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Tourettes Action

A Guide to Personal Independence Payment (PIP)

This guide provides general information about claiming Personal Independence Payment, and has been sourced from information provided by Disability Rights UK and The Benefits Training Co.

Please note that Tourettes Action does not provide specialist benefits advice. A list of organisations providing detailed benefit information and advice can be found at the end of this document.

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Personal Independence Payment

Personal Independence Payment (PIP) is paid to people of working age (16+) to help with the extra costs associated with ill health or disability. It is usually paid directly to the claimant who is free to spend it in any way he or she chooses. PIP is non means-tested and non-contributory, and is payable to people who are both in and out of work.

Rates of payment

PIP contains two components. These are the daily living component and the mobility component. Each component can be paid at the standard rate of entitlement or the enhanced rate of entitlement.

Daily living component	Mobility component
Standard rate: £58.70	Standard rate: £23.20
Enhanced rate: £87.65	Enhanced rate: £61.20

Daily living component

- Standard rate – your ability to undertake ‘daily living activities’ is *limited* by your physical or mental condition (a score of 8 or more);
- Enhanced rate – your ability to undertake ‘daily living activities’ is *severely limited* by your physical or mental condition (a score of 12 or more)

Mobility component

- Standard rate – your ability to undertake ‘mobility activities’ is *limited* by your physical or mental condition (a score of 8 or more);
- Enhanced rates – your ability to undertake ‘mobility activities’ is *severely limited* by your physical or mental condition (a score of 12 or more).

The extent of your ability is assessed using 10 daily living activities and 2 mobility activities. Each activity has a list of descriptors reflecting different levels of difficulty and the descriptors are scored. You get points for one descriptor within each activity. The descriptors are listed in a later section.

Disability conditions

Required period

For both components you must satisfy the disability rules (see later) for the required period. You must:

- have satisfied the rules for the 3 months before your claim and
- be likely to satisfy them for a further 9 months

Fluctuating conditions

As Tourette Syndrome is a fluctuating condition it's important to know that the assessment is based on the whole of the required period (i.e. 12 months). If a descriptor applies at any point during a 24 hour period, it should be considered as applying on that day. If this applies for 4 days out of 7, then through the course of a year, it will apply for more than 50% of the time.

The regulations say:

- a) where one descriptor applies on over 50% of the required period, that will be the one that applies
- b) Where two or more descriptors each apply on over 50% of the time, the one that scores the highest number of points applies.
- c) Where neither of the above apply, but two or more descriptors between them (not counting descriptors that score 0 points) are satisfied for over 50% of the time, the descriptor that applies is either
 - a. The one that applies most, or
 - b. If they are equal in time, the descriptor which scores the higher number of points applies

Awaiting treatment/further intervention

The descriptors chosen should be based on the likely continuing impact of your health condition/impairment, as it is now.

Reliably

For a descriptor to apply you must be able to **reliably complete** the activity as described in the descriptor. Reliably means that you can do so:

- Safely – means in a manner unlikely to cause harm to the claimant or to another person, either during or after completion of the activity
- To a necessary and appropriate standard – no meaning is given to this in the regulations

- Repeatedly – as often as the activity being assessed is reasonable required to be completed
- In a timely manner – no more than twice as long as the maximum period that a person without a physical or mental condition which limits that person’s ability to carry out the activity in question would normally take to complete that activity.

The DWP guidance also states that ‘pain, fatigue, breathlessness, nausea and motivation’ will all be ‘key factors’ in deciding whether an activity can be done reliably.

So for each question on daily living and mobility activities, consider whether or not you can carry out each descriptor **reliably** – using the definition of reliably as provided by the DWP for your reference.

Aids and appliances

The assessment is made on the basis of your ability to carry out the activity whilst wearing or using any aid or appliances that either you:

- Normally wear or use, or
- Could reasonably be expected to wear or use (this should take into account availability, cost, cultural considerations etc.).

Aids are devices that help performance of a function, for example, walking sticks or spectacles.

Appliances are devices that provide or replace a missing function, for example, wheelchairs.

This may include mainstream items used by people without an impairment, where the claimant is completely reliant on them to complete the activity. For example it could include an electric can opener where you couldn’t open a can without one, but not where you just prefer to use one.

PIP activities and descriptors

Below is an example copy of the PIP activities and descriptors for the daily living component and the mobility component. Each activity has a list of descriptors reflecting different levels of difficulty and the descriptors are scored. You get points for one descriptor within each activity.

Key points to remember:

- If a descriptor applies **at any point during a 24 hour period**, it should be considered as applying on that day.
- For a descriptor to apply you must be able to **reliably complete** the activity as described in the descriptor. Please see definition of 'reliably' in the previous section.

PIP activities and descriptors – daily living component

(1) Activity	(2) Descriptors	(3) Points
1. Preparing food.	a. Can prepare and cook a simple meal unaided.	0
	b. Needs to use an aid or appliance to be able to either prepare or cook a simple meal.	2
	c. Cannot cook a simple meal using a conventional cooker but is able to do so using a microwave.	2
	d. Needs prompting to be able to either prepare or cook a simple meal.	2
	e. Needs supervision or assistance to either prepare or cook a simple meal.	4
	f. Cannot prepare and cook food.	8
2. Taking nutrition.	a. Can take nutrition unaided.	0
	b. Needs – (i) to use an aid or appliance to be able to take nutrition; or (ii) supervision to be able to take nutrition; or (iii) assistance to be able to cut up food.	2
	c. Needs a therapeutic source to be able to take nutrition.	2
	d. Needs prompting to be able to take nutrition.	4
	e. Needs assistance to be able to manage a therapeutic source to take nutrition.	6
	f. Cannot convey food and drink to their mouth and needs another person to do so.	10
3. Managing therapy or monitoring a health condition.	a. Either – (i) does not receive medication or therapy or need to monitor a health condition; or (ii) can manage medication or therapy or monitor a health condition unaided.	0

	b. Needs any one or more of the following – (i) to use an aid or appliance to be able to manage medication; (ii) supervision, prompting or assistance to be able to manage medication; (iii) supervision, prompting or assistance to be able to manage a health condition.	1
	c. Needs supervision, prompting or assistance to be able to manage therapy that takes no more than 3.5 hours a week.	2
	d. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 3.5 but no more than 7 hours a week.	4
	e. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 7 but no more than 14 hours a week.	6
	f. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 14 hours a week.	8
4. Washing and bathing.	a. Can wash and bathe unaided.	0
	b. Needs to use an aid or appliance to be able to wash or bathe.	2
	c. Needs supervision or prompting to be able to wash or bathe.	2
	d. Needs assistance to be able to wash either their hair or body below the waist.	2
	e. Needs assistance to be able to get in or out of a bath or shower.	3
	f. Needs assistance to be able to wash their body between the shoulders and waist.	4
	g. Cannot wash and bathe at all and needs another person to wash their entire body.	8
5. Managing toilet needs or incontinence.	a. Can manage toilet needs or incontinence unaided.	0
	b. Needs to use an aid or appliance to be able to manage toilet needs or incontinence.	2
	c. Needs supervision or prompting to be able to manage toilet needs.	2
	d. Needs assistance to be able to manage toilet needs.	4
	e. Needs assistance to be able to manage incontinence of either bladder or bowel.	6
	f. Needs assistance to be able to manage incontinence of both bladder and bowel.	8
6. Dressing and undressing.	a. Can dress and undress unaided.	0
	b. Needs to use an aid or appliance to be able to dress or undress.	2
	c. Needs either - (i) prompting to be able to dress, undress or	2

	determine appropriate circumstances for remaining clothed; or (ii) prompting or assistance to be able to select appropriate clothing.	
	d. Needs assistance to be able to dress or undress their lower body.	2
	e. Needs assistance to be able to dress or undress their upper body.	4
	f. Cannot dress or undress at all.	8
7. Communicating verbally.	a. Can express and understand verbal information unaided.	0
	b. Needs to use an aid or appliance to be able to speak or hear.	2
	c. Needs communication support to be able to express or understand complex verbal information.	4
	d. Needs communication support to be able to express or understand basic verbal information.	8
	e. Cannot express or understand verbal information at all even with communication support.	12
8. Reading and understanding signs, symbols and words.	a. Can read and understand basic and complex written information either unaided or using spectacles or contact lenses.	0
	b. Needs to use an aid or appliance, other than spectacles or contact lenses, to be able to read or understand either basic or complex written information.	2
	c. Needs prompting to be able to read or understand complex written information.	2
	d. Needs prompting to be able to read or understand basic written information.	4
	e. Cannot read or understand signs, symbols or words at all.	8
9. Engaging with other people face to face.	a. Can engage with other people unaided.	0
	b. Needs prompting to be able to engage with other people.	2
	c. Needs social support to be able to engage with other people.	4
	d. Cannot engage with other people due to such engagement causing either – (i) overwhelming psychological distress to the claimant; or (ii) the claimant to exhibit behaviour which would result in a substantial risk of harm to the claimant or another person.	8
10. Making budgeting decisions.	a. Can manage complex budgeting decisions unaided.	0
	b. Needs prompting or assistance to be able to make complex budgeting decisions.	2

	c. Needs prompting or assistance to be able to make simple budgeting decisions.	4
	d. Cannot make any budgeting decisions at all.	6

PIP activities and descriptors – mobility component

(1) Activity	(2) Descriptors	(3) Points
1. Planning and following journeys	a. Can plan and follow the route of a journey unaided.	0
	b. Needs prompting to be able to undertake any journey to avoid overwhelming psychological distress to the claimant.	4
	c. Cannot plan the route of a journey.	8
	d. Cannot follow the route of an unfamiliar journey without another person, assistance dog or orientation aid.	10
	e. Cannot undertake any journey because it would cause overwhelming psychological distress to the claimant.	10
	f. Cannot follow the route of a familiar journey without another person, an assistance dog or an orientation aid.	12
2. Moving around.	a. Can stand and then move more than 200 metres, either aided or unaided.	0
	b. Can stand and then move more than 50 metres but no more than 200 metres, either aided or unaided	4
	c. Can stand and then move unaided more than 20 metres but no more than 50 metres.	8
	d. Can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres.	10
	e. Can stand and then move more than 1 metre but no more than 20 metres, either aided or unaided.	12
	f. Cannot, either aided or unaided, – (i) stand; or (ii) move more than 1 metre.	12

Interpretation

The following glossary gives definitions of key words used throughout the activities and descriptors, to help you interpret the statements accurately.

Schedule 1 to the Social Security (Personal Independence Payment) Regulations 2013

1. In this Schedule, —

“aided” means with –

- (a) the use of an aid or appliance; or
- (b) supervision, prompting or assistance;

“assistance” means physical intervention by another person and does not include speech;

“assistance dog” means a dog trained to guide or assist a person with a sensory impairment;

“basic verbal information” means information in C’s native language conveyed verbally in a simple sentence;

“basic written information” means signs, symbols and dates written or printed standard size text in C’s native language;

“bathe” includes get into or out of an unadapted bath or shower;

“communication support” means support from a person trained or experienced in communicating with people with specific communication needs, including interpreting verbal information into a non-verbal form and vice versa;

“complex budgeting decisions” means decisions involving –

- (a) calculating household and personal budgets;
- (b) managing and paying bills; and
- (c) planning future purchases;

“complex verbal information” means information in C’s native language conveyed verbally in either more than one sentence or one complicated sentence;

“complex written information” means more than one sentence of written or printed standard size text in C’s native language;

“cook” means heat food at or above waist height;

“dress and undress” includes put on and take off socks and shoes;

“engage socially” means –

- (a) interact with others in a contextually and socially appropriate manner;
- (b) understand body language; and
- (c) establish relationships;

“manage incontinence” means manage involuntary evacuation of the bowel or bladder, including use a collecting device or self-catheterisation, and clean oneself afterwards;

“manage medication” means take medication, where a failure to do so is likely to result in a deterioration in C’s health;

“manage therapy” means undertake therapy, where a failure to do so is likely to result in a deterioration in C’s health.

“medication” means medication to be taken at home which is prescribed or recommended by a registered –

- (a) doctor;
- (b) nurse; or
- (c) pharmacist;

“monitor a health condition” means –

- (a) detect significant changes in C’s health condition which are likely to lead to a deterioration in C’s health; and
- (b) take action advised by a –
 - (i) registered doctor;
 - (ii) registered nurse; or
 - (iii) health professional who is regulated by the Health Professions Council, without which C’s health is likely to deteriorate;

“orientation aid” means a specialist aid designed to assist disabled people to follow a route safely;

“prepare”, in the context of food, means make food ready for cooking or eating;

“prompting” means reminding, encouraging or explaining by another person;

“psychological distress” means distress related to an enduring mental health condition or an intellectual or cognitive impairment;

“read” includes read signs, symbols and words but does not include read Braille;

“simple budgeting decisions” means decisions involving –

- (a) calculating the cost of goods; and
- (b) calculating change required after a purchase;

“simple meal” means a cooked one-course meal for one using fresh ingredients;

“social support” means support from a person trained or experienced in assisting people to engage in social situations;

“stand” means stand upright with at least one biological foot on the ground;

“supervision” means the continuous presence of another person for the purpose of ensuring C’s safety;

“take nutrition” means –

- (a) cut food into pieces, convey food and drink to one’s mouth and chew and swallow food and drink; or
- (b) take nutrition by using a therapeutic source;

“therapeutic source” means parenteral or enteral tube feeding, using a rate-limiting device such as a delivery system or feed pump;

“therapy” means therapy to be undertaken at home which is prescribed or recommended by a—

- (a) registered –
 - (i) doctor;
 - (ii) nurse; or
 - (iii) pharmacist; or
- (b) health professional regulated by the Health Professions Council; but does not include taking or applying, or otherwise receiving or administering, medication (whether orally, topically or by any other means), or any action which, in your case, falls within the definition of “monitor a health condition”.

“toilet needs” means –

- (a) getting on and off an unadapted toilet;
- (b) evacuating the bladder and bowel; and
- (c) cleaning oneself afterwards; and

“unaided” means without –

- (a) the use of an aid or appliance; or
- (b) supervision, prompting or assistance.

How to make a claim for PIP

1. Initial claim form

Initial claim forms collect basic information about you, and are usually completed over the telephone. (0800 917 2222 or textphone 0800 917 7777).

The initial contact only addresses the basic conditions (it's useful to have your national insurance number, your bank account details and the name and address of a medical professional when you make the phone call).

If you are going to need additional help with the claim form you should let the DWP know at this point. You should be given the opportunity for a face to face consultation.

You can also request a paper claim form (PIP1) to fill out instead.

[You can download a copy of the PIP1 form from the DWP website:](#)

2. Following your initial claim

Following the initial claim, you will be sent a separate questionnaire. This is the first opportunity for you to explain the difficulties caused by your health condition or disability. If you fail to return the form your claim will be rejected.

You will be asked to give details based on specific questions relating to your daily living activities and mobility.

Tips and key points

- Complete the form in as much detail as you can. This is your opportunity to give a detailed and accurate explanation of how your condition affects you in relation to the points scoring activities.
- Give good examples of the problems that you have encountered.
- It might help to keep a diary to refer to when you are completing the form. Diaries also help to see how time adds up over a week.
- Make sure you mention everything about any associated conditions that you might have, such as OCD, anxiety and ADHD.
- If you need to write on additional sheets, make sure you include your name and national insurance number on the top of every additional sheet you use and, if possible, staple them to the back of the questionnaire.
- Keep copies of all the paperwork you send in so that you have references for the future, and have records for if /when you need to re-apply, or any paperwork gets lost by the DWP.

Supporting evidence

You are also encouraged to send supporting evidence such as supporting letters from your consultant and/or other health professionals, as well as non-medical evidence such as a letter from your social worker or friend, who helps you carry out everyday activities. Send in supporting evidence with this questionnaire if you have it.

The more relevant evidence you can submit to support your claim, the better the chances of getting the right decision.

Collecting supporting evidence

Always try to arrange to have letters sent to you rather than direct to the DWP so that you can make copies of the original letters and centralise all paperwork before you send it to the DWP.

Medical evidence from your GP

Supporting letters from GPs will need to be requested; GPs are not under any obligation to provide supporting letters to patients claiming for PIP.

Medical evidence from health professionals other than your GP

This can include letters from your consultant, specialist nurse, occupational therapist or any other health professional you see.

Where possible, see if you can make an appointment with your health professional to discuss the impact of your condition on your everyday life and the kind of evidence you would like them to provide to support your claim.

Health professionals are not under any duty to provide you with supporting letters, so unfortunately they are within their rights to refuse or to ask for money.

Medical records

You can ask your GP or hospital for copies of either all your medical records or for records that are relevant to your claim. You may be charged for copies.

Non-medical evidence

You can ask people in your life to provide detailed evidence of how your condition impacts your everyday life. This could include relatives, friends, carers, support workers, social workers and housing workers.

An independent assessor determines whether further evidence is needed and whether a face to face (or possibly a phone) consultation is needed. Decisions about face to face assessments should be made on a case by case basis but it is expected that most people will be required to attend one. According to the explanatory notes 'this should provide individuals with an opportunity to explain how their impairment affects their everyday lives.' If you miss the consultation without good cause your PIP claim will be rejected. You will be able to bring a carer, friend or relative to the assessment.

The face to face consultations can take place in the claimant's home:

At the claimant's request, if the assessor agrees that their health condition or disability means they are unable to travel;

when the claimant provides confirmation, through the professional providing evidence to support their claim, that indicates they are unable to travel on health grounds; or
at the DWP's request, although this will be in exceptional circumstances only.

It may be necessary to provide medical evidence to the effect that you cannot attend an assessment outside of your home.

Many people feel anxious about one to one medicals. If having a friend or relative at the medical will help to put you at ease, try to organise this for yourself.

Try to keep a positive outlook on the assessment. It is not always easy – especially with a fluctuating condition such as Tourette Syndrome – to convey on a form, the impact it has on your everyday activities. A medical assessment can be seen as an opportunity to communicate effectively the impact your condition has on you.

Following the assessment the assessor provides an opinion to the DWP decision maker who then makes the decision on your award.

16 Year Olds

Before a young person turns 16 the DWP writes to their parent/guardian to make them aware of the changes and establish if the young person will need an appointee. The DWP then contacts the young person when they are 16 and tells them they need to apply for PIP. The DWP says it will make a number of attempts to engage young people in the claiming process. If the claimant complies with the process, DLA continues for up to one year after the sixteenth birthday or until the PIP decision is made, whichever happens first.

Awards

Awards are normally made for a fixed period, unless this is not appropriate (for example your needs are likely to remain broadly the same and improvement or response to treatment is unlikely). An award can be reviewed at any time.

- 'Shorter term awards of up to 2 years are given where significant reduction in needs could be expected in that period.
- Longer term awards, such as 5 or 10 years, are given where changes are less likely but with reviews in the interim where increased needs might be expected.
- Ongoing awards are given in the minority of cases where changes are unlikely. However, these awards will be periodically reviewed to check that the support remains appropriate.'

Indefinite awards are given to people who have reached State Pension age and some working age claimants with a 'severe or progressive' condition.

Payment

Payment of PIP is 4 weekly in arrears.

PIP review form (AR1)

If you are awarded PIP the DWP will probably want to look at your claim again later on, to check whether your circumstances have changed. If you have a fixed-term award of PIP, you will probably be asked to complete a PIP review form (AR1) about a year before your PIP is due to end.

The AR1 form focuses on what has changed since your last assessment. The form has tick boxes asking whether you are finding it 'easier' or 'harder' to perform daily living activities or mobility activities, or whether there has been 'no change' since your previous assessment. You are also given space to talk about how your needs are affecting your everyday life, and explain if things vary during the day or from one day to another. Even if you are finding some activities 'easier' than previously, be sure to explain if you still need some help or need to use an aid or appliance. You can attach extra pages if you run out of space on the form.

PIP decision making and appeals

How decisions are made

The law about benefits is laid down through parliament in the form of Acts and Regulations. The law is complicated and sometimes wording is ambiguous.

Clarification of the legislation is established through case law, (for example, appeal cases taken to the commissioners or by judicial review to the courts).

Officers also work to published guidance. Guidance can be influenced by case law, and sometimes also by lobbying.

Revisions and Appeals

If you disagree with any benefit decision (for example a refusal of benefit, or you think the amount of benefit is wrong) you can ask for a revision. This must usually be done within one month of the decision being posted to you. If you are still not satisfied you can appeal to an independent tribunal. Again this must be done within one month.

Claimants should be made aware that decisions can go down as well as up following a request for a revision or an appeal.

A revision is an internal reconsideration of the claim and is usually referred to as a mandatory reconsideration. An appeal goes to an independent tribunal. If you ask for a revision, you can still appeal later on. If you ask for an appeal, the benefit authority normally looks to see if it can revise the decision before it gets passed on to the Tribunals Service.

The absolute time limit for requesting a revision or an appeal is thirteen months from the date of the decision. But if you are making a late request (i.e. later than one month) you must have special reasons for doing so. Whether the request can be accepted late is ultimately for an independent appeal tribunal to decide. It is advisable to make a new claim in the event that the late request is not accepted.

It may also be advisable to apply again if there has been a change of circumstances as a tribunal can only look at the circumstances as they were at the time the decision was made.

Mandatory reconsiderations of DWP decisions

DWP benefits decisions can only be appealed following a mandatory reconsideration completed by Jobcentre Plus. The Government says this is to improve the standard of decision making within the DWP. Claimants wishing to appeal a DWP benefit decision should first ask the DWP to complete a mandatory reconsideration (revision) of the decision. This does not have to be made in writing but it is advisable

to do so. Following the request the DWP should issue a mandatory reconsideration notice.

Appeals

The claimant can then appeal using form SSCS1 which is available online. The form SSC1 must be returned to and received by HMCTS (the tribunals service) within one calendar month from when the mandatory reconsideration notice was sent.

The grounds for appeal will usually be about the number of points the claimant should have scored compared to the ones suggested by the health professional and accepted by the DWP. Once the appeal is lodged, the DWP will respond. At that point, the claimant can (but doesn't have to) send in a 'submission' where they can explain all the descriptors they think apply to them, and why.

Appeals can be submitted online at <https://www.gov.uk/appeal-benefit-decision>. It would appear there is a much higher rate of appeals being lapsed by the DWP at this stage when the appeal is made online. It is also more efficient and secure with appeals being registered within 24 hour and updates on the progress of the appeal being sent via text or email.

Attending the appeal hearing is likely to increase the chances of success. Lots of PIP appeals are successful for claimants, so it is worth persisting with this stage.

Time limits

It is important to act quickly. Most revision/appeal requests can only be made within one month from the date of the decision. It may be possible for a late revision/appeal to be accepted up to one year late but only where there are special reasons for doing so late

Complaints

Complaints can be made by telephone, email or in writing. There are different contact details depending on whether you live in an Atos or a Capita postcode.

Atos	Capita
Scotland	Wales
NE England	Central England
NW England	
Isle of Man	
London	
Southern England	

Atos

0300 3300 120 (North) or **0300 3300 121** (South)

PIP-customerservice@atos.net. (This email address is being protected from spambots. You need JavaScript enabled to view it)

Client Relations, Atos Healthcare, PO Box 1006, Stockton-on-Tees, TS19 1UL

Capita

0808 1788 114 (England and Wales) **0808 1788 115** (LLinell Gymraeg/Welsh Language Helpline)

complaints@capita-pip.co.uk.

Capita PIP, PO Box 307, Darlington, DL98 1AB

Suggested text

I am contacting you to complain about the unreasonable length of time it is taking for my application for PIP to be processed. I originally made my application on *, and the PIP2 questionnaire was returned by *. As yet I have not received a medical assessment.

[If possible, describe the impact/hardship the delay is causing].

Organisations to help with benefit information, claims and appeals

Advice Northern Ireland To find your local independent advice centre in Northern Ireland, visit www.adviceni.net

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Benefits and Work are an independent organisation who provide information about disability and incapacity benefits. Useful information can be accessed on their website, however they are funded by their members so a lot of information can only be obtained with membership: <http://www.benefitsandwork.co.uk/>

Citizens Advice Bureau provide information and advice on benefits through their local offices and website: www.citizensadvice.org.uk

Citizens Advice Scotland: www.cas.org.uk

Contact A Family provides information of all the main benefits and tax credits available, focusing on those aspects which most affect families with disabled children.

www.cafamily.org.uk

Disability Information Advice Line There are over 140 local DIALs all staffed by disabled people and all offering telephone advice. If you have a local line it should be listed in your telephone directory under DIAL UK. Alternatively, call the national office on 01302 310 123 or visit their website at www.dialuk.org.uk

Disability Rights UK is an organisation led, run and controlled by disabled people; offering information and advice on benefits: <http://www.disabilityrightsuk.org/index.htm>

Law Centres: Contact details of your nearest Law Centre, where you may be able to get free advice and representation at appeals, are available from the Law Centres Federation website at www.lawcentres.org.uk

Shelter offers help with benefits, but generally only in relation to housing or if your home is at risk because of your benefits problems. Shelter helpline 0808 800 4444 or visit their website: www.shelter.org.uk

Turn2us helps people in financial need gain access to welfare benefits, charitable grants and other financial help – online, by phone and face to face through their partner organisations. They have an online Benefits checker: <http://www.turn2us.org.uk/default.aspx>

Your **Local Authority** may employ Welfare Rights Workers who can help with your claim.