

# Income Support medical component claim form (adult and young person)

This form is for **adults and young people aged 12 or over**.  
There is a different form for children under 12 years old.

Please use a black pen to complete this form.

Complete this form yourself, or with help from someone who knows you, such as a family member, carer or support worker.

Please return the completed form to the Income Support Team within 14 days of being issued, or the start date of any benefit may be affected.

If you need help filling in this form, ring us on 445505 to speak with a Customer Services Advisor.

## Social Security Department

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### Social Security Department OFFICE USE ONLY

Claim Number	<input type="text"/>	
Surname	<input type="text"/>	
SS number	<input type="text"/>	
		<b>Initials</b>
Issued	<input type="text"/>	<input type="text"/>
Received	<input type="text"/>	<input type="text"/>
GP report requested	<input type="text"/>	<input type="text"/>
GP report received	<input type="text"/>	<input type="text"/>
Award	<input type="text"/>	<input type="text"/>

# About this form

Please fill in this form by yourself, if you can. The form has seven sections, but not all sections may be relevant to you. It may help if you read through the form before you begin completing it.

The form begins by asking you for some general information in **Section 1**. It then asks you a series of questions in **Sections 2 and 3** to help us get a clear picture of how your illness or disability affects you. If you are only applying for Clinical Cost (extra GP visits) you will not need to complete the questions in Sections 2 and 3.

Answer each question by picking the option that most applies to you. There is space at the bottom of the page for you to tell us about your answer in your own words. If a question does not apply to you, just tick NO and move on to the next question.

There is space in **Section 4** for you to tell us about anything that is not covered by the questions. This can include details of aids and adaptations that you use (such as a walking stick or hearing aid).

If you need help writing, you can ask someone to write down your answers for you as long as you sign the declaration on page 30 in **Section 5**.

**Section 6** is optional. You can ask a carer, support worker or another person who knows you to complete it. They can say what they know about your condition and how it affects your daily life.

If somebody fills in the form on your behalf, they must sign the declaration in **Section 7**.

**If you have any questions about the form you can contact the Social Security Department on 445505.**

## 1. Start by filling in your general information

When you are ready to complete the form, start with **Section 1** on page 5. **Section 1** asks you for your personal details, as well as contact information for the health professionals who treat you. This might be your GP, a hospital doctor, consultant or therapist. You can give us contact details for more than one person, and you can tell us who is mainly responsible for your care. If you need space to supply more information, you can attach a separate sheet of paper to the form or use the space in **Section 4**.

**Section 1** has space for you to tell us about your illness, disability or diagnosis. You can tell us about more than one condition and any medication or treatment that you have for these conditions. You can also tell us how often you have seen your GP, as well as any other medical appointments you have had, in the last 12 months.

## 2. Complete the numbered questions that apply to you

The answers you give in **Section 2** and **Section 3** of the form will help us get a clear picture of how your illness or disability affects you. Each question has its own instructions and examples to take you step-by-step through the form to the end. If a question does not apply to you, please tick **No** and move on to the next question in order.

The questions are written in bold text at the top of each page, and are in two parts:

- **Section 2** (beginning on page 8) asks questions about physical and sensory functions
- **Section 3** (beginning on page 21) asks questions about mental functions

You should complete every question that you think applies to you. Some conditions will be covered by just one question; but some conditions will have effects that are covered by more than one question.

You **do not** need to try to do the activities set out in the form. Tell us whether (or not) you think you could do them. Give examples if you think this will help you explain your answers.

Use the boxes underneath each question to tell us, in your own words, how your illness or disability affects you.

It will help if you can tell us about:

- pain, tiredness and breathlessness;
- differences in the way you feel from day-to-day; and
- anything else you think we might need to know.

## 3. Supply any further information

There is space in **Section 4** for you to tell us about anything that is not covered by the questions. If you use aids or adaptations (such as a walking stick or hearing aid) you can tell us about these on page 29. A carer, support worker or another person who knows you can complete the optional **Section 6**. You can also attach extra information to the form if you think it will help explain your condition.

## 4. When you have completed the relevant parts

Please check, sign and return the form. Mark it for the attention of Income Support at the Social Security Department.

You **must** sign and date **Section 5** (page 30). This allows us to contact your GP or other healthcare professional to discuss this form. If somebody else has filled in the form for you, they **must** sign and date **Section 7** (page 33). Please note:

- Parents/guardians/agents/curators should sign for children under 16 years, or for people who are unable to give their consent.
- Children aged 16 and over may give their own consent.

You may be asked to go for an examination by a Social Security doctor or other healthcare professional. If this is needed, we will write to you or telephone to arrange a convenient time and date for you.

It is important that you give us up-to-date contact details (including a telephone number) and give us details in **Section 1** of any special needs you may have. You can bring somebody with you to the examination, and if you cannot get to the Department because of your medical condition we will arrange to visit you at home.

EXAMPLE ONLY  
Please speak to Income Support  
to find out if you can claim

# Section 1 – About you

Surname

Forenames

Date of birth

Daytime telephone number

Mobile number

I wish to apply for: (tick every box that applies)

- Personal care element**  
(to meet the cost of help with everyday tasks)
- Mobility element**  
(help towards the cost of getting around outdoors)
- Clinical Cost element**  
(help towards costs of extra GP visits)

Please note: If you are only applying for the Clinical Cost element please complete this section (pages 2 – 7), then go to **Section 4** (page 28). Use Section 4 to tell us how your illness affects you and the reasons why you need to see the doctor.

If you are applying for a Personal care element and/or Mobility element due to a physical or sensory illness or disability, complete **Section 2** (pages 8–20).

If you are applying for a Personal care and/or Mobility element due to a mental illness, learning disability, brain injury or organic brain disorder complete **Section 3** (pages 21–27).

## Requirements to attend an examination

You may be asked to go to an examination by a Social Security doctor. Please use the space below to tell us about any special needs you would have if you were asked to go to an examination.

Tell us if you would like to have someone with you because:

- of your medical condition; or
- you need a translator or somebody to help you communicate.

Also, please tell us if you cannot go to an examination because of your medical condition.

Please give any dates in the next three months when you cannot go to an examination. This could be because you have holidays or hospital appointments, or because you cannot arrange to have somebody with you on these dates.

# Section 1 – About you (continued)

## About your illness or disability and the treatment and help you receive

Tell us who is most responsible for your medical treatment (e.g. GP, hospital consultant or other health professional)

Please tell us about your illness, disability or diagnosis in the table below

Name of illness, disability or diagnosis	How long have you had this disability or illness	What medications or treatments have you been prescribed for this illness or disability	How often do you take the medicine and/or receive treatment
e.g. Stroke	e.g. 6 months	e.g. Aspirin 75mg; physiotherapy	e.g. Daily medicines and Day Hospital once a week

## 1. Your GP or family doctor

Please tell us your GP's name and the name of the practice

How many times (approximately) have you seen your GP in the last 12 months?

Does your GP provide treatment for your condition(s)? This might include medication or regular tests

# Section 1 – About you (continued)

## 2. Treatment through a hospital in Jersey or the UK

Doctor 1	Doctor 2
Name of doctor, consultant or therapist <input type="text"/>	Name of doctor, consultant or therapist <input type="text"/>
Name of hospital <input type="text"/>	Name of hospital <input type="text"/>
Department <input type="text"/>	Department <input type="text"/>
Illness or disability <input type="text"/>	Illness or disability <input type="text"/>
How often do you see them <input type="text"/>	How often do you see them <input type="text"/>
When was your last appointment <input type="text"/>	When was your last appointment <input type="text"/>

## 3. Treatment/support from someone other than a GP or hospital consultant

If you are having treatment/support from someone other than a GP or hospital consultant please give their details

Person 1	Person 2
Name of the person who treats you <input type="text"/>	Name of the person who treats you <input type="text"/>
What treatment/support do they give you? <input type="text"/>	What treatment/support do they give you? <input type="text"/>
Their address <input type="text"/>	Their address <input type="text"/>
Postcode <input type="text"/>	Postcode <input type="text"/>
Their telephone number <input type="text"/>	Their telephone number <input type="text"/>

## Section 2 – Physical and sensory functions

### Do you have a physical illness or disability?

If the answer is **yes**, please answer questions 1 to 12 in this section.

By this we mean an illness or disability that affects your body or senses.

For example:

- cataracts
- osteoarthritis
- stroke
- diabetes
- amputation
- epilepsy

The assessment takes into account situations where a person normally uses an aid (such as walking stick or hearing aid) or a prosthesis (such as a prosthetic leg).

If you are normally fitted with or normally wear a prosthesis, you will be assessed as if you were fitted with or wearing that prosthesis. If you normally wear or normally use any aid or appliance, or could reasonably be expected to normally wear or normally use any aid or appliance, you will be assessed as if you were wearing or using that aid or appliance.

**If you do not have a physical illness or disability, please go to Section 3 on page 21.**



## Section 2 – Physical and sensory functions (continued)

### Q1 – Sitting in an upright chair with a back but no arms

This question looks at whether you can sit comfortably in a chair.

By **sitting comfortably** we mean without having to move from the chair because the amount of discomfort makes it impossible to continue sitting.

By **chair** we mean an upright chair with a back but no arms.

**Do you have any difficulty sitting comfortably in a chair?**

**No**  Go to page 10.

**Yes**  Please tick the statement that most applies to you. **Tick one box only.** Then, if possible, give us more information about your choice in the box at the bottom of the page.

- a  I cannot sit without severe discomfort.
- b  I cannot sit without severe discomfort for more than 10 minutes before having to move from the chair.
- c  I cannot sit without severe discomfort for more than 30 minutes before having to move from the chair.
- d  I cannot sit without severe discomfort for more than one hour before having to move from the chair.
- e  None of the above statements apply.

**More information**

You can use this space to tell us in your own words how this activity is affected by your condition.

### Q2 – Standing without the support of another person

This question looks at whether you can stand without the support of another person.

By **standing** we mean standing by yourself using your walking stick or an artificial limb (if you normally use one), but without the help of another person and without holding on to something.

**Do you have any difficulty standing without the support of another person?**

**No**  Go to page 11.

**Yes**  Please tick the statement that most applies to you. **Tick one box only.**  
Then, if possible, give us more information about your choice in the box at the bottom of the page.

- a  I cannot stand at all without the support of another person.
- b  I cannot stand for more than 10 minutes without the support of another person.
- c  I cannot stand for more than 30 minutes without the support of another person.
- d  None of the above statements apply.

#### More information

You can use this space to tell us in your own words how this activity is affected by your condition.

EXAMPLE ONLY  
Please speak to Income Support  
to find out if you can claim

### Q3 – Getting up from sitting in an upright chair with a back but no arms without assistance

This question looks at whether you can get up from a chair.

By **getting up** we mean getting up by yourself without assistance.

By **chair** we mean an upright chair with a back but no arms.

**Do you have any difficulty getting up from a chair?**

**No**  Go to page 12.

**Yes**  Please tick the statement that most applies to you. **Tick one box only.** Then, if possible, give us more information about your choice in the box at the bottom of the page.

- a  I cannot get up from sitting in a chair to standing without the support of another person.
- b  I cannot get up from a chair without holding on to something.
- c  None of the above statements apply.

**More information**

You can use this space to tell us in your own words how this activity is affected by your condition.

EXAMPLE ONLY  
Please speak to Income Support  
to find out if you can claim

## Q4 – Walking

This question looks at how well you can walk.

By **walking** we mean walking on level ground, using an aid such as a walking stick or an artificial limb (if you normally use one).

**Do you have any difficulty walking?**

**No**  Go to page 13.

**Yes**  Please tick the statement that most applies to you. **Tick one box only.** Then, if possible, give us more information about your choice in the box at the bottom of the page.

- a  I cannot walk at all.
- b  I cannot walk more than a few steps **and/or** walk up and down one stair without having to stop or feeling severe discomfort, even with the support of a handrail.
- c  I cannot walk more than 50 metres (55 yards) **and/or** walk up and down a flight of 12 stairs without having to stop or feeling severe discomfort.
- d  I cannot walk more than 200 metres (220 yards) without having to stop or feeling severe discomfort.
- e  I cannot walk more than 400 metres (450 yards) without having to stop or feeling severe discomfort.
- f  None of the above statements apply.

**More information**

You can use this space to tell us in your own words how this activity is affected by your condition.

### Q5 – Bending or kneeling from a standing position

This question looks at whether you can bend or kneel.

By **bending and kneeling** we mean you can do the activity either by bending or kneeling, or by a combination of both, from a standing position, not from sitting.

**Do you have any difficulties bending or kneeling?**

**No**  Go to page 14.

**Yes**  Please tick the statement that most applies to you. **Tick one box only.** Then, if possible, give us more information about your choice in the box at the bottom of the page.

- a  I cannot bend to touch my knees and straighten up again.
- b  I cannot either bend or kneel, or bend and kneel or squat, as if to pick up a piece of paper off the floor and straighten up again.
- c  None of the above statements apply.

**More information**

You can use this space to tell us in your own words how this activity is affected by your condition.

EXAMPLE ONLY  
Please speak to Income Support  
to find out if you can claim

### Q6 – Reaching

This question looks at whether you can reach out with your arms.

When we say **either arm** we mean you cannot do these things with either your right **or** your left arm.

**Do you have any difficulties reaching out with your arms?**

**No**  Go to page 15.

**Yes**  Please tick the statement that most applies to you. **Tick one box only.** Then, if possible, give us more information about your choice in the box at the bottom of the page.

- a  I cannot raise either arm as if to put something in the breast pocket of a coat or jacket.
- b  I cannot raise either arm to my head as if to put on a hat.
- c  I cannot raise one arm as if to put something in the breast pocket of a coat or jacket, but I can with the other.
- d  I cannot raise one arm to my head as if to put on a hat, but I can with the other arm.
- e  None of the above statements apply.

#### More information

You can use this space to tell us in your own words how this activity is affected by your condition.

## Section 2 – Physical and sensory functions (continued)

### Q7 – Lifting and transferring to a distance of 60 centimetres (2 feet) by using your upper body and arms at tabletop level

This question is about arm strength and co-ordination. It looks at whether you can lift and transfer objects. The ability to use your hands is looked at in question 8.

When we say **either arm** we mean you cannot do these things with either your right **or** your left arm.

By **lifting** we mean to pick up an object from a height that does not involve bending or reaching.

**Do you have any difficulties lifting and transferring objects with your arms?**

**No**  Go to page 16.

**Yes**  Please tick the statement that most applies to you. **Tick one box only.** Then, if possible, give us more information about your choice in the box at the bottom of the page.

- a  I cannot pick up and transfer a glass filled with 200 millilitres (about half a pint) of water with either arm.
- b  I cannot pick up and pour from a full saucepan or kettle filled with 1.5 litres (2.5 pints) of water with either arm.
- c  I cannot pick up and transfer a 2.5 kilogram (5.5 pound) bag of potatoes with either arm.
- d  I cannot pick up and transfer a glass filled with 200 millilitres (about half a pint) of water with one arm, but I can with the other.
- e  None of the above statements apply.

#### More information

You can use this space to tell us in your own words how this activity is affected by your condition.

## Q8 – Manual dexterity

This question looks at whether you can use your hands.

When we say **either hand** we mean you cannot do these things with either your right hand **or** your left hand.

**Do you have any difficulties using your hands?**

**No**  Go to page 17.

**Yes**  Please tick the statement that most applies to you. **Tick one box only.** Then, if possible, give us more information about your choice in the box at the bottom of the page.

- a  I cannot turn the pages of a book with either hand.
- b  I cannot turn a star-headed sink tap with either hand.
- c  I cannot pick up an object 2.5 centimetres (1 inch) in diameter, like a 2 pence coin, with either hand.
- d  I cannot use a spoon with either hand.
- e  I cannot tie a bow in laces or string.
- f  I cannot turn a star-headed sink tap with one hand, but I can with the other.
- g  I cannot pick up an object 2.5 centimetres (1 inch) in diameter, like a 2 pence coin, with one hand, but I can with the other.
- h  None of the above statements apply.

**More information**

You can use this space to tell us in your own words how this activity is affected by your condition.



## Section 2 – Physical and sensory functions (continued)

### Q9 – Vision, including visual acuity and visual fields, in normal daylight or bright electric light

This question looks at whether you can see things in normal light, using visual aids like contact lenses or glasses if you normally wear them.

By **visual acuity** and **visual fields** we mean clearness of vision and your ability to focus.

By **normal light** we mean daylight, if you are outdoors, or bright electric light, if you are indoors.

**Do you have any difficulties seeing things in a normal light even with visual aids, like glasses or contact lenses, if you normally wear them?**

**No**  Go to page 18.

**Yes**  Please tick the statement that most applies to you. **Tick one box only.** Then, if possible, give us more information about your choice in the box at the bottom of the page.

a  I cannot see the shape of furniture in a room.

b  I cannot see well enough to read 16 point print at a distance of 20 centimetres (8 inches).

**This is 16 point print**

c  I cannot see well enough to recognise a friend across a room at a distance of 5 metres (16 feet).

d  I cannot see well enough to recognise a friend across a street at a distance of 15 metres (49 feet or 16 yards).

e  None of the above statements apply.

#### More information

You can use this space to tell us in your own words how this activity is affected by your condition.

### Q10 – Hearing

This question looks at your hearing.

**Do you have any difficulties hearing sounds, even with a hearing aid if you normally wear one?**

**No**  Go to page 19.

**Yes**  Please tick the statement that most applies to you. **Tick one box only.** Then, if possible, give us more information about your choice in the box at the bottom of the page.

- a  I cannot hear well enough to follow a television or radio programme by hearing alone, even with the volume turned up.
- b  I cannot hear well enough to understand someone talking in a loud voice, in a quiet room, by hearing alone.
- c  I cannot hear well enough to understand someone talking in a normal voice, in a quiet room, by hearing alone.
- d  None of the above statements apply.

#### More information

You can use this space to tell us in your own words how this activity is affected by your condition.

EXAMPLE ONLY  
Please speak to Income Support  
to find out if you can claim

## Section 2 – Physical and sensory functions (continued)

### Q11 – Speech

This question looks at whether you can speak and be understood.

**Do you have any difficulty speaking to people or making yourself understood by them, because of any speech impediment, illness or physical disability you have?** This excludes difficulties caused by your accent or language barrier.

**No**  Go to page 20.

**Yes**  Please tick the statement that most applies to you. **Tick one box only.** Then, if possible, give us more information about your choice in the box at the bottom of the page.

- a  I cannot speak or use language effectively to communicate, even with close family or friends.
- b  Strangers cannot understand my speech at all.
- c  Strangers have difficulty understanding my speech.
- d  None of the above statements apply.

#### More information

You can use this space to tell us in your own words how this activity is affected by your condition.

EXAMPLE ONLY  
Please speak to Income Support  
to find out if you can claim

## Section 2 – Physical and sensory functions (continued)

### Q12 – Seizures causing loss of consciousness or altered consciousness

This question refers to a fit or seizure which causes a loss of consciousness or altered consciousness.

It does not include dizzy spells, giddiness, vertigo or simple faints.

**Do you have seizures causing loss of consciousness or altered consciousness?**

**No**  Go to page 21.

**Yes**  Please tick **all** the statements that apply to you.  
Then, where possible, provide more information to explain your choice in the box below.

**Were you awake when the seizure commenced but had no useful warning of the seizure?**

**Yes**  **No**

**Are you so disorientated and confused after a seizure, you need somebody with you to prevent injury or harm to yourself or others?**

**In the last six months, have you had:**

**a**  **Six or more seizures causing loss of consciousness or altered consciousness**

**b**  **At least three seizures causing loss of consciousness or altered consciousness**

**c**  **At least one seizure causing loss of consciousness or altered consciousness**

**d**  **none of the above statements apply**

#### More information

You can use this space to tell us in your own words how this activity is affected by your condition.

## Section 3 – Mental health functions

### Do you have a mental illness or disability?

By this we mean an illness or disability that affects your mind. For example:

a. **A mental illness such as:**

- depression;
- schizophrenia.

b. **A learning or developmental disability such as:**

- Down's syndrome;
- autistic spectrum disorder.

c. **An organic brain disorder such as:**

- the effects of a brain injury (including a stroke) that affects your learning, memory or thinking;
- dementia.

If the answer is **yes**, please answer questions 13 to 18 in this section.

If you do not have a mental illness, disability or organic brain disorder, please go to **Section 4** on page 28.

EXAMPLE ONLY  
Please speak to Income Support  
to find out if you can claim

## Section 3 – Mental health functions (continued)

### Q13 – Management of personal finances

This question looks at whether you can understand the concept of money and are able to understand the need to manage your personal finances.

**Do you have any difficulties understanding the need to manage your personal finances?**

**No**  Go to page 23.

**Yes**  Please tick the statement that most applies to you. **Tick one box only.** Then, if possible, give us more information about your choice in the box at the bottom of the page.

- a  I do not understand the value of money.
- b  I cannot budget for daily/weekly needs.
- c  I cannot budget for irregular bills.
- d  None of the above statements apply.

#### More information

You can use this space to tell us in your own words how this activity is affected by your condition.

EXAMPLE ONLY  
Please speak to Income Support  
to find out if you can claim

## Section 3 – Mental health functions (continued)

### Q14 – Maintaining appearance and hygiene

This question asks whether you will keep up a reasonable appearance and standard of hygiene without being reminded or instructed by others.

By **hygiene** we mean:

- washing
- bathing
- shaving
- grooming

**Do you have any difficulties keeping up a reasonable appearance and standard of hygiene?**

**No**  Go to page 24.

**Yes**  Please tick the statement that most applies to you. **Tick one box only.** Then, if possible, give us more information about your choice in the box at the bottom of the page.

- a  I am unable to keep up normal standards of appearance and hygiene without another person reminding me or watching over me each day.
- b  I am unable to keep up normal standards of appearance and hygiene without another person reminding me or watching over me each week.
- c  None of the above statements apply.

#### More information

You can use this space to tell us in your own words how this activity is affected by your condition.

## Section 3 – Mental health functions (continued)

### Q15 – Management of daily routine

This question looks at whether you understand the need to get up and go to bed at an appropriate hour. It also looks at whether you can understand the difference between night and day.

**Do you have any difficulties managing your daily routine?**

**No**  Go to page 25.

**Yes**  Please tick the statement that most applies to you. **Tick one box only.** Then, if possible, give us more information about your choice in the box at the bottom of the page.

- a  I do not get up from bed without being told and I have no idea of day and night.
- b  I need to be told daily to make sure I get up and go to bed at appropriate times.
- c  I need to be told daily to make sure I get up or go to bed at appropriate times.
- d  I need to be told from time to time to make sure I get up or go to bed at appropriate times.
- e  None of the above statements apply.

**More information**

You can use this space to tell us in your own words how this activity is affected by your condition.



## Section 3 – Mental health functions (continued)

### Q16 – Awareness of danger and consequences of behaviour

This question looks at whether you can recognise common dangers and take appropriate action. It also looks at any behaviours which may put you or others in danger.

**Are you aware of the dangers and consequences of your behaviour?**

**Yes**  Go to page 26.

**No**  Please tick the statement that most applies to you. **Tick one box only.** Then, if possible, give us more information about your choice in the box at the bottom of the page.

- a  I am totally unaware of common dangers or harmful things that could happen because of my behaviour.
- b  I need to be told, at least every day, about common dangers or about harmful things that could happen because of my behaviour.
- c  I generally know about common dangers and do not need to be told about harmful things that could happen because of my behaviour, but only when I am in a familiar structured environment.
- d  None of the above statements apply.

#### More information

You can use this space to tell us in your own words how this activity is affected by your condition.

EXAMPLE ONLY  
Please speak to Income Support  
to find out if you can claim

## Section 3 – Mental health functions (continued)

### Q17 – Getting around outdoors

This question looks at whether you can find your way around outdoors independently.

Any difficulties in getting around outdoors must be due to a mental illness, mental disability or organic brain disorder.

**Do you have any difficulties finding your way around outdoors independently?**

**No**  Go to page 27.

**Yes**  Please tick the statement that most applies to you. **Tick one box only.** Then, if possible, give us more information about your choice in the box at the bottom of the page.

- a  I cannot cope with leaving the house even if I am accompanied by another person.
- b  I cannot cope with leaving the house unless I am accompanied by another person.
- c  I cannot cope with finding my way around even in places I know well.
- d  I cannot cope with finding my way around in places I do not know.
- e  None of the above statements apply.

#### More information

You can use this space to tell us in your own words how this activity is affected by your condition.

## Section 3 – Mental health functions (continued)

### Q18 – Coping with change

This question looks at whether you can adapt to change in your routine.

**Do you have difficulties with changes in your routine?**

**No**  Go to page 28.

**Yes**  Please tick the statement that most applies to you. **Tick one box only.** Then, if possible, give us more information about your choice in the box at the bottom of the page.

- a  Changes in my routine that have been planned for a while result in disruptive or potentially harmful behaviour.
- b  Changes in my routine that are not planned result in disruptive or potentially harmful behaviour.
- c  None of the above statements apply.

**More information**

You can use this space to tell us in your own words how this activity is affected by your condition.

EXAMPLE ONLY  
Please speak to Income Support  
to find out if you can claim

## Section 4 – Other information that you wish to tell us

Please use this space to tell us anything else you think we should know about how your illness or disability affects you.

Please give examples, and tell us about any day-to-day changes in your condition (i.e. 'good' and 'bad' days). If you need more space, you can use the blank pages at the end of the form or attach a separate document.

If you are only applying for the Clinical Cost element, use this space to tell us about why you need to visit your GP more frequently.

Please use this page to tell us about your typical daily routine.

**EXAMPLE ONLY**  
**Please speak to Income Support**  
**to find out if you can claim**

# Section 4 – Other information that you wish to tell us (continued)

## Please list the aids and/or adaptations that you use

For example:

- A hoist, monkey pole or bed raiser to get out of bed.
- A commode, raised toilet seat or rails to help you with your toilet needs.
- Bath rails, shower seat or hoist to help you shower or bath.
- Stair lift, ejector chair, wheelchair or rails to help you move indoors.
- Walking stick, frame, crutches or artificial limbs for help walking/standing.
- Special cutlery or crockery to help you eat and drink.
- Hearing aid or text phone magnifier to help you communicate.
- Sensory or communication aids.

Aids/adaptations	How does this help you?	What assistance do you need to use this?

EXAMPLE ONLY  
Please speak to Income Support  
to find out if you can claim

# Section 5 – Declaration

**I declare** that the information I have given on this form is correct and complete.

**I agree** that the Social Security Department may ask:

- any doctor who has treated me;
- any hospital, clinic or facility where I have been treated;
- anyone else who has given me treatment (such as a physiotherapist).

for any medical or health information which is needed to deal with:

- this claim for benefit;
- any request for this claim to be looked at again;
- any redetermination or appeal against this claim.

**I agree** that the Social Security Department may cross-check any information given on this form against other information that it may hold.

**I also understand** that the Department may use the information which it has now or may get in the future to decide whether I am entitled to:

- the benefit I am claiming;
- any other benefit I have claimed;
- any other benefit I may claim in the future.

You must sign this form yourself if you can, even if someone else has filled it in for you. A parent/guardian/agent/curator must sign on page 33 for a child or somebody who cannot give their consent.

## Warning

Any person who knowingly makes any false statement or false representation for the purpose of obtaining benefit for themselves or for someone else commits a criminal offence for which they may be prosecuted, and may also be required to repay the amount fraudulently obtained.

**Your name**

**Signature**

**Date**

**Social Security number**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## Section 6 – Statement from someone who knows you

You **do not** need to ask your GP to complete this section as the Department will ask your doctor to send us a different report.

### Completion of this section is optional

The best person to complete this section is the person who is most involved with your treatment or care. This would usually be somebody who sees or cares for you regularly, perhaps on a daily basis.

### Statement from your carer/healthcare professional/support worker

Please tell us how often you see the person who this form is about and tell us about the help that you give them.

**EXAMPLE ONLY**  
**Please speak to Income Support to find out if you can claim**

Please tell us what you know about their illness and disabilities, and how they are affected by them.

# Section 6 – Statement from someone who knows you (continued)

## Carer/Healthcare Professional/Support Worker declaration

Thank you for your time in completing **Section 6** and giving information to us. Please sign and date this report.

- I confirm that the information I have provided in this report is correct.
- I understand that this report may be used to review the current claim.
- I understand that this report may be released to the claimant or to any Appeal Tribunal.

### Warning

Any person who knowingly makes any false statement or false representation for the purpose of obtaining benefit for themselves or for someone else commits a criminal offence for which they may be prosecuted, and may also be required to repay the amount fraudulently obtained.

**What is your job  
or profession**

**Your full name**

**Your place of  
work and contact  
details**

  

Postcode

**Daytime telephone  
number**

**Signature**

**Date**

EXAMPLE ONLY  
Please speak to Income Support  
to find out if you can claim



# Section 7 – For people filling in the form for the claimant

Even though you have completed this form for the claimant, they must still sign on page 30 unless:

- they are so ill or disabled that they find it impossible to sign for themselves; or
- they are incapable of understanding the declaration on page 30.

If you are filling in the form on the claimant's behalf, please provide your details below.

## Warning

Any person who knowingly makes any false statement or false representation for the purpose of obtaining benefit for themselves or for someone else commits a criminal offence for which they may be prosecuted, and may also be required to repay the amount fraudulently obtained.

Your full name

Your address

  

Daytime telephone number

Relationship (if any)

If you are the claimant's curator, please sign the form on page 30 and sign the declaration below.

## Declaration

I confirm that I am the appointed curator for the claimant.

Signature

Date



**EXAMPLE ONLY**  
**Please speak to Income Support  
to find out if you can claim**

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## Privacy Statement

The Social Security Department collects information for the purpose of dealing with all matters relating to the benefits and services it administers. We may check information about you with other information we have.

We will not give information about you to anyone outside the Department unless the law allows us to or we have your consent.

The Social Security Department is the Data Controller for the purposes of the Data Protection (Jersey) Law 2005.

**EXAMPLE ONLY**  
Please speak to Income Support  
to find out if you can claim

## Social Security Department

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St. Helier  
Jersey  
JE4 8PE

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