

Disability Living Allowance

Disability Living Allowance (DLA) is a benefit that can be paid if you need help with care or mobility. It helps you to meet the extra costs of living with a disability. It is split into two parts: a mobility component and a care component.

You can claim DLA for a child under the age of 16 if you can prove that they have had care or mobility needs for at least three months and will have them for at least six months. There is no lower age limit for the care component and anyone over the age of three can claim for the mobility component.

If you are over 65 years of age you may also be in receipt of DLA.

Please note that if you are aged 16-65 you may be eligible to apply for Personal independence payments which replaced DLA for working age residents in 2013.

You have to fill in a claim form to apply. You can get these by calling the Benefits Enquiry Line on 0800 88 22 00 or online at www.direct.gov.uk/disability-dla. The form asks different questions about your need for help when completing different tasks.

How does it work?

DLA is not means-tested and is tax free. Claiming DLA does not affect any other benefits you might be getting and it is paid on top of earnings and income. DLA is split into two parts: a mobility component and a care component. You can apply for both or either one of these as long as you satisfy the criteria.

DLA is awarded either indefinitely or for a fixed time period. If you have been awarded either component for a fixed time period, the Department for Work and Pensions (DWP) will contact you before your application expires. When renewing your DLA, you cannot presume that the Benefits office has any prior knowledge of your condition or your needs. So when applying for a renewal, go into as much detail as you did initially.

If you are over 65 and haven't claimed DLA before, you should claim Attendance Allowance (AA) instead, which is a tax-free, non-means tested benefit available for those disabled people aged over 65. If you're 65 or over, and already getting DLA, you are eligible to continue getting it after you reach 65. However:

- ▶ if you're 65 or over and you're only getting the care component of DLA, and you start to have mobility problems, you are eligible only for the DLA mobility component if you can show evidence that you qualified for it before your 65th birthday
- ▶ if you already get the mobility component, and your mobility problems get worse, you can't move to a higher rate of mobility component after you've reached 65
- ▶ if you're 65 or over and you're only getting the mobility component of DLA, and you start to have care needs, you'll normally be able to start getting the DLA care component only if you qualify for it at the middle or highest rate. If



you qualify only for the lowest rate care component, you won't get this unless you can show evidence that you qualified for it before your 65th birthday. The DLA care component has a six-month qualifying period for people who are 65 or over, so you need to show evidence that you've met the disability rules for six months, rather than the usual three, before you can be paid.

What are the criteria you need to meet?

The claim form you fill in asks different questions about your need for help when completing different tasks. You will need to satisfy the DWP that you meet the following criteria in order to qualify for DLA:

Care:

- ▶ Low rate care component (£22.65/week): you have to show the DWP that: you require attention for a significant portion of the day in connection with your bodily functions and/OR you cannot prepare a cooked meal for yourself if you have the ingredients.
- ▶ Middle rate care component (£57.30/week): you have to show that during the day you need: frequent attention in connection with your bodily functions OR continual supervision throughout the day in order to avoid substantial danger to yourself or others
- ▶ OR prolonged or repeated attention at night in connection with your bodily functions OR frequent help with personal care or continual supervision throughout the day only, or help with personal care or someone to watch over you during the night only.
- ▶ High rate care component (£85.60/week): you have to show that you have the care needs mentioned above for both the day AND night time you can get DLA for your care needs even if you live alone and no-one actually gives you the care you need.

Mobility

- ▶ Low rate mobility component (£22.65/week): you have to show that you are unable to go outside and walk an unfamiliar route without guidance or supervision from another person.
- ▶ High rate mobility component (£59.75/week): you must be barely able to walk owing to a physical disability OR be getting the High rate care component of DLA AND be severely mentally impaired from arrested development of the brain AND have severe behavioural problems needing constant supervision to avoid danger to yourself, others or property.

How can you strengthen your application?

On your application form give as much detail as possible illustrating how you meet the criteria. Your general practitioner (GP) or specialist will have to fill out part of your application. Explain to your GP/specialist how your condition affects your daily life so that they can support your application. The letter should describe your need for help and supervision, relate to the progressive nature of your illness, and explain what will happen if this help and support is not available



A good example is when you are asked how much attention you need, make sure you go into detail:

1. bad example: I need help when I leave the house
2. good example: I find it very difficult to walk around my house and I am unable to walk short distances without feeling severe pain and discomfort.

One of the biggest reasons applications are rejected is that people do not clearly state their limitations. Make sure you go into adequate depth about your difficulties, for example:

- ▶ when estimating how far you can walk, remember to say how far you can manage without severe discomfort, even if you could push yourself to do more
- ▶ highlight your underlying needs rather than what you actually do in certain circumstances, for example if you avoid certain activities, be clear about this
- ▶ mention whether certain tasks require help because of pain and discomfort, even if it is not all the time
- ▶ remember that “cooking a meal” includes the whole preparation process: getting food from cupboards, opening cans, chopping, as well as actually cooking and using the oven. Think about whether or not there would be “danger to you or other”
- ▶ think about the consequences of not having the help you need. Also, remember that the person reading your form in the benefits office will probably have no experience of neuromuscular conditions and their complexity, so provide as much helpful information as you can, and explain if there are times when you can do something and times when you cannot. If, after your assessment you do not get the outcome you think you should, you can appeal the decision.

Other related publications

This factsheet is to be used alongside the following publications:

- ▶ Personal independence payments
- ▶ Attendance Allowance

Here for you

The friendly staff in the care and support team at the Muscular Dystrophy UK's London office are available on **0800 652 6352** or **info@musculardystrophyuk.org** from 8.30am to 6pm Monday to Friday to offer free information and emotional support.

If they can't help you, they are more than happy to signpost you to specialist services close to you, or to other people who can help.

www.musculardystrophyuk.org