

# Making a claim for PIP - example PIP2 form

Claims to Personal Independence Payment are started over the phone by calling the PIP new claims number - 0800 917 2222 (or text phone 0800 917 7777).

Once the claim has been registered, DWP will send the claimant a PIP2 'How your disability affects you' form for completion. You'll see that the form is personalised with the details of the individual claimant.

Forms cannot be copied or used for other claimants. An example of the PIP2 form is included overleaf for information only. Please do not try to use printed versions of this form.

You can find out more about the claim process and how it works in the toolkit for support organisations at [www.dwp.gov.uk/pip-toolkit](http://www.dwp.gov.uk/pip-toolkit). The toolkit contains factsheets, example copies of claimant letters and a range of support to help you offer the best advice to the people you work with.

If you contact us,  
use this reference:  
AA000504A - PIP.1003



DWP Personal  
Independence Payment (4)  
Warbreck House  
Blackpool  
FY2 0UZ

[www.gov.uk](http://www.gov.uk)

Telephone: 0845 850 3322

Textphone: 0845 601 6677

13 August 1967

## Personal Independence Payment About your claim

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Dear

Thank you for your claim for Personal Independence Payment.

What we want you to do

Please fill in the enclosed form. You must return it to us by 13 September 1967 if you wish to continue with your claim. You'll need to tear off this letter from the front page of the form; you don't need to send this letter back.

On the last page of the form you'll see the return address. Place the form and any other information you wish us to see in the envelope provided so that the address shows through the window of the envelope. The envelope we've sent you doesn't need a stamp.

The form asks about any health conditions or disabilities you may have and how these affect you. Please ensure you complete the form as fully as possible to enable your claim to progress.

An information booklet is included which tells you about the questions we ask, why we ask them and gives you help with how to answer them and examples of what you can tell us. You don't need to return the information booklet.

Please send copies of any medical reports, care plan or letters from your doctor, consultant or health care professional, or other information you wish us to see, with this form.

What is enclosed:

- form - 'How your disability affects you'.
- information booklet, and
- return envelope and reply slip.

About help you may need

If you want help filling in this form or any part of it you can read the information booklet. You can ask a friend, relative or representative to help you complete this form, or you can contact a local support organisation who can provide independent help and support. You can find their details online, at your local library or in the telephone directory. If you think you'll have difficulty completing your claim that will cause a delay, please contact us on the number on the front page of this letter. A textphone is available for people who don't speak or hear clearly.

For information about benefits and services go to [www.gov.uk/benefits](http://www.gov.uk/benefits) or contact us using the numbers shown on the front page of this letter.

What happens next

It's likely you'll be contacted soon by a health professional who completes Personal Independence Payment consultations on behalf of the Department for Work & Pensions. You'll be able to take someone with you but if we have enough information already, a consultation may not be needed.

Yours sincerely

Office Manager

# Personal Independence Payment for a person aged 16 or over



Department  
for Work &  
Pensions

Full name

National Insurance Number



To help you fill in the rest of the form

In the enclosed Information Booklet we:

- explain the questions we ask,
- give advice on where you can get help to complete the form,
- tell you how to answer the questions, and
- give you examples of other things you can tell us.

Where you see ⓘ you can use the Information Booklet to help you understand and answer the questions.



What you need to do

- Complete this form in ink.
- If you're filling in this form for someone else, tell us about them, not you.
- If the impact of your health condition or disability varies, you may find it helpful to complete a diary to help explain your needs. ⓘ Page 3 of the Information Booklet gives advice on how to do this.
- It is very important that you provide us with any relevant evidence or information you already have that explains your circumstances. This might include prescription lists, care plans, reports or information from professionals who help you, such as a GP, hospital doctor, specialist nurse, community psychiatric nurse, occupational therapist, social worker, counsellor, or support worker.
- Please send photocopies of any evidence with this form. If you receive any additional evidence or information which may help with your claim at a later date, please send it to us as soon as possible. ⓘ Go to Page 3 of the Information Booklet for additional guidance on what information to send and how you can send it to us.

- Don't delay sending any evidence to us as this may mean:
  - We may not be able to get all the information we need on which to make a decision on your claim which accurately reflects your daily living or mobility needs.
  - We may need longer to assess your claim.
  - You may be required to see a health professional to be assessed when it may not have been necessary.

Please list below the documents you're sending with this form.

<p>In this box enter details of any medical reports, letters etc that you are sending in with your claim pack.</p>
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Tear off the letter on the front page; you don't need to send it back. On the last page you'll see the address to return this form. Place this form in the envelope provided so that the address shows through the window. It doesn't need a stamp.

We may also need to seek additional information and evidence from professionals who know you.

**Q1** Please tell us who are the professional(s) best placed to advise us on your circumstances. For example, a GP, hospital doctor, specialist nurse, community psychiatric nurse, occupational therapist, physiotherapist, social worker, counsellor, or support worker?

Name	<p>You need to give the DWP details of any health professional you've seen about your condition.</p> <p>Include:</p> <ul style="list-style-type: none"> <li>• doctors, GPs, consultants and nurses</li> <li>• counsellors, psychotherapists and occupational therapists</li> <li>• people like care workers, support workers, social workers and physiotherapists</li> <li>• their contact details - in case the DWP need to know more about your condition</li> <li>• the date you last saw them</li> </ul> <p>If you don't know the exact date you last saw them it's ok to just give the year.</p> <p>If a family member or friend cares for you, add their details at question 15.</p>
Address	
Profession	
Phone/textphone number Include the dialling code	
When did you last see them? (approximate date)	

Name

Address

Profession	<input type="checkbox"/>	<b>Worth knowing</b> If you've not seen a health professional in the last 3 months it's a good idea to try and get an appointment with them.  This way you can tell them you're claiming PIP and explain the day-to-day difficulties you have so that they're up to date if the DWP contact them.
Phone/textphone number Include the dialling code	<input type="checkbox"/>	
When did you last see them? (approximate date)	<input type="checkbox"/>	

Name

Address

Postcode

Profession

Phone/textphone number  
Include the dialling code

When did you last see them? (approximate date)



- If we need further information we may contact these professionals.
- If you need to add more please continue at Q15 Additional Information.



Q2 About your health conditions or disabilities

① Use page 6 of the Information Booklet

Q2a Please use the space below to tell us:

- what are your health conditions or disabilities, and
- approximately when each of these started?

Health condition or disability

Approximate start date

List all the physical and mental health conditions and disabilities you have and the date they started.

You don't need to go into any detail about how your conditions affect you - you can add these details in questions 3 to 15.

You don't need to be too specific about the date if you're not sure - the year it started will be enough.

Example

Health condition or disability	Year started
Agoraphobia	2012
Arthritis	2009


- We'll ask you how your health conditions or disabilities affect how you carry out day-to-day activities in the rest of the form.
- If you need more space or want to tell us anything else, please continue at Q15 Additional Information.

Q2b Tell us about any:

- tablets or other medication you're taking or will be taking,
- any treatments you're having or will be having, such as chemotherapy, physiotherapy or dialysis, regardless of whether NHS or private, and
- please include information on any side effects these have on you.

List all the tablets, medications, treatments and therapies you use and any that you're about to start.

This includes anything you pay for yourself (for example, painkillers) as well as anything you've been prescribed.

If you've got a printed prescription list you can attach this to your claim form - write your name and National Insurance number on it.

**Important**

You don't have to record the frequency, dosage and reason you take it.

If you're not sure whether a tablet, medication, treatment or therapy is relevant, it's best to include it anyway.

**Side effects from medication**

If you have medication to help you with side effects from another medication, you should include it.

Also, if there's medication you should take but can't because of the side effects you have, include it here too.

**Example**

Mary takes a pain-relieving tablet for arthritis and this tablet makes her feel sick. Her doctor prescribed her a tablet to stop her feeling sick.

If you need to add more please continue at Q15 Additional Information.





Tell us in Questions 3 to 15 how your health conditions or disabilities affect your day-to-day activities.

### Q3 Preparing Food

**i** Use page 6 of the Information Booklet

Please tell us about your ability to prepare a simple one course meal for one from fresh ingredients. This includes things like:

- food preparation such as peeling, chopping or opening a can, and
- safely cooking or heating food on a cooker hob or in a microwave oven.

We want to know if you can do this safely, to an acceptable standard, as often as you need to and in a reasonable time.

Tick the boxes that apply to you then provide more information in the Extra Information box.

#### Q3a Do you use an aid or appliance to prepare or cook a simple meal?

Aids and appliances include:

- perching stools, lightweight pots and pans, easy grip handles on utensils, single lever arm taps and liquid level indicators.

Yes

No

Sometimes

#### Q3b Do you need help from another person to prepare or cook a simple meal?

Help includes someone:

- physically assisting you to prepare to cook food,
- cooking your food for you,
- supervising you to make sure you are safe, and
- prompting, encouraging or reminding you to cook food or how to do so.

This includes help you have and help you need but don't get.

Yes

No

Sometimes

You should probably tick "yes" to the above questions if any of the following apply to you:

- you need to sit down while preparing or cooking - a stool or similar counts as an aid
- you have a prosthetic limb
- you take rest breaks while preparing or cooking
- you use an aid either all the time or sometimes
- you're likely to undercook or overcook your food
- someone helps, reminds, encourages, supervises or assists you
- someone stays with you or checks on you to make sure you're safe
- you're at risk of injury (like burning, scalding)
- you need help but don't get it

### Q3 Extra information - Preparing Food

Tell us more information about the difficulties or help you need to prepare and cook food. For example, tell us things like:

- If you can't do this safely, to an acceptable standard, as often as you need to and in a reasonable time.
- If you need help from another person, tell us what kind (for example whether they need to remind or motivate you to cook, plan the task for you, supervise you while you are doing it, physically help you or prepare all your food for you).
- If you use aids and appliances, tell us what type they are and how you use them.
- If you can only cook using a microwave.
- If your ability to do it varies, tell us in what way and how often - for example, telling us about good and bad days or how it varies throughout the day.
- If you can do it but it takes you a long time.
- If you have side effects from carrying out the activity - either during or after the activity - like pain, breathlessness or tiredness.
- If you put something in the box below you don't have to fill all of the box.

List all the aids you use including things like stools or prosthetic limbs. Never miss an aid off your list because you think it's obvious. Explain if you use an aid to reduce mental or physical feelings (like pain, discomfort or tiredness) when preparing or cooking a meal. Make it clear if it only reduces that feeling and that you still experience something.

Make it clear if you need help but don't get it. Always explain what happens (or would happen) if you don't get help.

Tell the DWP if you have (or are likely to) injure yourself or someone else while preparing or cooking a meal. For example, you're likely to burn or cut yourself, fall over, undercook or overcook the food or there's a risk of fire.

Think about whether it takes you at least twice as long to prepare or cook a meal as someone without your condition. Try to explain how long it takes. It's ok to estimate but say if you are. If it's too hard to estimate explain why - for example, because your condition fluctuates.

Explain how you cope on both good days and bad and how you manage over a longer period of time (like a week). This gives the DWP a better picture of how you cope most of the time.


Explain if the difficulties you have preparing or cooking a meal cause you any physical or mental symptoms (like pain, discomfort, tiredness or lack of motivation).

For further help and guidance see: <https://www.citizensadvice.org.uk/benefits/sick-or-disabled-people-and-carers/pip/help-with-your-claim/claim/3-prepare-and-cook-meal/>

If you need to add more please continue at Q15 Additional Information.



Q4 Eating and drinking

 Use page 7 of the Information Booklet

Please tell us about your ability to eat and drink. This means:

- remembering when to eat,
- cutting food into pieces,
- putting food and drink in the mouth, and
- chewing and swallowing food and drink.

We want to know if you can do this safely, to an acceptable standard, as often as you need to and in a reasonable time.

Tick the boxes that apply to you then provide more information in the Extra Information Box.

Q4a Do you use an aid or appliances to eat and drink?

Aids and appliances include things like:

- adapted cutlery.

Yes  No  Sometimes

Q4b Do you use a feeding tube or similar device to eat or drink?

This means things like a feeding tube with a rate limiting device as a delivery system or feed pump.

Yes  No  Sometimes

Q4c Do you need help from another person to eat and drink?

Help includes someone:

- cutting your food into pieces or putting food in your mouth,
- supervising you to make sure you don't choke,
- prompting, encouraging or reminding you to eat or drink, and
- helping you manage a feeding tube.

This includes help you have and help you need but don't get.

Yes  No  Sometimes

You should probably tick "yes" if:

- someone reminds, encourages or supervises you
- someone physically helps you
- someone stays near you to make sure you're safe or not at risk
- you need help but you don't get it - for example you forget to eat or you have an eating disorder

#### Q4 Extra information - Eating and drinking

Tell us more information about the difficulties or help you need to eat and drink. For example, tell us:

- If you can't do this safely, to an acceptable standard, as often as you need to and in a reasonable time.
- If you need help from another person, tell us what kind (for example whether they need to prompt, remind or encourage you to eat, supervise you when you eat, cut food up for you or put food and drink in your mouth).
- If you use aids and appliances, tell us what type they are and how you use them.
- If your ability to eat and drink varies, tell us in what way and how often - for example telling us about good days and bad days or how it varies throughout the day.
- If you can do it but it takes you a long time.
- If you have side effects from carrying out the activity - either during or after the activity - like pain, breathlessness or tiredness.
- If you put something in the box below you don't have to fill all of the box.

You're more likely to get PIP if someone helps you, so it's important to say:

- who helps you
- how they help you
- what would happen if you didn't have the help

If you use a feeding tube into your stomach, or a feeding line into your veins, consider whether you need any help with this.

Think about what aids you need to eat and drink including things like weighted cups and adapted cutlery. It might help to imagine eating out or at a friend's house instead of your own.

List all the things you use and why you need them - for example if you have to use a bowl instead of a plate to avoid spilling your food.

If someone helps you to eat or drink, explain what they do and why

If you don't eat regular meals, try to explain why and how often this happens. Try to be specific about whether you're prompted, reminded or encouraged, and who does this.

Think about whether it takes you at least twice as long to eat and drink as someone without your condition. Try to explain how long it takes. It's ok to estimate but say if you are. If it's too hard to estimate explain why - for example, because it depends what you try to eat, or your condition fluctuates.


Explain whether the difficulties you have eating or drinking cause you any physical or mental symptoms (like pain, discomfort, tiredness or feeling down).

Explain how you cope on both good days and bad days and how you manage over a longer period of time (like a week). This gives the DWP a better picture of how you cope most of the time.

For further help and guidance see <https://www.citizensadvice.org.uk/benefits/sick-or-disabled-people-and-carers/pip/help-with-your-pip-claim/4-eating-and-drinking/>



Q5 Managing treatments

 Use page 7 of the Information Booklet

Please tell us about your ability to monitor changes in your health condition, take medication or manage any treatments carried out at home.

Monitoring changes includes monitoring blood sugar level, changes in mental state and pain levels.

Home treatments include things like physiotherapy and home dialysis, regardless of whether these are NHS or private.

We want to know if you can do this safely, to an acceptable standard, as often as you need to and in a reasonable time.

Tick the boxes that apply to you then provide more information in the Extra Information box.

Q5a Do you use an aid or appliance to monitor your health conditions, take medication or manage home treatments? For example using a Dosette Box for tablets.

Yes  No  Sometimes

Q5b Do you need help from another person to monitor your health conditions, take medication or manage home treatments?

Help includes someone:

- prompting or reminding you to take medication or how to do it,
- supervising you while you take medication,
- physically helping you to take medication or manage a treatment, and
- monitoring your mental state.

This includes help you have and help you need but don't get.

Yes  No  Sometimes

You should probably tick "yes" if you:

- use a dosette box (a pill box with compartments) to make sure you take the right medicines at the right time
- need an alarm or reminder to make sure you take your medication at the right time
- applying creams or lotions
- with tablet bottles or blister packs
- with treatments, for example changing dressings
- with therapies, for example physiotherapy exercises
- monitoring conditions, for example checking your blood sugar levels or taking your temperature
- monitoring your mental health

You should also tick "yes" if you need help but don't currently get it

## Q5 Extra information - Managing treatments

Tell us more information about the difficulties or help you need to monitor your health conditions, take medication or manage home therapies. For example, tell us:

- If you can't do this safely, to an acceptable standard, as often as you need to and in a reasonable time.
- If you use aids and appliances, tell us what type they are and how you use them.
- If you need help from another person what kind of help you need (for example whether they need to prompt or remind you to take medication or treatment, physically help you or supervise you taking medication or treatment or help you monitor your mental state).
- If you need help from another person, tell us how many hours a week of help you need on average.
- If your needs vary, tell us in what way and how often - for example, telling us about good and bad days or how it varies throughout the day.
- If you have side effects from carrying out the activity - either during or after the activity - like pain, breathlessness or tiredness.

List the aids you use to help you including things like dosette boxes and alarms. Never miss an aid off your list

If you do get help, say who helps you (for example, carer or friend) and explain:

- why they help
- how they help, for example they might sort your medication out or help you with exercises
- how often they help

Always explain what happens (or would happen) if you don't get help. For example:

- you're more likely to have an accident or injury
- you're more likely to experience physical or mental symptoms like pain, discomfort or confusion
- it'll take you at least twice as long to manage your treatments as someone without your condition

Explain whether the difficulties you have managing your treatments cause you any physical or mental symptoms (like pain, discomfort, tiredness or lack of motivation).

Explain if you have ever:

- taken the wrong amount of medication - either too much or too little
- forgotten to take your medication
- made your condition worse by not having the recommended treatment or therapy

For further help and guidance see <https://www.citizensadvice.org.uk/benefits/sick-or-disabled-people-and-carers/pip/help-with-your-pip-claim/fill-in-form/5-managing-treatments/>



Q6 Washing and bathing

**i** Use page 8 of the Information Booklet

Please tell us about your ability to keep your body clean. This means things like:

- washing your body, limbs, face, underarms and hair, and
- using a normal bath or shower.

We want to know if you can do this safely, to an acceptable standard, as often as you need to and in a reasonable time.

Tick the boxes that apply to you then provide more information in the Extra Information box.

Q6a Do you use an aid or appliance to wash and bathe yourself, including using a bath or shower?

Aids and appliances include things like:

- bath / shower seat, grab rails.

Yes

No

Sometimes

Q6b Do you need help from another person to wash and bathe?

Help includes someone:

- prompting, encouraging or reminding you to wash and bathe yourself or how to do it,
- supervising you to make sure you are safe, and
- physically washing or bathing you.

This includes help you have and help you need but don't get.

Yes

No

Sometimes

This question is about whether your condition makes it difficult for you to wash or bathe in a standard bath or shower that hasn't been adapted in any way.

It's also about whether you use any aids or appliances to help you wash or bathe.

You should probably tick "yes" if you use or if you need someone to help you:

- a grab rail
- a hoist to help you get in and out of the bath
- a shower seat
- a long-handled sponge
- anything else that helps you wash or bathe
- get in and out of the bath or shower
- wash a specific area, for example above your waist
- wash too much, for example if you have a condition like OCD
- can't tell whether you've cleaned yourself properly

## Q6 Extra information - Washing and bathing

Tell us more information about the difficulties or help you need to keep your body clean. For example, tell us:

- If you can't do this safely, to an acceptable standard, as often as you need to and in a reasonable time.
- If you are unable to do it at all.
- If you need help from another person, what kind of help you need (for example whether they need to encourage or remind you to wash and bathe or how to do it, supervise you to make sure you are safe or physically bathe you).
- If you use aids and appliances, tell us what type they are and how you use them.
- If you have needs bathing just your lower or upper body, tell us which.
- If your ability to wash and bathe your body varies, tell us in what way and how often - for example, telling us about good and bad days or how it varies throughout the day.
- If you can do it but it takes you a long time.
- If you have side effects from carrying out the activity - either during or after the activity - like pain, breathlessness or tiredness.
- If you put something in the box below you don't have to fill all of the box.

List the aids and appliances you use to help you wash or bathe, including things like grab rails and long-handled sponges.

- explain how they help you
- explain what would happen if you didn't use them
- make it clear whether a health professional advised you to use them
- include any that your condition prevents you from using

Think about whether it takes you at least twice as long to wash or bathe as someone without your condition.

Explain whether the difficulties you have washing and bathing cause you any physical or mental symptoms (like pain, discomfort, breathlessness, tiredness or lack of motivation).

If you do get help, say who helps you (for example, carer or friend) and explain:

- why they help you
- how they help, for example they might help you wash specific parts of your body
- how often they help
- remind you to wash or bathe
- physically help you wash specific parts of your body (remember to say which parts, for example above the waist)
- help all of the time or just sometimes or say if it's too difficult to predict
- be on hand - for example to make sure you don't slip in the bath

For further help and guidance see <https://www.citizensadvice.org.uk/benefits/sick-or-disabled-people-and-carers/pip/help-with-your-pip-claim/claim/6-washing-and-bathing/>





Q7 Managing toilet needs

① Use page 8 of the Information Booklet

Please tell us about your ability to go to the toilet and manage incontinence.

Go to the toilet means:

- being able to get on and/or off a normal toilet, and
- cleaning yourself after using the toilet.

Manage incontinence means:

- empty your bowel and bladder, including if you need a collecting device such as a bottle, bucket or catheter, and
- cleaning yourself after doing so.

We want to know if you can do this safely, to an acceptable standard, as often as you need to and in a reasonable time.

Tick the boxes that apply to you then provide more information in the Extra Information box.

Q7a Do you use an aid or appliance to go to the toilet or manage incontinence?

Aids and appliances include things like:

- commodes, raised toilet seats, bottom wipers, bidets, incontinence pads or collective devices such as bottles, buckets or catheters.

Yes

No

Sometimes

Q7b Do you need help from another person to go to the toilet or manage incontinence?

Help includes someone:

- prompting, encouraging or reminding you to go to the toilet or how to do so, and
- physically helping you to go to the toilet or clean yourself afterwards.

This includes help you have and help you need but don't get.

Yes

No

Sometimes

You should probably tick "yes" if:

- you're incontinent
- you use an adapted toilet seat or toilet - for example, it has handrails
- you don't use a toilet - for example, you use a commode or catheter instead
- you use an aid either all the time or sometimes
- someone helps you (even if it's just with your aid - for example, dealing with a used portable bidet)
- someone is around in case you need help
- someone reminds you to go to the toilet
- someone explains how to clean yourself properly
- you need help but don't get it

## Q7 Extra information - Managing toilet needs

Tell us more information about the difficulties you have or help you need going to the toilet and managing incontinence. For example, tell us:

- If you can't do this safely, to an acceptable standard, as often as you need to and in a reasonable time.
- If you need help from another person, tell us what kind of help you need (for example whether they need to remind you to go to the toilet or how to do so, or physically help you).
- If you use aids and appliances, tell us what type they are and how you use them.
- If you are incontinent, tell us in what way and how well you manage this.
- If your needs vary, tell us in what way and how often - for example telling us about good and bad days or how it varies throughout the day.
- If you can do it but it takes you a long time.
- If you have side effects from carrying out the activity - either during or after the activity - like pain, breathlessness or tiredness.
- If you put something in the box below you don't have to fill all of the box.

List all the aids you use:

- to help you get on and off a toilet seat
- to clean yourself
- to manage any incontinence - clearly state if this includes a temporary or permanent catheter, colostomy bag or similar

If you do get help, give the relationship of the person to you (for example, carer or friend). Explain why they help, how they help and how often. Make it clear if you need them to:

- always help you on and off a toilet seat
- always help you clean yourself
- help with just some of your toilet needs
- be on hand - for example, to help only if needed or to make sure you're safe
- remind you to go to the toilet, empty your colostomy bag or wash your hands
- explain how to use the toilet or clean yourself

Tell the DWP if it takes you twice as long as someone without your condition to do any of the following:

- get on and off an unadapted toilet seat
- clean yourself
- wash your hands afterwards

Explain if the difficulties you have getting on or off the toilet, cleaning yourself or managing your incontinence cause you any physical or mental symptoms. For example, pain, tiredness or stress.

Always explain what happens (or would happen) if you don't get help.

For further help and guidance see <https://www.citizensadvice.org.uk/benefits/sick-or-disabled-people-and-carers/pip/help-with-your-pip-claim/claim/7-managing-toilet-needs/>



Q8 Dressing and undressing

① Use page 9 of the Information Booklet

Please tell us about your ability to dress or undress yourself.

This means:

- putting on and taking off appropriate clothes, including shoes and socks,
- knowing when to put on or take off clothes, and
- being able to select clothes that are appropriate.

We want to know if you can do this safely, to an acceptable standard, as often as you need to and in a reasonable time.

Tick the boxes that apply to you then provide more information in the Extra Information box.

Q8a Do you use an aid or appliance to dress or undress?

Aids and appliances include things like:

- modified buttons, zips, front fastening bras, velcro fastening, shoe aids.

Yes  No  Sometimes

Q8b Do you need help from another person to dress or undress?

Help includes someone:

- physically helping you,
- selecting clothes for you, and
- prompting or reminding you when to dress and undress or when to change into clean clothes.

This includes help you have and help you need but don't get.

Yes  No  Sometimes

This question is for you to describe any difficulties you have dressing and undressing. This means putting on and taking off unmodified, appropriate clothes (including shoes and socks).

'Appropriate clothes' means clothes that are appropriate for:

- the weather
- the occasion
- the time of day

You should probably tick "yes" if:

- someone reminds you
- someone encourages you
- someone supervises you
- someone stays with you to make sure you're safe or not at risk
- someone helps you in any way - it doesn't have to be physical help

## Q8 Extra information - Dressing and undressing

Tell us more information about the difficulties or help you need to dress or undress. For example, tell us:

- If you can't do this safely, to an acceptable standard, as often as you need to and in a reasonable time.
- If you need help from another person, what kind of help you need (for example whether they need to physically help you, select clothes for you or prompt you when to dress and undress, or when to change into clean clothes).
- If you use aids and appliances, tell us what type they are and how you use them.
- If you only have difficulties dressing parts of your body, tell us which.
- If your needs vary, tell us in what way and how often - for example telling us about good and bad days or how it varies throughout the day.
- If you can do it but it takes you a long time.
- If you have side effects from carrying out the activity - either during or after the activity - like pain, breathlessness or tiredness, tell us about these.
- If you put something in the box below you don't have to fill all of the box.

Make clear:

- that someone else helps you to get dressed and undressed
- who helps you
- what they do and why

You should also explain if getting dressed and undressed makes you tired or causes you pain.

Be specific about who helps you, what they do to help and which items they help with.

Think about whether you don't get dressed or undressed when other people think you should. This could be for many reasons - perhaps it causes you pain, leaves you exhausted, you can't face it or it makes you anxious.

If you don't get undressed when you go to bed or get dressed in the morning, try to explain why and how often this happens. Be specific about being prompted, reminded or encouraged - and who helps you.

Think about why you need some help to choose which clothes to wear. You should also say who helps you and what would happen if you didn't have any help.

Say if you're not changing your clothes regularly enough and they're dirty - this can also mean you're not wearing appropriate clothes. If you ever need prompting or encouraging to get changed or wash your clothes then write this down.

Think about the aids you use to get dressed and undressed. Cover all the things you use and why you need them - for example that you can only get dressed while sitting on the bed as you can't hold your balance if you're standing.

For further help and guidance see <https://www.citizensadvice.org.uk/benefits/sick-or-disabled-people-and-carers/pip/help-with-your-pip-claim/fill-in-form/8-dressing-and-undressing/>



Q9 Communicating

① Use page 9 of the Information Booklet

Please tell us about your ability to communicate with others.

This means:

- speaking to people in your native vocal language, and
- hearing and understanding what people are saying to you in your native vocal language.

We want to know if you can do this safely, to an acceptable standard, as often as you need to and in a reasonable time.

Tick the boxes that apply to you then provide more information in the Extra Information box.

Q9a Do you use an aid or appliance to communicate with others?

Aids and appliances include things like:

- hearing and voice aids,
- picture symbols, and
- assistive computer technology.

Yes  No  Sometimes

Q9b Do you need help from another person to communicate with others?

Help includes someone:

- prompting, motivating or encouraging you to communicate,
- interpret speech into sign language for you, and
- tell you what someone is saying, what it means or speak on your behalf.

This includes help you have and help you need but don't get.

Yes  No  Sometimes

You should probably tick "yes" if you use or need help with:

- a hearing aid or an electro larynx
- something else to help you at home, for example a light-up doorbell or textphone
- you use an amplifier that helps you hear conversations
- you use an aid either all the time or sometimes
- you need an interpreter or signer
- a friend or family member fills in the gaps in conversations
- you lip-read but need help with more complex conversations
- you have Asperger's syndrome or autism and find it difficult to communicate with people
- you have Tourette's syndrome
- your medication makes it difficult to concentrate on a conversation
- you need help but don't get it

## Q9 Extra information - Communicating

Tell us more information about the difficulties or help you need to communicate with others. For example, tell us:

- If you can't do this safely, to an acceptable standard, as often as you need to and in a reasonable time.
- If you are unable to communicate at all.
- If you need help from another person, what kind of help you need (for example whether you need someone to prompt or encourage you to communicate, interpret speech into sign language for you or tell you what someone is saying or what it means).
- If you use aids and appliances, tell us what type they are and how you use them.
- If you have difficulties with some communication but not others, tell us which.
- If your needs vary, tell us in what way and how often - for example telling us about good and bad days or how it varies throughout the day.
- If you can do it but it takes you a long time.
- If you have side effects from carrying out the activity - either during or after the activity - like pain, breathlessness, tiredness or anxiety and distress.
- If you put something in the box below you don't have to fill all of the box.

List all the aids you use to help you to communicate like a hearing aid, amplifiers or a vibrating alarm. Never miss an aid off your list because you think it's obvious and always:

- explain how they help you
- make it clear if a health professional advised you to use them
- include any that would help you if you had them, and why you don't
- include any that your condition prevents you from using

If you do get help, give the relationship of the person to you (for example, carer or friend). Explain why they help, how they help and how often.

Think about whether it takes you at least twice as long to communicate as someone without your condition. This might sound difficult to estimate but consider whether things need to be repeated, or if conversations need to be slowed down so that you can understand.

Explain whether the difficulties you have communicating cause you any physical or mental symptoms (like pain, discomfort, tiredness or feeling down).

It's helpful to explain the symptoms and give an example, including:

- how often you have them
- how long they last
- if they affect your ability to carry out any of the other activities on your PIP claim form

For further help and guidance see <https://www.citizensadvice.org.uk/benefits/sick-or-disabled-people-and-carers/PIP/help-with-your-PIP-claim/fill-in-form/9-communicating-verbally/>



Q10 Reading

① Use page 10 of the Information Booklet

Please tell us about your ability to read and understand signs, symbols and words.

This means signs, symbols and words written or printed in your native written language and doesn't include Braille.

We want to know if you can do this safely, to an acceptable standard, as often as you need to and in a reasonable time.

Tick the boxes that apply to you then provide more information in the Extra Information box.

Q10a Do you use an aid or appliance other than spectacles or contact lenses to read signs, symbols and words?

Aids and appliances include things like:

- magnifiers.

Yes

No

Sometimes

Q10b Do you need help from another person to read or understand signs, symbols and words?

Help includes someone:

- reading for you, and
- helping you to understand the meaning of signs, symbols or words.

This includes help you have and help you need but don't get.

Yes

No

Sometimes

This question is about how your condition makes it difficult for you to:

- read information that is a standard text size (not large print)
- read signs - for example, emergency exit signs
- read indoors and outside

Base your answers on reading and understanding information in your own language and how you cope with long sentences or something like a gas bill, timetable or bank statement.

The DWP is not interested in your English language skills or how well you remember things.

You should probably tick "yes" if you need help with any of the following:

- use large print or audio formats
- use special lamps or lights to help you read
- need to take rest breaks while reading
- use an aid either all the time or sometimes - for example, you only use a blue screen indoors
- you have a learning disability
- someone helps or encourages you to read - for example, they read a menu for you
- someone explains written or printed information to you
- you need help from someone but don't get it

## Q10 Extra information - Reading

Tell us more information about the difficulties or help you need to read and understand signs, symbols and words. For example, tell us:

- If you can't do this safely, to an acceptable standard, as often as you need to and in a reasonable time.
- If you are unable to read at all.
- If you need help from another person, what kind of help you need (for example whether you need someone to read for you or to explain to you what signs, symbols and words mean).
- If you use aids and appliances, tell us what type they are and how you use them.
- If your difficulties depend on how complicated the signs, symbols and words are, or how big they are, please tell us how.
- If your needs vary, tell us in what way and how often - for example telling us about good and bad days or how it varies throughout the day.
- If you can do it but it takes you a long time.
- If you have side effects from carrying out the activity - either during or after the activity like pain or tiredness.
- If you put something in the box below you don't have to fill all of the box.

List the aids you use to help you read indoors and outside, and make it clear if you have to use large print or audio formats. Explain if you use an aid to reduce mental or physical symptoms (like discomfort, blurred vision or squinting) when reading. Make it clear if it only reduces that feeling and that you still experience something.

If you do get help, give the relationship of the person to you (for example, carer or friend). Explain why they help, how they help and how often.

Think about the time it takes you to locate or read street signs or shop names or to read menus, letters, bills or timetables for buses and trains.

Explain whether the difficulties you have reading and understanding information cause you any physical or mental symptoms (like dizziness, blurred vision, poor hand to eye coordination or motion sickness).

It's helpful to explain the symptoms and give an example, including:

- how often you have them
- how long they last
- if you get them indoors or outdoors
- how they make it difficult for you to read and understand
- if they make it difficult for you to carry out the other tasks in the PIP claim form - for example, preparing a meal or following a route

For further help and guidance see <https://www.citizensadvice.org.uk/benefits/sick-or-disabled-people-and-carers/pip/help-with-your-pip-claim/fill-in-form/10-reading/>





## Q11 Mixing with other people

 Use page 10 of the Information Booklet

Please tell us about your ability to mix with other people.

This means how well you are able to get on with other people, understand how they're behaving towards you and behave appropriately to them. It includes both people you know well and people you don't know.

We want to know if you can do this safely, to an acceptable standard, as often as you need to and in a reasonable time.

Tick the boxes that apply to you then provide more information in the Extra Information box.

### Q11a Do you need another person to help you to mix with other people?

Help includes someone:

- prompting or encouraging you to do so,
- being there to support or reassure you, and
- helping you understand how people are behaving towards you.

This includes help you have and help you need but don't get.

Yes  No  Sometimes

### Q11b Do you find it difficult to mix with other people because of severe anxiety or distress?

Yes  No  Sometimes

This question is about how your condition makes it difficult for you to:

- meet people and mix with them
- judge situations when you're with other people and behave appropriately
- establish relationships with people - for example make friends

You should think about how meeting and mixing with other people makes you feel - both strangers and people you know. The DWP isn't interested in whether you choose not to meet and mix with people because you don't want to. They want to know how your condition makes you feel when you do.

You should probably tick "yes" if you:

- need someone with you when you meet people you don't know (for example to introduce you to them and start a conversation)
- need someone to be with you when you meet and mix with people
- don't know how you're going to react when you meet and mix with other people (for example you might become aggressive)
- need someone with you but you don't currently get that help
- become anxious when you meet and mix with other people
- don't like the idea of mixing with other people
- avoid mixing with other people because of the anxiety and distress it causes you

## Q11 Extra information - Mixing with other people

Tell us more information about the difficulties or help you need to interact with other people. For example, tell us:

- If you can't do this safely, to an acceptable standard, as often as you need to and in a reasonable time.
- If you need help from another person, what kind of help you need (for example whether you need them to prompt, encourage and support you or to help you understand how people are behaving and how to behave yourself).
- If your needs vary, tell us in what way and how often - for example telling us about good and bad days or how it varies throughout the day.
- If you can do it but it takes you a long time.
- If you avoid mixing with others, please tell us.
- If your ability depends on who you are mixing with, please give details.
- If you have side effects from carrying out the activity - including before, during and after the activity - like anxiety and distress or tiredness and fatigue.
- If you put something in the box below you don't have to fill all of the box.

Make it clear if you need help but don't get it. If you do get help, say who helps you (for example, carer or friend) and explain:

- why they help
- how they help, for example they might stay with you for a while to make sure you're ok
- how often they help
- 

Explain if you've ever:

- become aggressive towards someone else
- felt vulnerable when you're with other people
- needed help from someone who knows about your condition

Make it clear if it's because:

- you didn't get help or support
- your condition affects your levels of concentration or mood, which might increase the likelihood of problems
- you get anxious

Think about whether it takes you at least twice as long to mix with other people as someone without your condition. For example you might have to mentally prepare yourself before you go out.

Explain whether the difficulties you have meeting and mixing with people cause you any physical or mental symptoms (like anxiety, distress, confusion, or if they make you feel down).

For further help and guidance see <https://www.citizensadvice.org.uk/benefits/sick-or-disabled-people-and-carers/pip/help-with-your-pip-claim/11-mixing-with-other-people/>



Q12 Making decisions about money

 Use page 10 of the Information Booklet

Please tell us about your ability to make decisions about spending and managing your money.

We want to know whether you can do this safely, to an acceptable standard, as often as you need to and in a reasonable time.

Tick the boxes that apply to you then provide more information in the Extra Information box.

Q12a Do you need someone else to help you to understand how much things cost when you buy them or how much change you'll receive?

Help includes someone:

- encouraging you,
- reminding you to do it or how to do it, and
- doing it for you.

This includes help you have and help you need but don't get.

Yes  No  Sometimes

Q12b Do you need someone else to help you to manage your household budgets, pay bills or plan future purchases?

Help includes someone:

- encouraging you,
- reminding you to do it or how to do it, and
- doing it for you.

This includes help you have and help you need but don't get.

Yes  No  Sometimes

This question is about how your condition makes it difficult for you to manage everyday purchases and transactions.

It's about the decisions you need to make rather than whether you can physically get money out of a purse or wallet to pay for things.

You should probably tick "yes" if you need help:

- paying in shops and restaurants
- understanding how much things cost
- how to make your money last
- how to pay your bills on time
- what happens if you don't pay your bills, for example your gas might be cut off
- how to save for a specific item, like a TV

## Q12 Extra information - Making decisions about money

Tell us more information about the difficulties or help you need making decisions about spending and managing your money. For example, tell us:

- If you can't do this safely, to an acceptable standard, as often as you need to and in a reasonable time.
- If you need help from another person, tell us what kind of help you need (for example whether they need to remind you to do it or how to do it or do it for you).
- If you can do it but it takes you a long time.
- If your needs vary, tell us in what way and how often - for example telling us about good days and bad days or how it varies throughout the day.
- If you have side effects from carrying out the activity - including before, during and after the activity - like significant anxiety and distress.
- If you put something in the box below you don't have to fill all of the box.

If you do get help, give the relationship of the person to you (for example, carer or friend). Explain why they help, how they help and how often.

Make it clear if you need them to:

- remind you to do something like pay a bill
- tell you how to do something like pay a bill
- physically help you, for example pay the bill for you
- help all of the time or just sometimes or say if it's too difficult to predict
- be on hand, for example to help you if you get confused

Think about whether it takes you at least twice as long to make a decision about money as someone without your condition.

Think about how long it takes you to pay for something in a shop or restaurant compared with how long it takes a friend. It's ok to estimate but say if you are. If it's too hard to estimate explain why - for example, because your condition fluctuates.

Explain whether the difficulties you have managing your money cause you any physical or mental symptoms (like confusion, discomfort or tiredness).

It's helpful to explain the symptoms and give an example, including:

- how often you have them
- how long they last
- if they're likely to increase the risk of an accident
- if they affect your ability to carry out any of the other activities on your PIP claim form

For further help and guidance see <https://www.citizensadvice.org.uk/benefits/sick-or-disabled-people-and-carers/PIP/help-with-your-PIP-claim/PIP-claim/12-making-decisions-about-money/>



Q13 Going out

 Use page 11 of the Information Booklet

Please tell us about your ability to work out and follow a route to another place and if severe anxiety or stress prevents you from going out.

A route includes using public transport.

This activity doesn't look at your physical ability to get around which is covered in Q14 Moving around.

We want to know if you can do this safely, to an acceptable standard, as often as you need to and in a reasonable time.

Tick the boxes that apply to you then provide more information in the Extra Information box.

Q13a Do you need help from another person to plan a route to somewhere you know well? Or do you need another person, guide dog or specialist aid to help you get there?

Help includes someone:

- to help you plan a route or plan it for you,
- to prompt or encourage you to go out or be with you when going out to reassure you, and
- to be with you to keep you safe or stop you getting lost.

Aids include:

- long canes and white sticks.

This includes help you have and help you need but don't get.

Yes  No  Sometimes

Q13b Do you need help from another person, guide dog or specialist aid to get to a location that is unfamiliar to you?

Help includes someone:

- to prompt or encourage you to go out or be with you when going out to reassure you,
- to be with you to keep you safe or stop you getting lost, and
- to help you deal with public transport or unexpected circumstances.

Aids include:

- long canes and white sticks.

This includes help you have and help you need but don't get.

Yes  No  Sometimes

Q13c Are you unable to go out because of severe anxiety or distress?

Yes  No  Sometimes

Q13 Extra information - Going out

Tell us more information about the difficulties or help you need to work out and follow a route to another place and whether severe anxiety or stress prevents you from going out. For example, tell us:

- If you can't do this safely, to an acceptable standard, as often as you need to and in a reasonable time.
- If you need help from another person, tell us what kind of help you need (for example whether they need to plan a route for you, encourage you to go out, reassure you or help you to make sure you don't go the wrong way).
- If you use a specialist aid such as a long cane or white stick, please tell us.
- If your needs vary, tell us in what way and how often - for example telling us about good and bad days or how it varies throughout the day.
- If you can do it but it takes you a long time.
- If your needs vary depending on where you're going, or what the route might involve, please tell us.
- If you have side effects from carrying out the activity - including before, during and after the activity - like anxiety and distress.

This question is about how your condition makes it difficult for you to:

- plan and follow a route to a place you know (it doesn't matter how you get there)
- plan and follow a bus or train route to a place you don't know
- cope in places that you don't know
- if applicable, leave the house because of stress or anxiety

The DWP is not interested in how you cope with long journeys - think about getting to local places (like a local shop or friend's house). Also, they're not interested in your ability to walk

List any orientation aids that help you follow a route - for example, a compass, guide cane or map designed for people with sight loss. You can also list a guide dog as an "aid".

If you do get help, give the relationship of the person to you (for example, carer or friend). Explain why they help, how they help and how often.

Tell the DWP if you've had (or are likely to have) an accident planning or following a route or if you've ever got lost. It's helpful to give an example and explain why and how it happened, including if it made it difficult for you. If you've ever got lost, explain how difficult it was for you to find your way home or get back to a safe place.

Think about whether it takes you at least twice as long to plan or follow a route as someone without your condition.

Try to explain how long it takes. It's ok to estimate but say if you are. If it's too hard to estimate explain why - for example, because your condition affects your ability to concentrate.

000 For further help and guidance see <https://www.citizensadvice.org.uk/benefits/sick-or-disabled-people-and-carers/pip/help-with-your-pip-claim/fill-in-form/13-going-out/>

Q14 Moving around

 Use page 11 of the Information Booklet

Please tell us about your ability to physically move around.

We want to know if you can do this safely, to an acceptable standard, as often as you need to and in a reasonable time.

Tick the boxes that apply to you then provide more information in the Extra Information box.

Q14a How far can you walk taking into account any aids you use?

- to give you an idea of distance, 50 metres is approximately 5 buses parked end to end.

Less than 20 metres

Between 20 and 50 metres

Between 50 and 200 metres

200 metres or more

It varies

Think of when you attended a doctors appointment how did you get there, how far did you walk and any rests you took.

Q14b Do you use an aid or appliance to walk?

Walking aids include:

- walking sticks,
- walking frames,
- crutches, and
- prostheses.

To give you a rough idea of distance:

- 20 metres is the length of 2 buses
- 50 metres is the length of 5 buses
- 200 metres is the length of 20 buses

Explain how long it usually takes you to move 20 metres, 50 metres or 200 metres (or more). If you can't move those distances, you should explain that.

Yes

No

Sometimes

Q14c Do you use a wheelchair or similar device to move around safely, reliably and repeatedly and in a reasonable time period?

Yes

No

Sometimes

This question is about how your condition makes it difficult for you to:

- stand safely without help
- walk safely without stopping and without help

Base your answer on what you can manage most of the time (ie, on a regular and repeated basis) and don't over estimate your ability. For example, if you can't regularly and repeatedly walk 50 metres then don't say you can.

You should probably tick "less than 20 metres" if you can't stand up or walk.

You should probably tick "yes" if:

- you use a prosthesis, swing crutch or similar
- you take rest breaks while walking any distance
- you use an aid all the time or sometimes
- if you use a wheelchair, mobility scooter or similar

#### Q14 Extra information - Moving around

Tell us more information about the difficulties or help you need to physically move around. For example, tell us:

- If you can't do this safely, to an acceptable standard, as often as you need to and in a reasonable time.
- If you regularly fall or are at risk of falling.
- If you use aids to help you walk, tell us what type they are - for example walking sticks, crutches or a prosthesis - and how you need to use them.
- If you use a wheelchair or similar device, tell us whether it's manual or powered and how often you need to use it.
- If your needs are affected by the terrain, please tell us - for example whether you have difficulty with uneven ground, curbs or steps.
- If your needs vary, tell us in what way and how often - for example telling us about good and bad days or how it varies throughout the day.
- If you have side effects from carrying out the activity, like pain, breathlessness, tiredness, dizziness stress or anxiety - either during or after the activity - tell us about these.
- If you can do it but it takes you a long time.

List the items you use to help you stand, walk and move around. Never miss any aids off your list because you think they're obvious. Explain if you use an aid to reduce mental or physical feelings (like pain, discomfort or tiredness) when standing or walking. Make it clear if it only reduces that feeling and that you still experience something.

Explain if you need to rest while walking or if you can't stand or walk at all. Make it clear if the reason is because:

- you feel tired
- you're in pain
- you're out of breath
- you risk an injury - for example, falling, slipping, losing your balance or feeling dizzy

If you do get help, give the relationship of the person to you (for example, carer or friend).

Explain why they help, how they help and how often. Make it clear if you need them to:

- help you all of the time or just sometimes
- physically assist you
- be on hand - for example, just in case you need help
- prevent an injury or accident

It's helpful to explain any symptoms like pain or discomfort and give an example, including:

- how often you get them and how long they last how long they last
- if they're likely to increase the risk of an accident
- if they mean it takes you longer to walk somewhere
- if they affect your ability to walk any further

For further help and guidance see <https://www.citizensadvice.org.uk/benefits/sick-or-disabled-people-and-carers/pip/help-with-your-pip-claim/14-moving-around/>





## Q15 Additional Information

Tell us anything else you think we should know about your health conditions or disabilities and how these affect you that you haven't mentioned already.

- If any carers, friends or family want to provide further information they can do so here.
- You don't have to complete this part if you've covered everything in the form.
- If you put something in the box below you don't have to fill all of the box.

You can use this space to give any additional information you think necessary. There's no right or wrong type of information to include but it's a good idea to use this space to tell the DWP if:

- someone had to fill in the form for you and explain why
- you filled in the form slowly or with pain
- filling in the form caused you anxiety or stress
- you're attaching medical evidence to support your claim - for example, a care plan
- any friends or family are your carers - you can include their contact details if you want but ask them first

### Comments from other people

If your carer, health professional, friends or family have any information you think will help your PIP application they can add it here.

Make sure their comments relate to how your condition makes it difficult for you to do the activities detailed in questions 3 to 15. This is because the DWP base their decision on whether or not you get PIP on these activities.

Continue on separate pieces of paper, if needed. Remember to write your name and National Insurance Number at the top of each page and tell us which questions your comments refer to

For further help and guidance see <https://www.citizensadvice.org.uk/benefits/sick-or-disabled-people-and-carers/pip/help-with-your-pip-claim/15-additional-information/>

## What to do now

① Use page 11 of the Information Booklet

Check you've filled in all questions that apply to you or the person the claim is for and sign the declaration below in ink. Tear off the letter on the front page; you don't need to send this back. On the last page you will see the address to return this form. Place this form in the envelope provided so that the address shows through the window. It doesn't need a stamp.

## What happens next

① Use page 12 of the Information Booklet

You're likely to be contacted soon to arrange a face to face consultation with a health professional. You'll be able to take someone with you to this. If we've enough information already, a consultation may not be needed.

Tell us about any help you (or someone who may accompany you) would need if you have to go for a face to face consultation. This will help us ensure your needs are met or consider if a home visit would be needed. For example tell us if:

- you / they can't get up and down stairs,
- you / they have difficulty travelling or using public transport,
- you / they have communication needs and what support you / they will need, and
- you / they need accessible toilets.

Please be specific about the needs you / they have.




**Declaration**

We cannot pay any benefit until you've 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 Personal Independence Payment 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, and
- any other benefit I may claim or be awarded in the future.

Signature

	Date
--	------

dd / mm / yy

Print your name here

--

For information about how we collect and use what you tell us, and for help and advice about other benefits, please see the Information Booklet enclosed.

EXAMPLE ONLY

EXAMPLE ONLY



## How your disability affects you (Personal Independence Payment)

FREEPOST RTBS-CBYC-SCZS  
DWP Personal Independence Payment (4)  
Warbreck House  
Blackpool  
FY2 0UZ

Please return the completed form to this address.

Put the completed form in the envelope provided, making sure the address shows through the envelope window. The envelope doesn't need a stamp unless you live outside the United Kingdom.

If you've access to the internet, you can get information about Personal Independence Payment by going to the Personal Independence Payment website: [www.gov.uk/pip](http://www.gov.uk/pip)

EXAMPLE ONLY