with them.

Staying safe during the day

About staying safe during the day



In this section, we'll ask about:

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

What we mean by staying safe

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

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

Help you need staying safe during the day

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

You should tell us about:

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

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

For example if you need someone to:

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

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

☒ Yes

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

☐ No

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

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

I get dizzy when I stand up or turn quickly, and my knees give way without warning. I am frightened of falling on the stairs or in the bathroom when nobody is there. My daughter phones me every lunchtime, and if I do not answer she comes round. I wear an alarm pendant that calls her. I need this every day.

Activities and interests

About your activities and interests



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

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

This includes whether you need extra help with:

- activities indoors
- activities outdoors

Help with activities and interests

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

For example:

- reading
- watching TV
- doing puzzles

☒ Yes

☐ No

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

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

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

For example:

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

☒ Yes

☐ No

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

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

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

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

I used to knit for my grandchildren most days. Now I need someone to wind the wool and pick up dropped stitches, so I knit about once a week.
I went to church every Sunday and to a lunch club every Wednesday on my own. Now I need someone to drive me, hold my arm on the steps and help me to the toilet. I have not been to the lunch club since my fall.

Support taking medication, monitoring a condition and with therapy

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



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

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

Medication can include:

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

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

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

We want to know if you need help to take medication

This is only medication that has been prescribed for you.

Remember to think about:

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

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



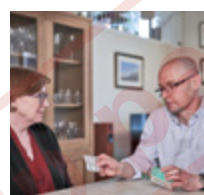
pill box
(sometimes called a dosette box)



pill crushers or splitter



asthma inhaler spacer



someone to remind you to take medication



someone to physically help you to take medication



something else

Do you need help to take prescribed medication?

☒ Yes

☐ No

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

I cannot press tablets out of the packets or open bottles, because of the arthritis in my hands. My daughter puts my tablets into a pill box every Sunday, opens it for me in the morning and checks I have taken them. Methotrexate is once a week and must not be taken on the wrong day, so she checks that too.

How often do you need this help?

We know this might vary so you do not have to be exact, just tell us roughly.

For example:

- I need to use a pill box 3 times a day
- I need someone to remind me about 4 days each week

Every day, in the morning (about 5 minutes), and 20 minutes every Sunday to fill the pill box.

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

Tell us about help you need to:

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

This could be either:

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

This includes:

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

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

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

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

☒ Yes

☐ No

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

For example:

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

Because I take methotrexate, I need a blood test every 3 months. My daughter orders my repeat prescriptions, books the blood tests and takes me there. She also watches for signs of infection or mouth ulcers, which I have been told to report.

How often do you need this help?

We know this might vary so you do not have to be exact, just tell us roughly.

For example:

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

About once a week for prescriptions, and a blood test every 3 months (about 1 hour).

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

This is help with therapy or treatment that a health professional has told you to do at home. This includes help you only need sometimes.

For example:

- physiotherapy
- dialysis
- counselling or psychotherapy
- something else

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

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

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

☐ Yes

☒ No

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

This can be more than one person.

For example:

- I need someone to hold my legs up when I do my physiotherapy exercises
- I need someone to set up the home dialysis equipment for me
- I need someone to set up video calls with my counsellor or therapist

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

This can be more than one person.

For example:

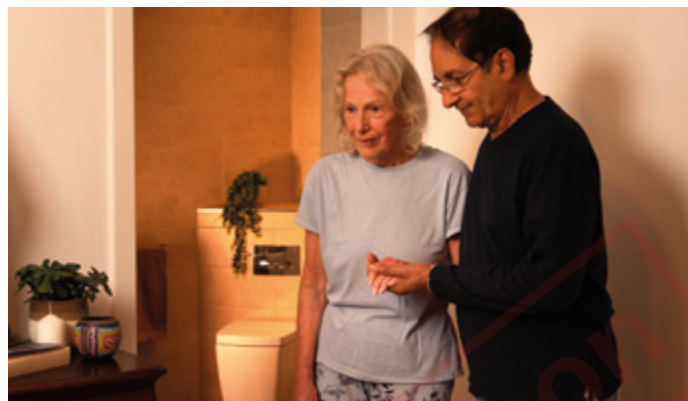
- my physiotherapist comes for 1 hour 3 times a week
- I need someone to set up my online therapy sessions twice a week, it takes around 30 minutes each time



EXAMPLE — made-up person

Night time care needs

About your care needs during the night



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

We'll ask about:

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

This includes:

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

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

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

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

I sometimes or always need help or support at night.

I never need help or support at night.

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

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

Care needs during the night

Do you need help or support during the night?

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

☒ Yes

☐ No

If you answered no, go to page 84.

Getting settled and sleeping comfortably

This includes:

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

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

This could include:

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

☒ Yes

☐ No

If you answered no, go to page 77.

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

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

For example:

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

About once a night, every night (7 nights a week).

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

My hips hurt when I lie on one side. About once a night I wake up and have to push myself over with my arms, which takes about 5 minutes. When my daughter is here at bedtime she props me up with pillows.

Getting to and using the toilet

This includes:

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

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

This could include:

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

☒ Yes

☐ No

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

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

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

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

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

For example:

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

About 3 times every night, 7 nights a week.

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

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

I get up about 3 times every night because I cannot hold my bladder for long. The toilet is across the landing. I am dizzy when I first stand up, so I sit on the edge of the bed first and hold on to the bed and the walls all the way. Each trip takes me about 15 minutes. I live on my own, so nobody is there to help me.

Managing incontinence

This includes:

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

Do you need help managing incontinence at night?

This could include:

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

☒ Yes

☐ No

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

I never need help with managing incontinence at night.

If you answered no, go to page 80.

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

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

For example:

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

About 2 nights a week.

Tell us about the help you need managing incontinence at night

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

About 2 nights a week I do not get to the toilet in time. I have to change my pad, nightdress and sheets on my own, with stiff fingers, while I am dizzy. It takes me about 40 minutes.

Medication, treatments and therapies

This includes:

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

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

This could include:

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

☐ Yes

☒ No

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

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

If you answered no, go to page 82.

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

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

For example:

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

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

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



EXAMPLE — made-up person

Staying safe during the night

This includes:

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

Do you need help staying safe during the night?

For example:

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

☒ Yes

☐ No

I sometimes or always need help staying safe at night.

I never need help staying safe at night.

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

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

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

For example:

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

Every night (7 nights a week), each time I get up for the toilet, about 3 times a night.

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

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

I get up about 3 times a night and I am dizzy when I stand. I have fallen 3 times this year. If I fell at night nobody would know until my daughter comes in the morning, apart from my alarm pendant, which calls her. I need someone I can call at night, and it would be safer to have someone with me on the landing.

Care needs during the night

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

You should tell us about:

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

This includes:

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

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

I sleep upstairs and the only toilet is upstairs. The pads do not always hold. I am frightened of falling at night, because I live on my own and there is nobody in the house with me.

Anything else you want to tell us

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

I am 81 and I live on my own. My daughter Fiona lives 10 minutes away and comes every morning and every evening, 7 days a week.

A usual day: I wake at about 6 but wait for my daughter, because I cannot get out of bed, wash or dress safely on my own. She helps me stand, walks behind me to the bathroom, helps me onto the bath board and washes and dries me (30 minutes). Then she helps me dress (20 minutes), opens my pill box and brings me downstairs.

During the day I am on my own. I climb the stairs about 8 times to get to the only toilet, holding both rails. About 3 times a day I leak before I get there and change on my own, which takes me about 30 minutes. I cannot cut up food or lift a full kettle. My daughter phones me at lunchtime to check I have not fallen.

In the evening my daughter cuts up my meal, helps me wash at the basin, undress, get up the stairs and lifts my legs into bed.

At night I get up about 3 times for the toilet, 15 minutes each time, and about 2 nights a week I wet the bed and change everything on my own (40 minutes).

I have fallen 3 times this year. On 3 September 2026 I lay on the kitchen floor for 2 hours until my daughter came.

These difficulties started about January 2024 and have got worse since my fall.

How this form was filled in: Attendance Allowance Check filled in this form for me from what I told them on the phone. My daughter was with me for the call. I have read it, and I sign it myself.

Confirming your details

As part of your application we'll do checks to confirm your identity. We might need to see documents as proof of your identity. If we do, we'll contact you to ask you to book an appointment.

By signing this application, you agree to the following statements.

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

I understand that I may be prosecuted if I provide details that are not complete or correct.

If I am acting on behalf of an entitled individual, I agree to be liable to pay Social Security Scotland the value of any assistance given in error, unless that error is neither my fault nor the kind of error that a person acting on an individual's behalf could reasonably be expected to notice.

I understand that if I am (or, where applicable, the individual I act on behalf of is) paid too much following this application, money may be taken back from me, stopped or reduced in the future.

I agree to update Social Security Scotland straight away if there are any changes to the details of my circumstances (or, where applicable, the circumstances of the individual that I act on behalf of) that I have given in this form.

Jean signs here

Date

DD

MM

YYYY

Date

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

Pension Age Disability Payment

Jean Elizabeth Example, date of birth 02/07/1945, National Insurance number QQ123456C

Section: Contact details for a professional (second professional)

Name: Dr P Sample

Job title: Consultant rheumatologist

Organisation: Rheumatology Department, Anytown Hospital, Hospital Road, Anytown AB1 5CD

Phone number: 01632 960456

My hospital number: EX123456

When did they last spend time with me: in the last 3 months (12/08/2026)

Why I want you to speak to this person: they treat the rheumatoid arthritis in my hands and wrists every 6 months, and they check my blood tests because I take methotrexate.

Section: Supporting information from other professionals

- Occupational therapist, Anytown Council adult social care: visited on 12/05/2026 and arranged a second stair rail, a bath board and a raised toilet seat. Her report is enclosed.
- Physiotherapist, Anytown Community Physiotherapy, Example Lane, Anytown AB1 6CD: 6 sessions for my knees, the last on 15/07/2026.
- Continence nurse at Example Medical Practice: gives me my pads, last seen 20/06/2026.
- Falls clinic, Anytown Hospital: referred by my GP after my fall on 3 September 2026. Waiting for an appointment.

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

EXAMPLE — made-up person



Social Security
Scotland

Tèarainteachd Shòisealta Alba

EXAMPLE – made-up person

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