



Do you find it difficult to pay for health costs? You may be entitled to help through the NHS Low Income Scheme

Use this form if you need any of the following:

- NHS dental treatment
- Sight tests, glasses and contact lenses
- Travel to receive NHS treatment under the care of a consultant

You might not have to pay for them or you could be entitled to some help towards the cost.

You can claim at any time - Don't wait until you need treatment.

You can claim for: yourself; your partner; your children.

If you need help or have any queries about filling in this form, you can phone our customer enquiry line on **0300 330 1343**. If English is not your first language, you can phone this number and tell us in English, or ask a friend to tell us, your preferred language and we will provide a phone interpretation service.

You **DON'T** need to fill this form in if you or your partner are getting:

- Income Support
- Pension Credit Guarantee Credit
- Income-based Jobseeker's Allowance; or if
- You are named on, or entitled to, a NHS Tax Credit Exemption Certificate
- Universal Credit/Income-related Employment and Support Allowance

You are already entitled to full help with health costs - but if you paid any health costs **before** you started getting any of these benefits or **before** you became entitled to your NHS Tax Credit Exemption Certificate, read the back cover of this form to find out how to claim your money back.

You CANNOT get help with health costs if you and/or your partner together have more than:

- £16,000 in savings, investments or property (not counting the place where you live)
- £24,000 in savings, investments or property if you live permanently in a care home.

Important Note - If you are living in a care home or are aged 16 or 17 and have just left Local Authority care you may need a different form. Phone our Customer Enquiry Line on 0300 330 1343 and we will tell you what to do.



This form is to be used by persons resident in Wales.

Please read the notes on this page and page B before filling in this form - they will help you to claim correctly. Then pull off **Pages A and B** and keep them for information.

HOW TO FILL IN THIS FORM

Work carefully through this form - in most of the form we ask you to tick a **NO** or **YES** box and give any details needed. The notes in the form will tell you what to do next.

If you need more space for any of your answers use **Part 9**.

What we need to know about - we need to know about you and your partner and any income and savings that you have. Our assessment will reflect your circumstances at the time of your claim.

What we mean by partner - we use the term 'partner' to mean a person you live with as part of a couple of the same or opposite sex, whether or not you are married or have a civil partnership. A civil partnership is a legal union between two people of the same sex. If you do not have a partner, fill in details only about yourself.

If we ask for evidence - if you are working, in full-time education or a trainee, you will be asked to provide evidence of your income. We will use this evidence to calculate your entitlement. Photocopies are acceptable as evidence. It will delay your claim if you do not send the evidence requested. If you are not sure what evidence to send (or don't have it) phone our Customer Enquiry Line for advice on **0300 330 1343, Monday to Friday between 8.00am and 6.00pm**.

If you are claiming money back - the back page of this form tells you how to claim money back. Use **Part 9** to tell us if your circumstances changed between the date you paid and the date you signed this form.

If you have claimed before - you still need to complete this form with your current details, as our assessment is based on your circumstances at the date of your claim. Everyone experiences changes in their circumstances from time to time, even if this is only a change to rent, mortgage or council tax payments, or the annual increase in benefits or earnings. Even these small changes can affect the amount of help you are entitled to.

Once you have filled in this form - send it to us using the pre-paid, addressed envelope provided or if there is no envelope address your own envelope "**Freepost LIS**". It will not need a stamp.

IF YOU ARE FILLING IN THIS FORM FOR SOMEONE ELSE

If you are filling in this form for someone else, they are responsible for making sure the information is correct. They should tell you what to write for them and they should sign or make their mark in **Box 10A**. If you are filling in this form for someone with learning difficulties or a condition that prevents them from managing their own affairs, you are responsible for making sure the information is correct. You should sign the form yourself in **Box 10B**. If you are not sure if you can sign the form for someone else, phone our Customer Enquiry Line for advice on **0300 330 1343, Monday to Friday between 8.00am and 6.00pm**.

WHAT YOU CAN EXPECT FROM US

- Your claim will be assessed by NHS Business Services Authority at: **Bridge House, 152 Pilgrim Street, Newcastle Upon Tyne, NE99 2ZA**.
- We will normally assess your claim within 15 working days from the date we get your form. If we need more information before your claim can be assessed we will normally assess your claim within 5 working days of receiving the information we need.
- If you are entitled to help we will send you a certificate telling you how much, if anything, you have to pay towards your health costs. You should get your certificate within 4 weeks of the date you make your claim. It will start on the date we get your claim form.
- If you need a new certificate please complete and send us a new HC1W form.
- If you have any queries about your claim, or have not heard from us after 4 weeks, you can phone our Customer Enquiry Line on **0300 330 1343, Monday to Friday between 8.00am and 6.00pm**.
- We respect customer confidentiality at all times. We will only give information about your claim to another person with your permission. They will need to quote your certificate reference number.

Make sure you read the notes on **Page A** (inside front cover) as well.

HOW WE ASSESS YOUR CLAIM

From the information you give us in this claim form, we compare your income with your requirements to work out how much help you can get through the NHS Low Income Scheme (see below).

Our calculation is based on your circumstances on the date we receive your claim form, and any help you are entitled to starts from this date. It is therefore important that you send it to us as soon as you can.

<p>'Income' includes:</p> <ul style="list-style-type: none">• earnings after tax, NI and half of any pension contributions that are taken off• Social Security benefits and pensions• works pensions or superannuation pensions• student grants, loans and any parental contributions <p>Note: A student loan will be taken into account as income if you would be entitled to claim one, whether or not you choose to take it up. This includes any income and non-income related parts</p> <ul style="list-style-type: none">• money from trust funds• War Disablement pension or War Widow's pension• any other income you or your partner get on a regular basis	<p>'Requirements' include:</p> <ul style="list-style-type: none">• personal allowances for you, your partner and any dependant children who live with you. These are at rates approved by Parliament for daily living expenses, which includes things like water rates, fuel bills, phone bills, TV rental and house insurance• premiums for special needs because, for example, you are aged 60 or over, are disabled or someone in your family has a disability• housing costs that you and your partner are responsible for. These include mortgage repayments and rent not covered by Housing Benefit. Housing costs do not include money you pay to another member of your family• Council Tax that you or your partner are responsible for <p>Note: The rates of personal allowances and premiums increase at least once a year, usually in April, in line with Income Support arrangements. If you want more information about this, visit: www.ppa.org.uk/ppa/low_income.htm</p>
<p><i>These notes are only guidelines - We will assess your claim individually</i></p>	

HELP AND ADVICE

- If you would like more information about help with NHS costs, you can get leaflet HC11W "**Help with Health Costs**" by calling 0345 603 1108 or visiting www.healthcosts.wales.nhs.uk
- If you want advice about this claim, phone Patient Services on **0300 330 1343, Monday to Friday between 8.00am and 6.00pm**, or write to us at **NHS Business Services Authority, Bridge House, 152 Pilgrim Street, Newcastle Upon Tyne, NE99 2ZA**
- If you would like a list of the current NHS charges, you can view these at www.healthcosts.wales.nhs.uk
- Any other queries can be addressed to an advice centre like a Citizens Advice Bureau

Claiming money back

HOW TO CLAIM MONEY BACK THAT YOU HAVE ALREADY PAID

You can normally claim back money if you have already paid for something. The chart below tells you what to do. Our calculation is based on your circumstances on the date you paid.

Refund claims have to be received within 3 months of the date you paid. If you make a claim after 3 months, We have to decide if there is a good reason for it being late before it can be accepted. Please send an explanation with your claim. Also, tell us at **Part 9** if your circumstances were different when you paid.

THIS TABLE TELLS YOU HOW TO CLAIM MONEY BACK IF YOU OR YOUR PARTNER HAVE ALREADY PAID FOR SOMETHING

What you have paid for	What you should send us	When you should send it
NHS Prescription	Prescription charges have been abolished in Wales since 1 April 2007. All patients registered with a Welsh GP Practice who get their prescriptions from a Welsh pharmacist are entitled. If you are with a GP Practice based in England, you will need a valid entitlement card.	
NHS Dental Treatment Note: Private dental charges cannot be refunded.	<ul style="list-style-type: none">• Your receipt which shows you had NHS treatment• Refund claim form HC5W(D) (see below)	We must get your claim within 3 months of the date you paid for your dental treatment. If you are paying for your treatment by installments, send in your claim within 3 months of the date you finish paying.
NHS Wig or Fabric Support	Along with free prescriptions, charges for wigs and appliances have also been abolished in Wales.	
Sight Test	<ul style="list-style-type: none">• Your receipt which shows you have paid for a sight test• Refund claim form HC5W(O) (see below)	We must get your claim within 3 months of the date of your sight test.
Glasses or contact lenses Note: You cannot claim a refund if you have already used an optical voucher towards the cost of your glasses or contact lenses, unless it was only a "complex lens" voucher.	<ul style="list-style-type: none">• Receipt which shows you have paid for glasses or contact lenses• Your optical prescription - we cannot deal with your refund without this.• Refund claim form HC5W(O) (see below)	We must get your claim within 3 months of the date you paid for your glasses or contact lenses.
Travel expenses to hospital for NHS treatment	<ul style="list-style-type: none">• Your tickets or receipts for your travel costs (if you have them)• Refund claim form HC5W(T) (see below)	We must get your claim within 3 months of the date you paid the travel costs.

If you need form HC5W - You can request one by visiting: www.healthcosts.wales.nhs.uk or you can phone our order line on **0345 603 1108**.

Note: If you are claiming more than one type of refund (for example, dental charges and glasses) you need to complete a separate HC5W form for each type of charge you have paid.

PEOPLE GETTING INCOME SUPPORT, PENSION CREDIT GUARANTEE CREDIT, INCOME-BASED JOBSEEKER'S ALLOWANCE, UNIVERSAL CREDIT, INCOME-RELATED EMPLOYMENT AND SUPPORT ALLOWANCE, OR NAMED ON OR ENTITLED TO AN NHS TAX CREDIT EXEMPTION CERTIFICATE

If you now get one of the above benefits/credits, but want to claim money back for something you paid for **before** you were getting any of these benefits/credits, use this form to tell us about your circumstances **on the date you paid**. Mark the front of the claim form "**Refund Only**" and tell us in **Part 9** which benefit/tax credit you get.

Please read the notes on **Page A and B** before completing this form.

If you need help or have any queries about completing this form, you can phone our Customer Enquiry Line on **0300 330 1343**.

NOTE: For the purpose of checking entitlement, relevant information given on this form may be disclosed to other public bodies, including to and by the Department for Work and Pensions and Local Authorities.

Part 1 About you & your partner

1.1	Are you claiming a refund of health costs you have already paid?	Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>

1.2	Do you have a partner you live with or who lives with you?	Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>

PERSONAL DETAILS - PLEASE WRITE IN BLOCK CAPITALS

		You	Your partner
DATE TIME	1.3 Surname / family name	<input type="text"/>	<input type="text"/>
	TEL. 2	Other names	<input type="text"/>
		Mr/Mrs/Miss/Ms/other	<input type="text"/>
		Date of birth	dd / mm / yyyy
DATE TIME		National Insurance no.	<input type="text"/>
		Address	<input type="text"/>
TEL. 1			
OFFICIAL USE BOX			
		Postcode	<input type="text"/>
	Telephone number including dialling code	<input type="text"/>	

We may need to contact you about your claim between the hours of 8.30am and 5.00pm. Please tell us what time is most convenient to telephone.

Part 2 About children & young people

Children and young people are:

- children under 16 who normally live with you
- young people aged 16, 17 or 18 who normally live with you and who are still in full-time education doing a course that is not higher than 'A' Level, Scottish Certificate of Education Higher Level, or equivalent

NOTE: Don't count young people who have permanently finished a course like these. Tell us about them in **Part 3**. Don't count children or young people who are boarding with you, or foster children. Tell us about them in **Part 3** and use **Part 5** to tell us about any money you get for looking after them.

2.1	Do you have any children or young people who live with you and whom you support?	No	GO TO Part 3
		Yes	GIVE DETAILS BELOW

Surname or family name	Other names	Date of birth	Relationship to you

GO TO **Part 3**

We need to know about any other people who live with you. We need this information to make sure we work out your housing costs correctly.

Please tell us about:

- children and young people you have not already told us about at **Part 2**
- relatives who live with you
- friends who live with you
- boarders and lodgers - please tell us about them in Question **3.3**

Do not tell us about:

- people you have already told us about in **Parts 1 and 2**
- co-owners or co-tenants
- co-tenants, if you are a full-time student and they live in the same accommodation as you
- landlords
- other residents, if you live in a care home
- relatives/friends you live with

3.1	Does anyone else live with you? <i>Tell us about them below and tick whichever boxes apply.</i>	No	GO TO QUESTION 3.3
		Yes	GIVE DETAILS BELOW

	Person 1	Person 2	Person 3	Person 4
Surname or family name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Age	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Universal Credit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Daily living component personal independence payment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Income-related Employment and Support allowance which does not include a component	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Armed Forces Independence Payment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
On Youth Training	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Full-time student	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gets Income Support	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gets Pension Credit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gets Income-based Jobseeker's Allowance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gets middle or high rate care component of DLA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gets Attendance Allowance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Is registered blind	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gets money from work	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Part 3 Other people who live with you

On average, does the above named person work for 16 hours or more per week?

Yes		Yes		Yes		Yes	
No		No		No		No	

If the above named person works please tell us how much money they have coming in per week. You don't have to tell us but if they don't have much money coming in you might get more help. *Include their earnings before tax and National Insurance are taken off - also include any other money they have coming in. Don't include their Attendance Allowance or Disability Living Allowance if they get it.*

£	£	£	£
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If more than four people live with you, tell us about the others at **Part 9**

3.2 Are any of the people you have told us about in Question **3.1** living together as a couple of the same or opposite sex, whether or not they are married or have a civil partnership?

No	
Yes	

GIVE DETAILS BELOW

(name)	is the partner of (name)
(name)	is the partner of (name)

3.3 Do you or your partner have boarders, lodgers or subtenants living with you?

No	
Yes	

GIVE DETAILS BELOW

*Don't count people who live as part of your family. Tell us about them at Question **3.1**.*

	Person 1	Person 2	Person 3
Name			
How much do they pay?	£ every	£ every	£ every
Does it include heating?	No Yes	No Yes	No Yes
Does it include any meals?	No Yes	No Yes	No Yes

GO TO **Part 4**

Savings means things like:

- Money in bank, building society and Post Office accounts, including current accounts and savings accounts
- Premium, Income or Capital Bonds
- Shares
- National Savings Certificates
- Unit Trusts, Personal Equity Plans (PEPs), Individual Savings Accounts (ISAs) and other investments
- Any other money

NOTE: If you have a partner and you both have savings we need you to tell us the combined amounts. If you do not know the value of any of your savings and investments please check your most recent statements.

4.1	Do you or your partner have savings or any other money in this country or abroad?	No	
		Yes	GIVE DETAILS BELOW
	Money in accounts - tell us the total amount held in accounts	<input checked="" type="checkbox"/>	£
	Premium Bonds - tell us the face value	<input checked="" type="checkbox"/>	£
	Income or Capital Bonds - tell us the face value	<input checked="" type="checkbox"/>	£
	Shares - tell us about them below	<input checked="" type="checkbox"/>	
	Name of the company the shares are held in and the type of shares held	Number of shares held	
	National Savings Certificates - tell us about them below	<input checked="" type="checkbox"/>	
	Certificate issue number	Number of units held	
	Unit trusts, PEPs, ISAs and other investments - tell us the current value, after any selling costs	<input checked="" type="checkbox"/>	£
	Any other money - for example any cash you have	<input checked="" type="checkbox"/>	£

4.2	Do you or your partner own any property or land in this country or abroad? <i>Don't include the place where you live.</i>	No	
		Yes	GIVE DETAILS BELOW
	What is the address of this property or land?		
	What is the value of the property or land?	£	
	How much, if anything, is still owed on the property or land?	£	

We may need to contact you if we need more information about this.

Part 5 About your income

We need to know about all income that you get. Tell us about your work in **Part 6**. Tell us about your student income in **Part 8**. Use this part to tell us about everything else.

- if you are getting **Pension Credit (guarantee credit)** you do not need to use this form - see the note on the front cover. If you are not sure what type of Pension Credit you receive, the page 'How your Pension Credit was worked out', sent with the letter that told you that you were entitled to Pension Credit, shows if you get guarantee credit.
- include anything that is paid to someone else on your behalf or that you get for someone else
- if you get pensions or benefits paid together, list them separately - your order book or the letter about the benefits or pensions will tell you what you are getting

! If you receive Pension Credit do not include it with any State Retirement Pension. List Pension Credit savings credit payments separately at Question **5.1**.

5.1	Do you or your partner get any Social Security benefits or pensions?		No	Yes	GIVE DETAILS BELOW
Tell us about <ul style="list-style-type: none"> • War disablement pension • Personal Independence Payments • Armed Forces Independence Payments • State Retirement Pension • Incapacity Benefit • Severe Disablement Allowance • Industrial Injuries Disablement Benefit • Statutory Sick Pay • Contributions-based Jobseeker's Allowance • Maternity Allowance • Pension Credit (savings credit) • War Widow's Pension • Widow's Benefits • Bereavement Allowance • Widowed Parent's Allowance • Carer's Allowance • any other Social Security benefit * 					
*Tell us about any Attendance Allowance and Disability Living Allowance at Questions 5.3 and 5.4 . Do not tell us about Housing Benefit or Council Tax Benefit.					
Name of benefit		Who is it for?	How much do you get?		
			£	every	
			£	every	
			£	every	
			£	every	
			£	every	
			£	every	

5.2	Do you or your partner get any other income? Don't include work or student income here.		No	Yes	GIVE DETAILS BELOW
Tell us about: <ul style="list-style-type: none"> • private pensions • pensions from previous employers • money from a trust fund • maintenance payments • vouchers • other payments not from Social Security, e.g. Tax Credits • money from a charity or voluntary organisation • any other income that you have not already told us about 					
Type of income		Who is it for?	How much do you get?		
			£	every	
			£	every	
			£	every	
			£	every	
			£	every	

Part 5 About your income

You		Your partner	
5.3 Do you or your partner get Attendance Allowance?			
No	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
TICK WHICH RATE BELOW		TICK WHICH RATE BELOW	
High Rate?	<input checked="" type="checkbox"/>	High Rate?	<input checked="" type="checkbox"/>
Low Rate?	<input checked="" type="checkbox"/>	Low Rate?	<input checked="" type="checkbox"/>

5.4 Do you or your partner get Disability Living Allowance?			
No	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
TICK WHICH RATE BELOW		TICK WHICH RATE BELOW	
Care component		Mobility component	
High rate?	<input checked="" type="checkbox"/>	High rate?	<input checked="" type="checkbox"/>
Middle rate?	<input checked="" type="checkbox"/>	Low rate?	<input checked="" type="checkbox"/>
Low rate?	<input checked="" type="checkbox"/>		

5.5 Do you or your partner get Personal Independence Payment or Armed Forces Independence Payment			
No	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
TICK WHICH RATE(S) BELOW		TICK WHICH RATE(S) BELOW	
Daily living component		Mobility component	
Enhanced rate?	<input checked="" type="checkbox"/>	Enhanced rate?	<input checked="" type="checkbox"/>
Standard rate?	<input checked="" type="checkbox"/>	Standard rate?	<input checked="" type="checkbox"/>
Armed forces independent payment		<input checked="" type="checkbox"/>	

5.6 Are you or your partner sending sick notes to your local Social Security office at the moment? <i>If you are sending sick notes to your employer please give details at Question 6.4.</i>			
No	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
GIVE DETAILS BELOW		GIVE DETAILS BELOW	
When did you start sending them in?			
Over a year ago?	<input checked="" type="checkbox"/>	Over a year ago?	<input checked="" type="checkbox"/>
Less than a year ago?	<input checked="" type="checkbox"/>	Less than a year ago?	<input checked="" type="checkbox"/>
Tell us the exact date.		Tell us the exact date.	
dd / mm / yyyy		dd / mm / yyyy	

Part 5 About your income

5.7	Has your local Social Security office said that you are incapable of work and that you don't have to send in sick notes?			
No	<input type="checkbox"/>		No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	GIVE DETAILS BELOW	Yes	<input type="checkbox"/>
When did they tell you?		dd / mm / yyyy	When did they tell you?	
		dd / mm / yyyy		

5.8	Are you or your partner looking after someone but cannot get Carer's Allowance because you get another benefit instead? <i>Carer's Allowance is payable to someone caring for a severely disabled person. It used to be called Invalid Care Allowance. It is not Attendance Allowance or Disability Living Allowance, Personal Independence Payment, or Armed Forces Independence Payment.</i>			
No	<input type="checkbox"/>		No	<input type="checkbox"/>
Yes	<input type="checkbox"/>		Yes	<input type="checkbox"/>

5.9	Does someone other than you or your partner get Carer's Allowance for looking after either of you?			
No	<input type="checkbox"/>		No	<input type="checkbox"/>
Yes	<input type="checkbox"/>		Yes	<input type="checkbox"/>

Part 6 About work

In this part of the form we need to know about any money that you or your partner receive for any work you are doing now.

This includes:

- work for an employer
- self-employed work
- full-time or part-time work
- permanent or casual work
- paid voluntary / charitable work
- training schemes
- overtime, tips

You	Your partner
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6.1 Do you or your partner have a job?

No	<input type="checkbox"/>	GO TO Part 7		No	<input type="checkbox"/>	GO TO Part 7	
Yes	<input type="checkbox"/>	GIVE DETAILS BELOW		Yes	<input type="checkbox"/>	GIVE DETAILS BELOW	

What is your job?

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How many hours do you normally work each week?

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6.2 What type of work is it? *Tick all boxes that apply in the rest of this Part and give the information we ask for.*

6.2A <input type="checkbox"/> Employed <input checked="" type="checkbox"/>	6.2A <input type="checkbox"/> Employed <input checked="" type="checkbox"/>
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! Please tell us how often you are paid and provide the payslips requested below as evidence of your earnings. If you cannot provide these please phone our Customer Enquiry Line on: 0300 330 1343 and we will tell you what to do.

Weekly <input checked="" type="checkbox"/>		Send last 4 payslips		Weekly <input checked="" type="checkbox"/>		Send last 4 payslips	
Fortnightly <input checked="" type="checkbox"/>		Send last 4 payslips		Fortnightly <input checked="" type="checkbox"/>		Send last 4 payslips	
4-weekly <input checked="" type="checkbox"/>		Send last 2 payslips		4-weekly <input checked="" type="checkbox"/>		Send last 2 payslips	
Monthly <input checked="" type="checkbox"/>		Send last 2 payslips		Monthly <input checked="" type="checkbox"/>		Send last 2 payslips	

6.2B <input type="checkbox"/> Self-employed <input checked="" type="checkbox"/>	6.2B <input type="checkbox"/> Self-employed <input checked="" type="checkbox"/>
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! Please send us a copy of your accounts for the financial year ending within the last 12 months. If you cannot provide these please phone our Customer Enquiry Line on 0300 330 1343 and we will tell you what to do.
NOTE: we cannot accept HM Revenue & Customs self-assessment forms as evidence of self-employed income.

6.3 Do you or your partner pay anything towards a personal pension? *Do not include anything you pay into a works pension as this will be shown on your payslips.*

No	<input type="checkbox"/>			No	<input type="checkbox"/>		
Yes	<input type="checkbox"/>	GIVE DETAILS BELOW		Yes	<input type="checkbox"/>	GIVE DETAILS BELOW	

How much do you pay?	How much do you pay?
£ every	£ every

You	Your partner
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6.4 Are you or your partner sending sick notes to your employer at the moment?
If you are sending sick notes to your local Social Security office please give details at Question 5.5.

No	No
Yes	Yes

GIVE DETAILS BELOW

GIVE DETAILS BELOW

When did you start sending them in?	When did you start sending them in?
dd / mm / yyyy	dd / mm / yyyy

! Please send us your most recent payslip and state the period it covers (e.g. weekly, monthly). If you cannot provide this please phone our Customer Enquiry Line on 0300 330 1343 and we will tell you what to do.

Period payslip covers	Period payslip covers
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6.5 Are you or your partner on a Training Scheme?

No	No
Yes	Yes

GIVE DETAILS BELOW

GIVE DETAILS BELOW

What type of training scheme is it? *Tick all boxes that apply below and give the information we ask for.*

6.5A Youth Training <input checked="" type="checkbox"/>	6.5A Youth Training <input checked="" type="checkbox"/>
<i>Youth Training can include:</i> <ul style="list-style-type: none"> Modern Apprenticeships National Traineeships Work-Based Training Skillseekers 	

Are you paid as a trainee or as an employee?

<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 5px;">Trainee <input checked="" type="checkbox"/></td> <td style="width:50%; padding: 5px;">GIVE DETAILS BELOW</td> </tr> <tr> <td colspan="2" style="padding: 5px;"> How much do you get? <i>Tell us how much you receive after any Tax and NI deductions. Do not include any allowances for travel.</i> </td> </tr> <tr> <td style="width:50%; padding: 5px;">£</td> <td style="width:50%; padding: 5px;">every</td> </tr> </table>	Trainee <input checked="" type="checkbox"/>	GIVE DETAILS BELOW	How much do you get? <i>Tell us how much you receive after any Tax and NI deductions. Do not include any allowances for travel.</i>		£	every	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 5px;">Trainee <input checked="" type="checkbox"/></td> <td style="width:50%; padding: 5px;">GIVE DETAILS BELOW</td> </tr> <tr> <td colspan="2" style="padding: 5px;"> How much do you get? <i>Tell us how much you receive after any Tax and NI deductions. Do not include any allowances for travel.</i> </td> </tr> <tr> <td style="width:50%; padding: 5px;">£</td> <td style="width:50%; padding: 5px;">every</td> </tr> </table>	Trainee <input checked="" type="checkbox"/>	GIVE DETAILS BELOW	How much do you get? <i>Tell us how much you receive after any Tax and NI deductions. Do not include any allowances for travel.</i>		£	every
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£	every												
Trainee <input checked="" type="checkbox"/>	GIVE DETAILS BELOW												
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£	every												
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Employee <input checked="" type="checkbox"/>	GO TO QUESTION 6.2A AND SEND THE PAYSLIPS REQUESTED												

6.5B Other training

Other Training can include:

- Training for Work
- New Deal

Name of scheme	Name of scheme
How much do you get?	How much do you get?
£	every

! Please provide a letter from your training provider detailing your allowance.

In this part we need to know about your share and your partner's share of anything you pay for the place where you live.

Please tell us about money you pay:

- to a private landlord/landlady
- to a local council
- to a housing association
- for a room in a bed and breakfast / hostel / hotel
- for ground rent
- for a mortgage
- for Council Tax
- for service charges

7.1	Are you or your partner in hospital?	No	<input type="checkbox"/>	GIVE DETAILS BELOW
		Yes	<input type="checkbox"/>	
Name of the person who is in hospital		<input type="text"/>		
Date they went into hospital		<input type="text"/> / <input type="text"/> / <input type="text"/>		

7.2	Do you or your partner live with parents, relatives or friends in their home?	No	<input type="checkbox"/>	GO TO QUESTION 7.3
		Yes	<input type="checkbox"/>	GO TO QUESTION 7.10

7.3	Are you or your partner a joint owner or tenant of the place where you live?	No	<input type="checkbox"/>	GIVE DETAILS BELOW
		Yes	<input type="checkbox"/>	
Who with?		<input type="text"/>		
What is their relationship to you or your partner?		<input type="text"/>		

7.4	Do you or your partner pay rent for the place where you live?	No	<input type="checkbox"/>	GO TO QUESTION 7.5
		Yes	<input type="checkbox"/>	GIVE DETAILS BELOW

*If you pay money to parents, relatives or friends, tick **No** and go to Question **7.10**. We do not need to know about any money that you pay to them.*

*If you are a student and pay rent for the place where you live, tick **No** give details at **Part 8**.*

*If you pay a mortgage go to Question **7.5**.*

How much do you pay? Take off Housing Benefit if you get it.	£
<i>Don't include water rates, Council Tax or arrears.</i>	every <input type="text"/>

If you are waiting to hear about a claim for Housing Benefit, tell us what you currently pay. Take off amounts for heating, lighting, cooking or hot water if they are included in your rent and you know the amounts.

If heating, lighting, cooking and hot water are included in your rent and you do not know the amounts, please tick the relevant boxes below.

Does your rent include any of these things? <i>Tick the relevant boxes.</i> <i>If it does not, or if you have already taken amounts for these things off your rent, leave the boxes blank.</i>	Heating	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Lighting	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Cooking	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Hot water	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Do you have just one room? <i>Don't count rooms you share with people who are not part of your family.</i>	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>

Does your rent include any meals?	No	<input type="checkbox"/>	GIVE DETAILS BELOW
	Yes	<input type="checkbox"/>	

How many breakfasts each week for each person?	<input type="text"/>
How many midday meals each week for each person?	<input type="text"/>
How many evening meals each week for each person?	<input type="text"/>

Part 7 About where you live

7.5	Do you or your partner have to pay Council Tax?	No	
	Don't include Council Tax for property you have told us about in Part 4	Yes	GIVE DETAILS BELOW
Council tax reductions schemes		£	
Tell us the amount you actually pay. Don't include arrears, and in Scotland don't include water or sewerage rates.			

7.6	Do you or your partner own your own home?	No	GO TO QUESTION 7.8
	If you have a mortgage or secured loan, still tick Yes . Also tick Yes if you partly rent and partly own your home.	Yes	GO TO QUESTION 7.7

7.7	Do you or your partner have a mortgage or loan secured on your home?	No	
		Yes	GIVE DETAILS BELOW
How much do you pay for the mortgage or loan?		£	
Include any endowment premiums linked to the mortgage. Don't include premiums for any other type of insurance. Don't include arrears.		every	

7.8	Do you or your partner pay ground rent?	No	
	In Scotland this is called feu duty.	Yes	GIVE DETAILS BELOW
How much ground rent do you pay?		£	
Don't include arrears.		every	

7.9	Do you or your partner have to pay any service charges for the place where you live?	No	
	Service charges are charges you have to pay to occupy your home for things like cleaning and maintenance of common areas, such as hallways and stairs.	Yes	GIVE DETAILS BELOW
How much do you pay?		£	
Don't include charges for ordinary gas, electricity, meals or cleaning of your own rooms. Don't include arrears, or any other bills that you pay separately from your service charges. Take off Housing Benefit if you get it.		every	
What is it paid for?			

7.10	Do you or your partner have a loan to adapt your home for the special needs of a disabled person?	No	
	Tick No if the disabled person is an adult and has savings or property of more than £16,000.	Yes	GIVE DETAILS BELOW
How much do you pay for the loan?		£	
Don't include arrears.		every	
Name of the disabled person			

7.11	Are you or your partner living permanently in a care home?	No	GO TO Part 8
	If you live in sheltered accommodation tick No and complete question 7.4 .	Yes	

7.12	Has the local authority assessed your resources, and as a result, you get help with the cost of your care home accommodation?	No	
		Yes	

[GO TO Part 8](#)

Part 8 People in full-time education

- We may ask you to state amounts of money you either receive or pay out. If you state a yearly amount, please specify whether you mean 52 weeks a year or academic year.
- If you are making this claim in the summer holiday, please send in a copy of last year's award notice and this year's award notice (if you have received it).

You				Your partner					
8.1 Are you or your partner in full-time education? <i>Only tick Yes if you have actually started your course.</i>									
No	GO TO Part 9			No	GO TO Part 9				
Yes	GIVE DETAILS BELOW			Yes	GIVE DETAILS BELOW				
Qualification sought and whether post-graduate or undergraduate									
Name of school / college / university									
Exact dates of terms of current academic year <i>Please contact your college or university if you do not know them. We cannot accept semester dates. Terms are normally separated by Christmas and Easter holidays. It may delay your claim if you do not provide your exact term dates.</i>									
Term 1	starts	dd/mm/yyyy	ends	dd/mm/yyyy	Term 1	starts	dd/mm/yyyy	ends	dd/mm/yyyy
Term 2	starts	dd/mm/yyyy	ends	dd/mm/yyyy	Term 2	starts	dd/mm/yyyy	ends	dd/mm/yyyy
Term 3	starts	dd/mm/yyyy	ends	dd/mm/yyyy	Term 3	starts	dd/mm/yyyy	ends	dd/mm/yyyy
Are you in the final year or only year of your course?									
No	Date when your next year starts			No	Date when your next year starts				
	dd / mm / yyyy				dd / mm / yyyy				
Yes				Yes					
8.2 Are you or your partner an overseas student?									
No				No					
Yes	What is your normal country of residence when not a student?			Yes	What is your normal country of residence when not a student?				
8.3 Are you or your partner's tuition fees paid by a local education authority (LEA), the Student Awards Agency for Scotland (SAAS) or the National Health Service (NHS)?									
No	Who pays?			No	Who pays?				
Yes	Tick who pays			Yes	Tick who pays				
		LEA	<input checked="" type="checkbox"/>			LEA	<input checked="" type="checkbox"/>		
		SAAS	<input checked="" type="checkbox"/>			SAAS	<input checked="" type="checkbox"/>		
		NHS	<input checked="" type="checkbox"/>			NHS	<input checked="" type="checkbox"/>		
8.4 Have you or your partner applied to the LEA, SAAS, NHS or Student Loans Company for financial support?									
No				No					
Yes	GIVE DETAILS BELOW			Yes	GIVE DETAILS BELOW				
Tick each type of support you have applied for - tick even if it was not paid									
Tuition Fee support				<input checked="" type="checkbox"/>	Tuition Fee support				<input checked="" type="checkbox"/>
Loan support				<input checked="" type="checkbox"/>	Loan support				<input checked="" type="checkbox"/>
Grant support				<input checked="" type="checkbox"/>	Grant support				<input checked="" type="checkbox"/>

Part 8 People in full-time education

8.5

What is the source of money you and your partner live on whilst you are in full-time education? Tick the relevant boxes below. More than one box may apply.



Please send us the evidence we ask for. We cannot deal with your claim without it. If you are unsure of what to send us, please phone our Customer Enquiry Line on 0300 330 1343 or visit our website at www.ppa.org.uk/ppa/low_income.htm

	You	Your partner
Loan from Student Loans Company <i>Send us the financial assessment or support notification from Student Support Direct for you / your partner. It must be the financial assessment or support notification. We cannot accept the schedule of payments.</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Maintenance Grant <i>Send us the award notice showing how much you / your partner get.</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NHS Bursary <i>Send us the award notice showing how much you / your partner get.</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Nursing / Midwifery Diploma Bursary <i>Send us the award notice showing how much you / your partner get. Please don't send your monthly payslip.</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other Scholarship / Sponsorship / Award / Bursary <i>Send us the award notice showing how much you / your partner get.</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dependents Grants / Bursaries <i>Send us the award notice showing how much you / your partner get.</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Grant / loan from overseas <i>Send us the award notice showing how much you / your partner get. If the award notice is not written in English, please translate it.</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Money from part-time or full-time work <i>Please complete Part 6. It explains what you need to send us.</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	You	Your partner
Money from parents <i>Include money received for rent and living expenses but do not include money received to pay tuition fees. Please be exact.</i>	<input checked="" type="checkbox"/> £ every	<input checked="" type="checkbox"/> £ every
Any other money <i>Do not include money for tuition fees.</i>	<input checked="" type="checkbox"/> £ every	<input checked="" type="checkbox"/> £ every
Who pays this money to you?		
Relationship to you		

Part 8 People in full-time education

8.6	Do you or your partner live with parents during term-time?	No	<input type="checkbox"/>	GO TO Part 9
		Yes	<input type="checkbox"/>	

8.7	Do you or your partner pay rent for the place where you live, for example money you pay for halls of residence or to a private landlord?	No	<input type="checkbox"/>	GO TO Part 9
		Yes	<input type="checkbox"/>	GIVE DETAILS BELOW
<p><i>If you pay money to parents, relatives or friends tick No and go to Part 9. We do not need to know about any money that you pay to them.</i></p>				
How much do you pay?		£		
<p><i>Take off amounts for heating, lighting, cooking and hot water if they are included in your rent and you know the amounts.</i></p>		every		
<p><i>If heating, lighting, cooking or hot water are included in your rent and you do not know the amounts, please tick the relevant boxes below.</i></p>				
Does your rent include any of these things?		Heating	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p><i>Tick the relevant boxes.</i></p>		Lighting	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p><i>If it does not, or you have already taken amounts for these things off your rent, leave the boxes blank.</i></p>		Cooking	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Hot water	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do you have just one room?		No	<input type="checkbox"/>	
<p><i>Don't count rooms you share with other people who are not part of your family.</i></p>		Yes	<input type="checkbox"/>	
Does your rent include any meals?		No	<input type="checkbox"/>	
		Yes	<input type="checkbox"/>	GIVE DETAILS BELOW
How many breakfasts each week for each person?		<input type="text"/>		
How many midday meals each week for each person?		<input type="text"/>		
How many evening meals each week for each person?		<input type="text"/>		

8.8	Do you or your partner pay rent for your term-time address during your Christmas and Easter holidays?	No	<input type="checkbox"/>	GIVE DETAILS BELOW
		Yes	<input type="checkbox"/>	
How much do you pay?		£		
		every		

8.9	Do you or your partner live in your student accommodation during the summer holiday?	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>

GO TO **Part 9**

Use this space to tell us anything else that you think we might need to know about you and your partner (if you have one).

For example tell us:

- what you are living on if you have not declared any income
- if you have an Invacar or a car on the mobility scheme
- if you pay a charitable or voluntary organisation for someone to live with you and look after either of you
- if you have money added to a student grant / loan because you are deaf
- if you are registered blind
- if you know the amount your benefit or pension is going to increase. Tell us what you get now at **Part 5** and the new amount and the date of the increase below

And also use this space to tell us anything else you think we might need to know about.



**NOW COMPLETE YOUR APPLICATION BY SIGNING THE
DECLARATION AT **Part 10** ON THE NEXT PAGE**

[Empty form area for providing other information]



**NOW COMPLETE YOUR APPLICATION BY SIGNING THE
DECLARATION AT **Part 10** ON THE NEXT PAGE**

Part 10 Declaration

WARNING

False information may lead to civil or criminal action. The person signing this form is expected to use reasonable care to make sure the information given is correct. Anyone found to have wrongly claimed help with NHS Health Costs will have to pay a Penalty Charge or may face prosecution.

Please read the declaration and sign and date **Box 10A** below

Information in relation to this claim may be sought from and disclosed to my partner (if applicable) as named on this form. I declare that the information I have given on this form is correct and complete and I understand that if it is not, appropriate action may be taken. For the purpose of checking this, I consent to the disclosure of relevant information, including to and by the Department for Work and Pensions and Local Authorities.

Box 10A	Signature		Date	/	/
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Part 10B - IF YOU ARE CLAIMING ON BEHALF OF SOMEONE ELSE

You may only make a claim on behalf of someone else for the reason stated below. You are responsible for making sure the information is correct. You should read the declaration and sign and date **Box 10B** below. If you are unsure whether you are able to sign, please phone our Customer Enquiry Line on **0300 330 1343**.

I am responsible for this persons financial affairs because they have learning difficulties or a condition that prevents them from managing their own affairs

*If you are filling in the form for somebody, and this reason does not apply, they should tell you what to write for them and they should sign or make their mark in **Box 10A** .*

I declare that the information I have given on this form is correct and complete and I understand that if it is not, appropriate action may be taken. For the purpose of checking this, I consent to the disclosure of relevant information, including to and by the Department for Work and Pensions and Local Authorities. This is my claim for help with health costs on behalf of the person named in **Part 1** .

Box 10B	Signature		Date	/	/
----------------	-----------	--	------	---	---

Your Name

Your Address

Postcode

Telephone no.

Your relationship to the person in **Part 1**



WHEN YOU HAVE COMPLETED THIS FORM

Remember we can deal with your claim more quickly if we get all the information we ask for. Use the tick boxes to check that you have completed the form as fully as possible.

- | | |
|---|-------------------------------------|
| I have answered all the questions that apply to me | <input checked="" type="checkbox"/> |
| I have attached the payslips as requested at Part 6 (if applicable) | <input checked="" type="checkbox"/> |
| I have attached my student award notices requested at Part 8 (if applicable) | <input checked="" type="checkbox"/> |
| I have signed the declaration above | <input checked="" type="checkbox"/> |

Your claim is not valid unless it is signed and dated