Multiple Sclerosis Society

Claiming DLA

(Disability Living Allowance)

This publication is available in large print.
Call 020 8438 0799 or email infoteam@mssociety.org.uk

The Multiple Sclerosis Society

More than 100,000 people live with multiple sclerosis (MS) in the UK. Every one of them shares the uncertainty of life with MS.

We're funding research and fighting for better treatment and care to help people with MS take control of their lives.

With your support, we will **beat MS**.

The MS Society provides this information free of charge but if you would like to help cover the cost, which will help towards our essential work, please call 0800 100 133 or visit the fundraising section of our website to make a donation. Anything you can give will be greatly appreciated.

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About DLA

Disability Living Allowance (DLA) is an important benefit for people with MS. It helps to cover the extra costs that result from MS symptoms, in particular the costs of care and getting around. It's the effect of MS, not the fact of the condition itself, that's central to the benefit. You don't need to have a carer or someone helping you to qualify – the benefit is based on the help you need rather than the help you actually receive. DLA payments are made directly to you, and you can spend them on anything you like.

In Great Britain, DLA has been replaced for people of working age (16 to 64 inclusive) by Personal Independence Payment (PIP). **DLA remains in place for people in Northern Ireland,** as PIP has not been introduced there yet. It also remains in place for children. Adults in Great Britain who are already receiving DLA may stay on it for the time being, but at some stage will be invited to claim PIP instead. For more on PIP, see our booklet *Claiming Personal Independence Payment.*

DLA is not taxable and you don't need to have paid National Insurance contributions to get it. You can claim the benefit if you're working, and it's not means-tested. In other words, it's not affected by earnings or other benefits you receive, or any savings you have. It doesn't adversely affect other means-tested benefits, such as Employment and Support Allowance, Housing Benefit and tax credits. In fact, an award of DLA can lead to higher levels of these benefits being paid. DLA can also act as a passport to other benefits, such as Carer's Allowance. See page 25 for details.

If you have any doubts about whether you qualify for DLA, the golden rule is claim anyway – you have nothing to lose.

A claim for DLA involves completing a self-assessment form. On this you can give detailed information about your needs – so your opinion is extremely important. The form is also very long and often asks highly personal questions – completing it can be time-consuming and emotionally taxing. Emotional support is available from the MS Society Helpline (though they can't give specific advice on benefits). Citizens Advice or local authority welfare rights services can also help. See 'Useful

The qualifying conditions – general rules

- **You must be present and normally living in this country and have been here for at least 104 out of the previous 156 weeks (seek advice if you're moving to or from another European Economic Area country)**
- **You must have no restriction or limitation on your right to live in the UK (seek advice if any restrictions or limits do apply to you)**
- **You must have satisfied the 'disability tests' (see pages 3 and 4) for three months before qualifying and be likely to continue to satisfy them for at least another six months afterwards. You can claim before the three months are up, but you won't be paid benefit until the end of the qualifying period**
- **You must be under the age of 65. If you have already qualified for DLA on reaching 65, you can continue to receive it after you have reached that age. If you have not qualified for the benefit already and are aged 65 or over, you should consider claiming Attendance Allowance instead (call the Attendance Allowance Helpline on 0345 605 6055 for a claim-form)**

organisations' (page 26) for contact details or ask your local MS Society branch.

Who's eligible?

DLA isn't paid simply because you have MS, but because of the effect that the symptoms of your MS have on your life, in particular on your mobility and on your ability to take care of yourself.

There are general rules that you must satisfy before you can qualify for DLA, which are listed in the box below:

DLA comes in two parts: the mobility component and the care component. The claim-form for DLA covers both of them. You can be awarded either, or both, of these components.

The mobility component

The mobility component is paid to help cover the extra costs that you may have in getting around. It comes at two different rates: the higher and the lower rate. In many respects the two rates represent different types of benefit, paid for very different reasons.

The higher rate

If you have substantial difficulties in walking, the higher rate of the mobility component may apply to you – the exact criteria for it are listed in the box below. The difficulties that you have may be due to any number of MS symptoms including: pain, fatigue, numbness in your feet, balance problems, poor coordination, loss of muscle strength, stiffness or spasm.

The disability tests – the mobility component

Higher rate

To qualify for the higher rate mobility component your 'physical condition as a whole' must be such that one or more of the following apply to you:

- you're unable to walk
- you're virtually unable to walk
- the exertion required to walk would constitute a danger to your life or would be likely to lead to a serious deterioration in your health
- you have no legs or feet (from birth or through amputation)
- you have a severe visual impairment (you must be certified as severely sight impaired or blind by a consultant ophthalmologist)
- you are both deaf and blind
- you are entitled to the highest rate care component and are severely mentally impaired with extremely disruptive and dangerous behavioural problems

Lower rate

To qualify for the lower rate mobility component you must be: 'so severely disabled physically or mentally that, disregarding any ability you may have to use routes which are familiar to you on your own, you cannot take advantage of the faculty out of doors without guidance or supervision from another person most of the time'.

Most people with MS who are awarded the higher rate mobility component get it because they're considered to be 'unable to walk' or 'virtually unable to walk'. The first category is pretty straightforward, and can include people who can only 'walk' if there is someone with them bearing their weight. The second category includes people who can walk only very short distances.

When it's being decided whether or not you're 'virtually unable to walk' four things are considered:

- the distance you can walk
- the speed you can walk
- the time it takes you
- the manner in which you walk.

Any walking that you can only do while experiencing 'severe discomfort' should not be counted. The law doesn't specify a maximum distance you can walk, below which you become entitled to the higher rate of the mobility component. This is because the matters of speed, time and manner in which you walk also need to be taken into account and are just as important. However, as a guide, a social security commissioner (a judge who helps clarify the law) has offered the opinion that: '... if a claimant is unable to cover more than 25 or 30 yards (23-28 metres) without suffering severe discomfort, his ability to walk is not appreciable or significant, while if the distance is more than 80 or 100 yards (73-91 metres) he is unlikely to count as being virtually unable to walk.'

If you use an aid such as a walking stick, it's your ability to walk using this that will be taken into account.

The disability tests – the care component

The meanings of the words and phrases used here are clarified in the 'Definitions' on the next page.

To qualify for the care component you must require from another person:

during the day

- frequent attention throughout the day in connection with your bodily functions, or
- continual supervision throughout the day in order to avoid substantial danger to yourself or others, or

during the night

- prolonged or repeated attention in connection with your bodily functions, or
- in order to avoid substantial danger to yourself or others you require another person to be awake for a prolonged period or at frequent intervals for the purpose of watching over you, or

part-of-the-day care

- you require in connection with your bodily functions attention from another person for a significant portion of the day (whether during a single period or a number of periods), or

cooking test

- you can't prepare a cooked main meal for yourself if you have the ingredients

The lower rate

If you're able to walk reasonably well, but need guidance or supervision to do so, the lower rate of the mobility component may apply to you. Again, the exact criteria for it are listed in the box on page 3. It doesn't matter if you can manage to walk without guidance or supervision in places you know well, as long as you generally need guidance or supervision when you are in unfamiliar places. Your need for guidance or supervision may be due to any number of MS symptoms. These may include: blurred or double vision, balance problems or vertigo, poor coordination, anxiety or depression, or difficulties with memory and concentration.

The care component

The care component is paid because the symptoms of your MS are such that you need either care or supervision from another person. The care you need must relate to some kind of 'bodily function' (see 'Definitions' on page 6). Typical examples are dressing, bathing, toileting and getting safely around the home. Generally, care doesn't include domestic tasks, such as cleaning the home and shopping. The supervision that you need must be necessary to avoid substantial danger to yourself or others.

It doesn't matter if you don't actually receive the care or supervision at the moment – you may for instance live by yourself – but what you do have to show is that there's a need for it. This need has to be reasonable, but it doesn't have to be medically required.

There are three different rates for the care component, reflecting the amount of care or supervision that you need. The highest rate may apply if you need help throughout the day and the night. The middle rate may apply if you either need help throughout the day or throughout the night. The lowest rate may apply if you need help for only part of the day or if you're unable to prepare a main meal for yourself. These are simplifications – the full list of conditions is listed below.

The care component comes at three different levels: highest, middle and lowest. The level that you're awarded depends on which of the criteria apply to you. It's worked out as follows

How much do you get?

You can get one of the three rates of the care component and one of the two rates of the mobility component.

Care component	**per week**
Highest rate	£82.30
Middle rate	£55.10
Lowest rate	£21.80

Mobility component	**per week**
Higher rate	£57.45
Lower rate	£21.80

These figures apply from April 2015 to April 2016. In April 2016 they will be increased to take account of inflation.

Highest rate

You'll pass the disability test for the highest rate if you satisfy:

- either (or both) of the day-time conditions (as set out in the box on page 4), and
- either (or both) of the night-time conditions

In a nutshell, you qualify if your care or supervision needs are spread throughout both the day and the night. If you're terminally ill, you qualify automatically for the highest rate even if you need no care at all when you claim.

Middle rate

You'll pass the disability test for the middle rate if you satisfy:

- either (or both) of the day-time conditions (set out in the box on page 4), or
- either (or both) of the night-time conditions

In brief, your care or supervision needs are spread throughout just the day or just the night.

Lowest rate

You'll pass the disability test for the lowest rate if you satisfy either (or both) part-of-the-day care condition or the cooking test.

Definitions

The following is a list of meanings of the words and phrases that are used on the previous pages.

Frequent means several times, not once or twice.

Attention is what a non-disabled person would do for themselves with ease in connection with a bodily function. The attention needed with a bodily function must be carried out in your presence and involve personal contact.

Bodily functions include breathing, eating, sleeping, hearing, seeing, drinking, walking, sitting, dressing, undressing, washing and using the toilet.

Supervision is more or less what it says – you need someone to be around to prevent any accidents either to yourself, or to other people.

Continual supervision means frequent or regular, so you can apply even if you don't need supervision every single minute. Supervision and attention do tend to overlap. Generally speaking, however, attention tends to be active help, while supervision is more passive.

Substantial danger must be real, not just remotely possible. This does however include the possibility of infrequent or isolated incidents with potentially dire results.

Prolonged has been interpreted as at least 20 minutes. Repeated has been defined as two times or more.

Significant portion of the day means at least an hour, though not necessarily all at once. When working out the time you should take into account the amount of disruption caused to the carer, as well as the amount of time spent actually caring.

Notes:

Applying for DLA

Starting the claim

To be entitled to DLA, you must have had mobility problems or care needs for at least three months – this is the 'qualifying period' (see page 2). You can put in your claim earlier, but you won't be awarded any benefit until the end of this qualifying period.

To claim DLA in Northern Ireland, call 028 9090 6182 and ask for a DLA claim-pack to be sent to you.

The claim-pack will include a claim-form, which will tell you the date it has to be returned. As long as you return the completed form by this date, the date on which you asked for the claim-pack will normally be treated as the start date of your claim.

You can also download a claim-form at the government website (www.nidirect.gov.uk/disability-living-allowance-rates-and-how-to-claim). If you print off a claim-form from this website, it's a good idea to also request one by post so the Disability & Carers Service has a record of the date you asked for it. Attach the front page of the postal version to your claim-form when you return it.

Completing the form

The DLA claim-pack consists of the claim-form and some explanatory notes. Read the notes first, and have a look through the claim-form before completing any of it.

You may wish to write in pencil first, or alternatively make some notes on paper or on a photocopy before committing yourself to pen. Photocopy the claim-form after you have completed it, so you have a record of what you wrote.

Much of the claim-form has a multiple-choice format in which you're asked to tick whichever box or boxes apply to you. Occasionally you're given a short space to write down further details.

The claim-form is long, but mostly straightforward. You don't have to complete it all at one sitting. Try not to be discouraged. It's very important that you give a clear picture of the problems you face, including what your worst days are like. This will greatly increase your chances of receiving an award of DLA.

MS Emotional support is available from the MS Society freephone Helpline (though they can't give specific advice on individual benefits).

Local advice agencies (such as a Citizens Advice Bureau or local authority welfare rights service) can help. See 'Useful organisations' (page 26) for contact details or ask your local MS Society branch.

Having someone with you to complete the form can sometimes help ensure you don't miss out symptoms or issues you take for granted.

The forms are designed for people with stable conditions, rather than conditions that can fluctuate like MS. This may mean that you have to provide additional information to highlight either day-to-day or longer term variations in your condition. One way of doing this is to produce a diary. We cover this on page 23.

A guide to completing the claim form

In this section, we'll run through the questions on the form and look at how you can provide suitable answers.

About you (Questions 1 to 13)

The first part of the claim-form simply asks about who you are and where you live.

Signing the form for someone else (Question 14)

Anyone can complete the form for the claimant, but this question lists the grounds on which someone can sign the form on someone else's behalf.

About your illnesses or disabilities and the treatment or help you receive (Questions 15 to 24)

You're asked here to list your illnesses or disabilities, without going into detail about how they affect you – there's room later in the form for that. You're asked to list any medicines or treatments that you've been receiving. You can either list them on the form or attach a printed prescription list. You're also asked to list any aids or adaptations that you use.

Getting around outdoors (Questions 25 to 36)

This part relates to the mobility component (see page 3). You're asked how far you can normally walk before you feel severe discomfort (Question 26). Severe discomfort doesn't mean just pain, but can include muscle tightness and rigidity or extreme fatigue. Normally, when you're in severe discomfort you wouldn't want to go any further, until the symptoms subside. Don't make guesses here. If you're not sure how far you can walk before feeling severe discomfort, go outside on an average day and test yourself (i.e. if your condition varies, don't choose a good day to perform the test). It would help if you had someone with you to measure the distance in paces. One pace of an average healthy male adult is about three quarters of a metre. Don't forget to time how long it takes you to walk the distance, to help you answer Question 27 and Question 28.

Question 27 asks how many minutes you can walk before you feel severe discomfort. The answer you give here should reflect what you have already written in reply to the previous question. **Question 28** asks you to describe your walking speed. Again, if you're unsure of this, an outside walking test as described above would help. You're asked to describe the way you walk in **Question 29**. **Question 30** asks if you need physical support from another person to help you walk. You may need such support if you have very poor coordination or balance, or if one of your legs keeps giving way due to spasm or muscle weakness.

You're then asked how many days a week you have difficulty walking (**Question 31**). If your answer is less than seven days for any reason, try to say how many days a week are worse and how many are better. It may help to keep a diary and attach a copy of this to the claim-form. There's room to provide details of any variation in your condition later, under Question 35.

You're asked if you fall or stumble when walking outdoors in **Question 32**. You may fall or stumble because of poor coordination or balance, or because one of your legs gives way due to spasm or muscle weakness. Alternatively, you may fall over things because you have blurred or double vision. You may fall at different times for different reasons, or for a combination of reasons. List any injuries that you have suffered when you have fallen and any treatment that you may have needed afterwards.

Give examples of occasions when you were unable to get up for any length of time following a fall. Why were you unable to get up? Did someone have to help you? Alternatively, has someone else stopped you from falling? If you state how often you have fallen to the ground, clarify how often you have hurt yourself as a result. If someone has stopped you from falling, how often has this happened? You may find it useful to keep a long-term diary to list falls or stumbles you have had (see the example on page 18).

Having someone with you when you are outdoors (Questions 33 and 34)

You're asked if you need someone with you to guide or supervise you when walking outdoors in unfamiliar places (Question 33). This relates to the lower rate of the mobility component (see pages 3 and 4 of this booklet). If you have blurred or double vision as a result of your MS, then these questions could be relevant to you. They could also be relevant even if you have answered 'no' to Question 30, about needing physical support.

Mild balance problems, tremor, vertigo or poor coordination could still mean you need someone with you – for example, to help you get up if you fall. If you have difficulties with your memory or concentration, this may also give rise to the need to have someone with you outdoors.

You should concentrate on the problems that you have walking unfamiliar routes, rather than going to places that you know well, such as the local shop. If you have no-one to accompany you outdoors and therefore don't walk unfamiliar routes, make this clear. Explain where you'd like to go if you had someone to accompany you. If you need someone with you because of falls or stumbles, you can cross-refer to what you have written already in Question 32. List any incidents that may have already occurred when you have been outdoors. For example, if you have become lost, confused or disorientated, or where dangerous situations have arisen that could have been avoided if help had been at hand.

You're then asked how many days a week you need someone with you when you're outdoors (Question 34). Assume you need to go out every day. If you need someone with you whenever you go out, but currently have no-one to accompany you and therefore do not go out, the correct answer to this question would be seven days. On the other hand, if your condition varies, you may need guidance or supervision outdoors on some days, but not on others (see Question 35).

Questions 35 and 36

Question 35 gives room to provide details of any variation in your condition.

You're asked in Question 36 to provide the date when your walking difficulties started. This information is needed to check whether or not you satisfy the three-month qualifying period (see page 2). Note that you're being asked about the length of time that you have had your current walking difficulties, not the length of time that you have had MS. If there has been a slow deterioration in your condition, you may well find it impossible to give an exact date. In this case you should state roughly when the difficulties started.

If you have previously claimed DLA, were turned down and are making a new claim because your condition has deteriorated, you need to clearly state that the date the deterioration began was after the date of your original unsuccessful claim.

Questions looking at your care needs during the day and during the night (Questions 37 to 56)

This large section asks first about your care needs during the day, then your care needs during the night. Below, we have some general guidance on completing these questions, as well as specific information about many of them. Each question looks at a different area of day-to-day life.

The questions follow a similar pattern. You're first asked to tick 'yes' or 'no' to confirm whether or not you need help or have difficulties with that area of day-to-day life. Read the whole page before answering this. They then ask more specific things about each activity, in each case asking how often and how long you need the help for.

They sometimes ask if you need encouraging or reminding to do something. This would be relevant to you if you could physically manage to do something, but because of symptoms such as memory loss, poor concentration or depression, you need prompting or encouragement to do it, or to do it properly.

At the end of each question you're given space to write down details of the difficulties that you have. You may live alone, and manage alone because you have no choice. In this case, it's important to describe what help you would ask for, if it was available. You might be managing by yourself at the moment, but some of the tasks may be difficult without assistance from someone else.

If you do have someone caring for you, the time that they spend helping you with an activity can be noted as taking longer, if they're encouraging you to do what you can yourself, rather than them just doing it all for you. Write down when this applies in your case.

Your symptoms may well be variable, in which case, don't concentrate on what you can or can't do on a good day. They particularly want to know about the help that you need on a regular basis. So, try to focus on an average day and list problems that you face more often than not. Also, explain what you're like on your worst days and how often these occur.

How many days a week? On several of the questions (46, 49, 52 and 54) you're asked how many days or nights a week you have those particular needs. You may find that a diary helps deal with these points (see pages 15-18).

Your care needs during the day

Getting out of bed in the morning and into bed at night (Question 37)

Consider each stage in the process: do you need help sitting up; swinging round into sitting position; or rising from a sitting to a standing position? If you need to make several attempts at each stage or rest between stages then point this out. If you have fallen trying to get out of bed by yourself, mention this.

Help with your care needs during the day

Toilet needs (Question 38)

This is one of the most difficult parts of the form to complete, because the questions are of such a personal nature. Try to put as much information down as you can, and remember, the forms are treated with strict confidentiality.

You may have difficulties in getting to and from the toilet, especially if there are stairs involved. If this is the case, explain why using a commode would not be easier; for instance, there may be no private space for one on the level that you're living in. You can provide more details of your difficulties moving around indoors later, under Question 41.

Mention any difficulties you may have in using the toilet, including sitting down or getting back up from it, wiping yourself, adjusting your clothing and washing afterwards.

If you need to visit the toilet more often than is usual, explain why; a symptom of your MS may be bladder or bowel frequency. If you don't get enough warning that you need to use the toilet due to bladder or bowel urgency, write that down. If you have bladder or bowel problems, write about the help that you need in dealing with them. This can include changing your clothes, washing yourself, changing the bedding and also rinsing the bedclothes, if this needs to be done straight away.

Washing, bathing, showering and looking after your appearance (Question 39)

This could also include having a bed-bath. If you have fallen trying to get in or out of the bath or shower by yourself, mention this. Mention if you need to bathe or shower more often due to either bladder or bowel problems.

Dressing and undressing (Question 40)

If you have any hand tremor or the MS affects your dexterity, then you may well have difficulties with laces, buttons and other types of fastening. Muscle pain or coordination problems can create difficulties with other articles of clothing. Write down if it takes a long time to dress yourself, or if you have to rest after putting on each article of clothing due to fatigue. Also, mention if you need to change your clothes during the day if you have either bladder or bowel problems.

If you live by yourself, write down if there are days when you don't dress because of the pain or discomfort involved. Also, state if you avoid putting on certain clothes, which you would like to wear, for the same reason.

Moving about indoors (Question 41)

Mention if you need any help in changing your position when sitting or lying down; this may need to be done to help you maintain a good posture to prevent pressure sores from forming.

Falls and stumbles (Question 42)

The advice we have already given on falls and stumbles outdoors for Question 32 (see page 8) will apply here as well. Unfortunately there isn't much room for you to detail your problems in the space they provide. No matter: you can always use the big boxes in Question 55 and the 'Extra information' section (Question 62) to write down further detail. You may find it useful to keep a long-term diary to list falls or stumbles you have had (see the example on page 18).

Cutting up food, eating or drinking (Question 43)

Write down if hand tremor or poor dexterity make it difficult for you to use cutlery properly or manage hot drinks safely. If you tend to drop food or spill drinks, let them know if you then need any help in cleaning up afterwards. If you have difficulty in swallowing and need your food or drink to be specially prepared, mention this.

Help taking medicines or with medical equipment (Question 44)

Let them know if you have hand tremor or poor dexterity which causes difficulties with things like opening pill bottles or pouring out medicine. Write down if you need reminding to take medication at the right time or to take the right amount. Give examples of any occasions when you have missed taking medication or have taken too much. If you have blurred or double vision you might need someone to read the labels and instructions on your medication. Explain if there are side effects from any of the medications that you take and if you need any extra help because of these. Also write down if you have been advised to do physiotherapy or passive exercises (such as leg bending) at home, and if you need help doing them.

Communicating with other people (Question 45)

You may have difficulties in communicating with people if your speech is slurred or slow. You may have difficulty in finding the right words to express your thoughts, and need help 'word-finding' (so that it's easier for you to remember the word or phrase in future). Alternatively, you may have difficulties in concentrating during conversations, remembering what has been said or adequately processing the information you have been given. In any of these circumstances, list examples where you might need help either understanding or being understood when having a conversation. These could include dealing with visitors to your door, telephone calls, or communicating in places like shops, buses or taxis.

Fatigue

Fatigue could well be a symptom that affects you more than any other. If this is the case, you must write it down. You might be able to carry out an activity, but it takes a great deal of time to do so. You might have to take several rests, or even give up the attempt until you have found more energy. Or the activity may leave you so fatigued you're unable to do anything else for some time. Write down if any of this applies to you.

If you have blurred or double vision, list all the times when you need someone to read things to you. These could include checking labels on medication and sell-by dates on food, reading your post, dealing with any official letters, reading radio and TV listings or the newspaper.

Taking part in hobbies, interests, social or religious activities (Question 47)

You can list here any social and religious activities, interests and hobbies that you enjoy but need help with. You could include going to the cinema, pub, theatre, bingo, park, library, place of worship, or just visiting family or friends. If you need any help from someone else with hobbies or games at home, then list these too. If there are any activities which you currently don't take part in because there's no-one to help you, but you would love to be able to do them, make sure you list them as well.

Someone to keep an eye on you (Question 48)

You may need supervision if you have symptoms of memory loss or poor concentration. These can in turn lead to confusion. Try to give examples of potential dangers that could result from these symptoms, such as turning on the gas and not lighting it. If you can, write down if such incidents have already taken place. If you have produced a diary over a period of time (see page 18), and it records such incidents, you can refer to it here.

If you need supervision due to the physical symptoms of MS, it might be easier for you to simply refer to what you have already written on other pages of the form. For instance, if you need supervision due to the risk of falling, refer to Question 42 – Falls and stumbles.

Preparing and cooking a main meal for yourself (Question 50)

This question relates to the 'cooking test' (see page 4). It looks at your ability to plan, prepare and cook a main meal for one person. Even if you have no other care or supervision needs, if you satisfy this test you could be awarded the lowest rate care component. The test applies even if you would not normally cook anyway – what matters is whether or not you're able to cook. You should complete the page even if your partner normally cooks, you normally eat pre-prepared meals, or you eat out most of the time.

A main meal means a proper meal cooked on a traditional cooker, not a ready-made microwave meal or a convenience snack. It's assumed that the ingredients are at hand already. Describe any stages of cooking such a meal that you would find difficult. If you have any hand tremor, weakness, or the MS affects your dexterity, then you may have difficulties with peeling and chopping vegetables, using cooking utensils or turning taps on and off. If you need to buy pre-chopped vegetables, say so. Balance problems, poor coordination or blurred or double vision could make it dangerous for you to use hot pans.

If you have difficulties with your memory or concentration, you may have problems in planning meals, checking the ingredients, timing the cooking and making sure that the food is cooked properly. Mention also if the heat from cooking affects your MS symptoms.

Help with your care needs during the night

Difficulties you have or help needed during the night (Question 51)

If you have tremor, pain, muscle stiffness or spasm, turning over at night can be difficult or painful. Help from someone can make things easier or ease the pain. Write down if you need help with this and state if you need a hand in re-arranging the bedding afterwards.

If you wake up during the night with pain and need help getting back to sleep, include this information. For example, if you have muscle pain or cramps you might need to have the painful areas rubbed or massaged before you can settle again.

When you're asked how long on average you need help each time, you should include the time that it takes for the carer to get up, help you and go back to bed again.

If you have difficulties getting to and from the toilet at night (and this can include getting in and out of bed), you'll need to make it clear if you couldn't use a commode or bottle instead. For instance, due to tremor your hands may be too shaky to use a bottle. Alternatively you might already be using a commode or bottle, but still need help with them.

If you have bladder or bowel problems, your sheets or bedclothes may need to be changed sometime during the night. If you need help doing this, explain why. If the sheets need to be soaked straight away and you need help doing this, include this as well.

Someone to watch over you (Question 53)

If you're a poor sleeper and tend to get up during the night, your supervision needs at those times will probably be similar to those that you have during the day. If this is the case, you can cross-refer to what you have already written for Question 48.

Help with your care needs

Please tell us anything else you think we should know… (Question 55)

There is space here to add further details about the difficulties you face. Here you can explain how your condition varies over time, with good days and bad days. If you have depression or another symptom that affects your mood, emotions or behaviour, you can write about it here. For instance, you may have mood swings that veer from deep depression to elation, or have difficulty controlling emotional reactions to situations. Also let them know about any feelings of panic or anxiety that you experience, particularly those that can seem to come on for no obvious reason.

When your care needs started (Question 56)

You're asked here to provide the date when your care needs started. This information is needed to check whether you satisfy the three-month qualifying period (see the box on page 2). Note that you're being asked about the length of time that you have had your current care needs, not the length of time that you have had MS. If there's been a slow deterioration in your condition, you may well find it impossible to give an exact date. In this case, you should state roughly when the problems started.

If you have previously claimed DLA, were turned down and are making a new claim because your condition has deteriorated, you need to clearly state that the date the deterioration began was after the date of your original unsuccessful claim.

About time spent in hospital, a care home or a similar place (Questions 57 to 58)

These two questions ask for details about any time you have spent in a hospital, care home or similar place.

About other benefits (Question 59)

This asks about any war pensions or industrial injuries benefits you may be getting or waiting to hear about.

How we pay you (Question 60)

This asks questions about how you'd like to be paid the benefit, if it's awarded.

Statement from someone who knows you (Question 61)

Here there's space for a statement from someone who knows you. The best person to complete this part of the claim-form is the one who is most involved with your treatment or care. It would be better if this person is medically qualified, such as your GP, neurologist or MS nurse. If possible, make an appointment with them so that you can discuss the matter. They'll need to know about your mobility problems and care or supervision needs. If you have written a diary (see page 15), give them a copy of it. If you have made an extra copy of the completed claim-form, you can give them this as well.

There's a box on this page of the claim-form where the person providing the statement is asked to write down what your illnesses and disabilities are and how they affect you. Here they can clarify specific points that are central to your claim. The person may wish to confirm whether, in their opinion, you meet the conditions for the benefit. To help, you can show them the boxes on pages 2, 3 and 4 of this booklet, highlighting which conditions you think that you satisfy.

Extra information (Question 62)

Question 62 simply provides space for you to give any extra information you think supports your claim. (If you run out of space on this page as well, use extra sheets. Put your name and National Insurance number on any extra sheet, just in case it gets split up from the main claim-form.)

Declaration (Question 63)

Sign the declaration when you consider that what you have written on the claim-form is both correct and complete.

If someone else is signing on your behalf, they must follow the procedure in Question 14.

Notes:

Keeping a diary

If you're claiming the care component of DLA, writing a short diary of your care and supervision needs can greatly improve your chances of success. It can also be very important when trying to explain symptoms that fluctuate either during a single day or over a longer period.

The simplest form of diary would be an account of your care and supervision needs over a typical day. Longer-term diaries can also be useful, for example when explaining more sporadic problems that result from MS, such as stumbles and falls.

One-day diary

Start from the time you get up in the morning, through a 24-hour period, ending with the time you get up the following morning. Try to list all the times when you need a hand from someone else or you have difficulties doing something because there's nobody around to give you a hand. The previous section gives an outline of what sort of help counts. When you write something down, try to answer the following questions:

1. What help do you need?
2. Why do you need the help?
3. At what time do you need help? and
4. How long do you need the help for?

The following examples show how you might set out a diary for this.

If your needs vary from day to day, it would be worthwhile keeping the diary over a few days to get a clearer picture of your care needs.

Diary of a 35-year-old woman recently diagnosed with MS

In this case, the person writing the diary is a 35-year-old woman who was diagnosed as having MS three years ago. She has relapsing remitting MS.

Prior to being diagnosed with MS my vision became blurred, particularly in my right eye. I was found to have developed optic neuritis due to MS. At the same time, I started having balance problems and fatigue. The optic neuritis has got better since then, but my vision and fatigue still get worse through the day, particularly when it's hot or when I overdo things. The balance problems remain.

7.45-7.50am My husband accompanies me when I go down the stairs, in case I lose my balance. I had a nasty fall last year and worry this may happen again.

8.15-8.30am I can make my breakfast, but my husband needs to bring the teapot over to the kitchen table, as I have previously stumbled and scalded myself doing this. While having breakfast my husband will read any post that I have difficulty reading.

8.45-9.10am My husband walks me to work. Prior to the diagnosis I fell down three times outdoors, due to balance problems. On one of these occasions I fell in the road; on another I twisted my ankle. When I am outdoors now, I always have someone with me to support me if I stumble or fall.

12.30-1.30pm I go for a walk in my lunch break. My GP has advised me to take as much exercise as I can. One of my colleagues comes with me.

5.15-6.00pm My balance and fatigue get much worse later in the day, so another colleague usually takes me home. Otherwise my husband will pick me up.

6.45-7.15pm I need help cooking, due to the balance problems and my eyesight. My husband checks the writing on the ingredients (and checks things like the cooking instructions), as I have trouble focussing on them by this time. He drains hot pans and lifts things out of the oven, as it would be dangerous for me to do this, due to my balance and visual problems.

Continued from previous page:

My fatigue also means I often need to take a rest half-way through preparing the meal, at which point my husband needs to take over completely.

10.15-10.20pm My husband accompanies me upstairs to bed. Later, he clears up in the kitchen as my fatigue means I'm unable to do this.

Diary of a 54-year-old man with secondary progressive MS who is re-applying for DLA

This diary is for a 54-year-old man with secondary progressive MS. This is to support a new claim. He did get DLA previously, but this stopped two years ago following an improvement in his symptoms (at that time his MS was still relapsing remitting).

9.20-9.25am My partner needs to provide encouragement for me to get up. I'm on anti-depressants but sometimes I still find it hard to motivate myself to get up.

9.30-9.40am I can physically dress myself, but I have memory and concentration problems. My partner needs to remind me to put on clean and appropriate clothes.

9.45-9.50am Again, I can physically wash myself, but I need encouragement to do it. My partner checks if I've done everything properly. I get very tired and sometimes can't finish a job.

10.00-10.05am My partner reminds me to take my pills.

10.15-10.35am My partner looks through the post with me and helps me with official letters. I get confused with forms and such like, and I have problems with my eyes.

10.40am-12.30pm I need to go to the doctors. My partner comes with me. While I'm OK in the estate I live in, I can get lost and panicky anywhere else if I'm alone. This is made worse by my sight problems. My partner also comes in to the doctor's room to help me when I have difficulty remembering a word. This often happens; I know what I want to say, but it doesn't come out. We take the taxi home because I'm really tired. I get tired easily because of the MS.

3.00pm-4.30pm I go to sleep while my partner goes to work for the afternoon. I can call their mobile number if I need to.

6.00-6.30pm My partner returns. We go shopping. Though the shops are just round the corner, I forget things and have trouble reading a list. I need help if the assistants ask me questions and I start losing words again.

7.00-7.45pm My partner cooks tea. I help. I couldn't do it all by myself. My vision makes it difficult and there's not much strength in my arms and hands. I also get confused and tend to burn things. Anyway, I soon get really tired and could not finish the job off. After I set the chip pan on fire last year, my partner has taken charge!

9.45-10.00pm Really tired now. My partner makes sure I don't go to sleep in my day clothes.

Diary of a 49-year-old woman with secondary progressive MS who wants her award to be reviewed

This is a diary for a 49-year-old woman with secondary progressive MS. She already receives the lowest rate of the care component. Her care needs have increased over the last 18 months and she wants the award to be reviewed. She lives alone. Her diary is about the help that she really needs rather than the help she currently gets.

8.00-8.15am I go to the toilet. I have bladder and bowel problems due to my MS and have to go quite often. I also have tremor; my hands shake when I want them to be steady. I can't wipe myself after toileting as effectively as I would like.

8.15-9.05am I would prefer to shower every day. The shower is in the bath. As I am unsteady on my feet, I need help getting in and out and do not shower alone. Fortunately, my daughter Ann is able to come round and help me three days a week. Ann soaps and washes those parts of my body I have missed. I have difficulty brushing my teeth, drying and brushing my hair, and applying deodorant due to tremor, so Ann helps me.

9.10-9.45am Help is also needed getting dressed. Pulling on jeans, skirts and shirts is difficult and time consuming. Buttons, laces and zips, I find impossible. I don't dress properly on the days that Ann doesn't come round.

9.50-10.00am Go back to the toilet again. This is annoying, having just washed. I can't ask Ann to help with wiping.

10.05-10.25am Ann brings me breakfast. She clears up the spillage caused by my tremor after I've finished. Ann adjusts the heating for me: I become very fatigued if it gets too warm.

10.30-10.45am My physio has given me exercises. Ann helps with the leg bending.

11.00-11.30am Ann helps me on with my coat and then we go for a short walk to the park and back. My gait and coordination are poor and I get leg spasms. Though I can walk, I link arms with Ann, for balance. I have fallen in the past and been unable to get back up, due to the spasms and weakness.

12.45am-2.00pm Back home. Martin arrives. I work from home, doing accounts. I use an adapted computer. I employ Martin to assist with the paperwork: I can't manage this anymore due to the tremor. He also brings me cups of tea. I need to rest after a couple of hours as I can get very fatigued.

2.10-2.20pm Visit the toilet again.

2.30-5.00pm Work with Martin again.

6.00-7.00pm My ex-husband Dave comes round to cook me tea. He clears up afterwards.

8.00-10.00pm My friend Sarah visits and we play scrabble. She has to put my letters on the board (I have demolished games in the past with my tremor, sometimes when I was winning!).

2.15-2.30am and 4.30-4.45am I need to go to the toilet again.

5.15-6.30am I wake up with back pain. Massage would help. It takes over an hour to get back to sleep again.

* *This woman also requested a care needs assessment from adult social care. For more information about this see the MS Society booklet* Getting the best from social care services.

One-month diary of a man with secondary progressive MS

This is a longer-term diary produced by a man with secondary progressive MS, detailing the falls and stumbles that he has sustained over a period of one month. He will also have produced a one-day diary, similar to those in the previous boxes.

03/02/15 Fell in living room. The table I was using to steady myself gave way and I hit the ground. Bruised right arm. It took me five minutes to get up again.

09/02/15 Tripped in hall. Didn't lift my left foot high enough above the ground. Fell into cupboard. No injury or damage.

17/02/15 Stumbled on patio, carrying small plant pot. Poor coordination and leg spasm to blame. Banged my head on the door. Small cut above left eyebrow. Need a new plant pot.

19/02/15 Fell in shower. Spasm in right leg. Badly bruised right shoulder. Took ten minutes to get out. Scalded my right thigh. I rang my GP, who sent nurse round to look at the injuries. Not too serious; could have been much worse. She dressed the scald.

24/02/15 Stumble in hall. Poor coordination. Didn't hurt myself, but trod on the cat, who won't come near me now.

28/02/15 Fell on the patio again. Spasm in right leg. My son was there. Badly sprained left ankle. My son suspected I might have broken something and took me to casualty, where the ankle was cold-compressed and dressed.

Longer diaries

For most claims, the diaries outlined above will be all that's needed. Sometimes, however, it's necessary to keep diaries over longer periods of time. Long-term diaries tend to concentrate on one or two matters. For example, if you're prone to falls and stumbles, you should keep a record of when you fall and any injuries that you receive when you have fallen. The example above shows how you might set out a diary for this.

Making use of the diary

Once you have finished writing the diary, put your name and National Insurance number at the top and make several copies of it. Most post offices and local libraries have a photocopier that you can use. Keep one copy of the diary for yourself.

Give a copy of the diary to the person you have asked to complete the 'Statement from someone who knows you' (Question 61) in the DLA claim-form. If you can, make an appointment with them to fill in that part of the form. Make sure they read your diary before they do this. Explain to them that you're making a claim for DLA and that the diary is to help them in the event that they receive a questionnaire to complete about your condition. Finally, you should send copies of the diary to anyone else that you have listed in the claim-form, such as nurses, physiotherapists or speech-therapists. Again, this will help should they receive a questionnaire to complete.

Before you send the claim-form

Before sending off the DLA claim-form, make a copy of it and keep this in a safe place. Send off the form in the envelope provided with the claim-pack. If you have written a diary, make sure you include a copy of that and also, if you have one, a spare printed prescription list from your doctor.

How your claim is assessed

Your claim-form will arrive at the Disability & Carers Service (DCS), the government offices that administer disability benefits in Northern Ireland. The claim-form will be read by an officer called a 'Decision Maker'. They'll decide what to do next. They might telephone you, to clarify any of the things that you have written on the claim-form. They might send a questionnaire to any of the people that you have mentioned on the form. This is why it's important for you to make sure that these people know all about any walking difficulties or care and supervision needs that you may have.

The Decision Maker may also arrange for you to undergo a medical examination by a DCS-approved health care professional. This will normally take place in your home. If the Decision Maker decides that this is appropriate, you'll receive notice of the visit. Contact them as soon as possible if you can't be in at the arranged time. If your first language is not English, you can ask them to provide an interpreter.

The medical examination

If you have a carer, try to ensure that they're in when the health care professional visits. Your carer wont be able to answer questions on your behalf (unless the health care professional can't understand your speech or you can't understand their questions). Your carer will, however, be able to add to what you have to say, particularly with respect to their role as carer. Before the health care professional comes, read through the copy that you made of your DLA claim-form.

The health care professional will start by asking you questions about each of the areas where you stated you had problems on the form.

If you have said on the claim-form that you have physical problems walking, the health care professional will ask how you manage out of doors. They will probably ask whether or not you can walk to familiar locations outside your home: the nearest lamp post, the shop on the corner, the bus-stop. They will have already estimated how far these things are away from your home. They want to make sure that what you have said on the claim-form is accurate. For instance, if you said on the form that you could only walk 20 metres, but then tell the health care professional that you can walk to a bus stop 200 metres away, there will be some confusion as to how far you can actually walk. You need to give clear, accurate information to avoid this confusion. Let the health care professional know how far you can walk on an average day. Try to make it clear at what point you feel 'severe discomfort'. Describe how you feel at this point.

You should let the health care professional know about any pain or tiredness you feel when carrying out each of the activities noted on the claim-form. Let them know about any variation in your condition and about both good and bad days. Show them any medical evidence that you may already have confirming your problems. Try to make sure that what you tell them is consistent with what you have already put on the DLA claim-form, unless of course there has been a significant change in your condition.

The health care professional will also carry out a brief physical examination. Once they have completed their medical report, they will send it back to the Decision Maker who will decide whether or not to award you DLA and, if it's awarded, at what rate.

Delays and complaints

If there's a delay, contact the Disability and Carers Service. If you're not satisfied with the answer that you're given, or wish to lodge any other complaint, ask to be put through to the office manager.

The decision

You'll be informed in writing of the decision. Benefit will normally be paid for a fixed period, say of one or two years, or it will be an indefinite award if your care and mobility needs are unlikely to change in the future. If the benefit is paid for a fixed period, you will get a renewal form four or five months before the end of the award. Keep the copy of your DLA claim-form to use as a guide when you need to fill in the renewal forms.

Other benefits

If you're awarded DLA, you should inform the offices that deal with any other benefits that you receive. Benefits such as Employment and Support Allowance and Housing Benefit can often be increased when you have been awarded DLA.

If you have been granted the middle or highest rate of the care component and have a carer, they should consider making a claim for Carer's Allowance. They should seek advice before making a claim, however, to make sure that your benefits are not affected by their claim. Information on Carer's Allowance and claim-packs for it can be obtained from the Benefit Enquiry Line on 0800 220 674.

Notes:

If you're not happy with the decision

If your claim for DLA is turned down, you have one month from the date of the decision in which to ask the Disability and Carers Service (DCS) to reconsider it.

You can also ask for a reconsideration if you're unhappy with the level of the benefit that has been awarded or the duration of the award. For instance, you might be awarded the middle rate care component of DLA because they think you need frequent help during the day, but you believe that you should receive the highest rate, because you also need repeated help at night.

Be careful, however, because when you ask for a reconsideration, the DCS will look at the whole claim again and they can take away the rate already awarded. If you're in any doubt, seek advice from a local advice centre, such as a Citizens Advice Bureau.

If your claim is turned down, you'll need to know why. You'll also need to get your reconsideration request in on time. Telephone the number on the decision letter. When you get through, you should do the following:

1. Request a reconsideration of the decision. State your grounds simply at this stage, such as, 'I believe that you have underestimated the degree of my disability and consequently underestimated the extent of my mobility problems and my care and supervision needs.'

2. Ask them to send you copies of all the evidence that was used in making the decision.

3. Ask them not to take any further action until you have had the chance of responding to that evidence.

Put your request in writing as well. Send it to the address on the decision letter. Keep a copy for yourself. If you have not received the evidence after two weeks, telephone them again to remind them to send it. When you do receive the evidence, you will gain a better idea of why your claim was refused.

Building a case

Sometimes the only evidence used will be the information you gave on the claim-form. In most cases, however, there'll be a medical report as well. This will be either a short one from your GP, neurologist or MS nurse, or a longer one from a health care professional who examined you on behalf of the DCS. Compare the report with your claim-form. Try to find where a difference of opinion arises.

For example: you may have written on your claim-form that you couldn't get up and down the stairs without support, but the health care professional who examined you noted in their report that they thought that you could manage by yourself. Now try to get medical evidence that shows that what you said on the claim-form was correct. A letter from your doctor or neurologist, for example, confirming the difficulties and risks you have in getting up and down stairs, possibly detailing any falls that you have had that they are aware of.

Once you have obtained some evidence to support your case, send it off to the address on the decision letter. If it's likely to take a while to obtain the evidence, you must inform the DCS how long this is likely to take, so they do not make a decision straight away.

A Decision Maker will look at any further evidence you send in. They'll then either award benefit or write back to you explaining that they have been unable to change the decision. In this case all is not lost, as you now have a month from the date of the new decision to lodge an appeal to a tribunal.

Appeals

You can appeal against a decision on the official appeal-form, GL24; you can phone the number on the decision letter to ask for this form. On the appeal-form, you should state clearly why you disagree with the decision. You should state what rate of DLA you consider that you should have been awarded, why you think you should have been awarded it, or why you think the award should have been for a longer period. Make a copy of the completed appeal-form before sending it off. You should try to obtain evidence to support your case, as with reconsiderations described above.

Your appeal will be heard by an independent 'First-tier Tribunal'. You'll be invited to attend this. Your chances of winning the tribunal will be greatly increased if you do. These tribunals are informal – they're not like courts. If you have a carer, they can attend the tribunal as well, to provide their account of your needs. You can contact a local advice centre (such as a Citizens Advice Bureau or local authority welfare rights service) to see if they can give you any support with an appeal and possibly provide you with a representative to present your case at the tribunal. See 'Useful organisations' (page 26) for contact details.

Notes:

What if your condition changes?

Once you have been awarded DLA, you are obliged to inform the Disability and Carers Service (DCS) if there is any change in your condition. Such a change could lead to your DLA award being increased or reduced, depending on the type of change.

What if there's a short-term change in your condition?

You may have short-term relapses and remissions of your symptoms, particularly if you have relapsing remitting MS.

You don't need to inform the DCS of every minor fluctuation of your condition. Awards of DLA are made for significant periods – six months is normally the minimum time an award can be made for. The fact that your condition fluctuates should have been taken into account when the original award was made anyway. So the staff at the DCS are really only interested in being informed of changes in your condition that are likely to last for several months and are likely to affect the level of the award that you have been granted. If, however, you have any doubt as to whether or not a change in your condition will have an effect on your claim, you should inform the DCS anyway (028 9090 6182). This way possible overpayments and underpayments can be avoided.

What if there's a long-term change in your condition?

If there's been a change in your symptoms and you feel that this will have a long-term effect on your mobility or your care needs, you can ask for your DLA award to be looked at again. This way you can claim the mobility component if you're only getting the care component, or claim the care component if you're only getting the mobility component. You can also claim a higher rate of either component. Note that you normally need to have satisfied the conditions for the new or higher rate of the benefit for three months before your award can be increased.

A word of caution: if you ask for your award to be looked at again, they'll look at the whole claim again, and they can take away the benefit that you have already been awarded. So, before requesting a review, try to obtain some evidence to back up your case.

For example: let's say you're getting the middle rate care component of DLA because of the help that you need during the day. Three months ago your condition got worse and you started needing help on most nights. Firstly, keep a 24-hour diary showing your new care needs over a typical day and night (see diary examples on pages 22 to 23), then take it to someone who is treating you, such as your GP or neurologist. See if they will write you a brief letter confirming that your condition deteriorated three months ago and your care or supervision needs as stated in your diary are 'reasonable'. Then contact the DCS (028 9090 6182) and ask for a review. You'll then be sent a new claim-form to complete. You can attach a copy of your support letter to the completed claim-form.

If you're in any doubt about if you should request a review, seek advice from a local advice centre, such as a Citizens Advice Bureau.

If there's an improvement in your condition and consequently an improvement in your mobility or a reduction in your care or supervision needs, you're obliged to inform the DCS (028 9090 6182). Forms will duly be sent out and your benefit reviewed.

Periodic checks to your award

Occasionally, existing awards of DLA are checked to see if they're still correct. This can happen at any time, irrespective of the length of time you have been awarded DLA. If your award is to be checked in this way, you should first be sent an enquiry form, which you will need to complete. This will be very similar to the original claim-form that you completed before you were awarded the benefit. For this reason, it's very important to keep a photocopy of your original completed claim-form. If you do not have a copy, you can ask for one, for guidance purposes, from the DCS (028 9090 6182).

If you go into hospital or long-term care

If you go into hospital, your DLA will stop after you have been in hospital for 28 days (it can stop sooner however, if you have had another stay in hospital recently). Payment of DLA can be resumed once you have left hospital.

If you move into a care home, payment of the care component of DLA will usually stop after 28 days (unless you're paying the care home fees in full yourself). You can continue to receive the mobility component. Payment of the care component can be resumed if you leave the care home.

Future changes

If the Northern Ireland Assembly agrees to pass the Welfare Reform Bill, DLA will be replaced by a new benefit, the 'Personal Independence Payment' (PIP) for people of working age (between the ages of 16 and 64 inclusive). PIP has already been introduced in Great Britain. It has similarities with DLA, but the eligibility rules are stricter. For more on PIP, see our booklet 'Claiming Personal Independence Payment'.

Notes:

How DLA affects other benefits and tax credits

DLA can act as a 'passport' to other social security benefits and tax credits. It's well worth checking your entitlements if you're awarded DLA or your award rate increases. We describe the main benefits here briefly, but you can get more detailed information from the MS Society website www.mssociety.org.uk

Carer's Allowance

Carer's Allowance is a benefit for people who regularly spend 35 hours or more a week caring for a disabled person. This benefit is paid to the carer, and not the person with MS. In order for your carer to receive Carer's Allowance, you must be getting the middle or highest rate of the DLA care component. If your carer works, they must not earn more than £110 a week. Claim-forms can be obtained from the Benefits Enquiry Line 0800 220 674.

Employment and Support Allowance

Employment and Support Allowance (ESA) is paid if you have a limited capability for work. It can be paid if you have met the National Insurance contribution conditions or if you have a low enough income. In certain circumstances you can still receive it if you're in part-time work. A higher amount may be payable once you have been awarded DLA. You can claim by calling the ESA Centre: 0800 085 6318. For more information, see the MS Society booklet Employment and Support Allowance.

Housing Benefit

Housing Benefit is paid by the Northern Ireland Housing Executive to help those on low incomes to cover their rent and rates. A higher amount of this may be payable once you have been awarded DLA. Claim-forms are available from the Northern Ireland Housing Executive (03448 920 902).

Motability

If you're awarded the higher rate of the mobility component of DLA, you may be able to use it to lease a car, powered wheelchair or mobility scooter from Motability. For more information, contact Motability: telephone 0845 456 4566 or go to www.motability.co.uk

Blue Badge

If you're awarded the higher rate of the mobility component of DLA, you can qualify automatically for a Blue Badge for parking concessions. Contact the Blue Badge Unit (0300 200 7818) or go to www.nidirect.gov.uk/blue-badge-scheme.

Vehicle Excise Duty exemption

You are exempt from Vehicle Excise Duty, including the first registration fee, for one car if you receive DLA higher-rate mobility component. The car can be yours or you can nominate another person's vehicle (including a company car). An exemption certificate is available from the Disability and Carers Service, if you don't receive one automatically with your DLA award: call them on (028 9090 6182).

Officially, the vehicle is exempt only when used by or for the purposes of the disabled person. This could include someone else running errands for them. But this area has never been clearly defined. Using an exempt car for something totally unconnected with the disabled person is illegal.

If you're concerned about this area, contact the DVLA for clarification.

Tax Credits

If you're in relatively low-paid work you may be able to claim Working Tax Credit to top up your wages. Once you have been awarded DLA, a higher rate of Working Tax Credit may be payable. If you're responsible for children you may be able to claim Child Tax Credit. You can claim both types of tax credit on the same claim-form, available from the Tax Credit Helpline – telephone 0845 300 3900.

Further reading & Useful organisations

The Disability Rights Handbook published by Disability Rights UK and updated every year, gives more details on DLA and other social security benefits for disabled people, their families and carers. In particular, there is a section devoted to the appeals process, should your claim be unsuccessful. You can buy a copy directly from Disability Rights UK: telephone 020 7250 8181 or www.disabilityrightsuk.org

Useful organisations

Benefit Enquiry Line

Confidential advice and information about disability benefits.
Freephone 0800 220 674
Textphone 028 9031 1092
Phone lines open: Monday, Wednesday and Friday 9.00am to 5.00pm; Thursday 10.00am to 5.00pm.

Benefits Shop – Northern Ireland

Run by the Northern Ireland Department for Social Development, the Benefits Shop offers information and advice about benefits, including help with completing forms.

Ground Floor Castle Court, Royal Avenue,
Belfast,BT1 1DF

Disability and Carers Service

The office to contact if you need to inform them of changes in your condition.

Castle Court, Royal Avenue, Belfast, BT1 1HR
Telephone 028 9090 6182

Citizens Advice

Help with welfare rights, housing and disability advice. To find local offices in Northern Ireland:
www.citizensadvice.co.uk
Online advice: **www.adviceguide.org.uk**

NI Direct

Government website including information on DLA and other benefits: **www.nidirect.gov.uk**

Disability Law Service

National charity providing free, confidential legal advice and support in social welfare and disability discrimination law for disabled people, their families and carers. The MS Society funds a dedicated MS Legal Officer who can provide basic legal advice and information and can arrange for an appointment with a specialist employment adviser.

Telephone 020 7791 9800
Textphone 020 7791 9801
www.dls.org.uk

Disability Rights UK

Disability Rights UK provides information on benefits through publications (like the Disability Rights Handbook), and free factsheets from its website. It campaigns for improvements to the social security system. It cannot answer questions over the phone.

CAN Mezzanine

49-51 East Road London N1 6AH
Telephone 020 7250 8181
www.disabilityrightsuk.org

Local authority welfare rights

Many local authorities have welfare rights departments, which support people with claiming benefits. To get in touch, call your local authority or check their website.

Further information

Read more

Our free booklets help explain MS, look at its practical and emotional effects, and help you find your own ways to manage life with MS. Information is available in large print, audio format and a number of languages. For copies, email: shop@mssociety.org.uk or call 020 8438 0999.

We can help you find and borrow other books, research articles and DVDs about living with MS. Search online or call the librarian on 020 8438 0900.

Find out more online

Get the latest on research, campaigns, and MS news. Chat online with our message boards and Facebook. Follow us on Twitter, see the MS community at Flickr and watch us on YouTube.

Join us

Just by being a member you strengthen the voice of all people affected by MS. For only £5 a year you will receive our national magazines – *MS Matters* and *Research Matters* – local newsletters and details of local events, as well as being able to vote on how we are run. Help us continue our vital work and join online at www.mssociety.org.uk/joinus or by calling 020 8438 0759.

Get in touch

The Freephone MS Helpline offers confidential emotional support and information for anyone affected by MS, including family, friends and carers. Information is available in over 150 languages through an interpreter service.

0808 800 8000 (weekdays 9am-9pm) or
helpline@mssociety.org.uk

Near you

Our volunteers run over 300 local branches and support groups. They provide information about MS and local services, and a chance to meet others affected by MS and take part in a range of activities.

In many parts of the country, you can pick up our booklets at MS Society Info Points. Larger information centres – including ones in our national offices in London, Belfast, Cardiff and Edinburgh (Newbridge) – can help you with information about MS and services in your area.

Or come along to our local and national events and learn more about MS from expert care professionals, researchers and other people with the condition. Find out more online or call your national office.

Authors and contributors

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With thanks to all those who tested and reviewed this guide, including Frank Pitfield of the Wembley Disability Benefits Centre, Hayley Jordan and Shana Pezzaro.

Suggestions for improvement in future editions are welcomed. Please send them to **infoteam@mssociety.org.uk**

Contact us

MS National Centre

☎ 020 8438 0700

✉ info@mssociety.org.uk

MS Helpline

☎ Freephone 0808 800 8000

(weekdays 9am-9pm)

✉ helpline@mssociety.org.uk

Online

www.mssociety.org.uk

www.facebook.com/MSSociety

www.twitter.com/mssocietyuk

MS Society Scotland

☎ 0131 335 4050

✉ msscotland@mssociety.org.uk

MS Society Northern Ireland

☎ 028 9080 2802

✉ nireception@mssociety.org.uk

MS Society Cymru

✉ mscymru@mssociety.org.uk

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This title will be reviewed within three years of publication.

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