



DO USE THIS FORM

- **to claim help with paying health/travel costs for:**
 - HS prescriptions • HS dental treatment • HS wigs and fabric supports
 - Sight tests, glasses and contact lenses • Travel to hospital for HS treatment

You might be able to get them free, or get help with paying for them.
 - You should use this form to claim help with the cost of Prison Visits and expenses prior to your visit.
 - **to claim help for:** • you • your partner • your children
 - **at any time before you need treatment**
- You *don't* have to wait until you need help with paying health costs

Important Note – For people aged 60 or over your claim will be dealt with by the Pension Service, they can be contacted on 0808 100 6165.

DON'T USE THIS FORM

- **you cannot get help if you or your partner have more than:**
 - £16,000 in property, savings or any other money (don't count the place where you live)
 - £23,000 in property, savings or any other money if you live permanently in a care home.

Note - if you have a partner, their property, savings or any other money is counted with yours
- **you are already entitled to full help with health costs if you or your partner are getting:**
 - Income Support
 - Pension Credit Guarantee Credit
 - Income-based Jobseeker's Allowance
 - Income-related Employment and Support Allowance; or
 - You are named on or entitled to a Tax Credit HS Exemption Certificate

But, if you paid any health or travel costs *before* you were getting any of these benefits or became entitled to your Tax Credit HS Exemption Certificate, read the back cover of this form to see what to do to claim your money back.

Important Note – If you are living in a care home you may need a different form. Please contact your local Social Security or Jobs & Benefits office if you are under 60, or if you are aged 60 or over the Pension Service on 0808 100 6165.

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

HOW TO FILL IN THIS FORM

Work carefully through this form and you'll find you won't have to answer all the questions. In most of this form, we ask you to tick a **NO** or **YES** box and give any details needed. In other parts, we ask you to answer with a if the answer is **YES**. If the answer there is **NO**, the notes on the side of this box will tell you where to go next.

What we need to know about - we need to know about you and your partner. The details you give should refer to your circumstances on the date that you actually sign this form.

What we mean by 'partner' - we use 'partner' to mean a person you are married to or a person you live with as if you are married to them or a civil partner or a person you live with as a civil partner. If you do not have a partner, fill in details only about yourself.

If you need more space - for more space for any of your answers, use **Part 10**.

If you are claiming money back - use **Part 10** to tell us if your circumstances have changed between the date you paid and the date you signed this form.

If you are a full-time student - you do not pay HS charges while you are aged 16, 17 or 18 and you are also entitled to free sight tests and the full value of vouchers towards the cost of glasses or contact lenses. You do **not** need to fill in this form before your **19th birthday unless** you need help with the cost of travel to hospital for HS treatment or you need help with the cost of Prison Visits.

HOW TO FILL IN THIS FORM ON BEHALF OF SOMEONE ELSE

If you are filling in this form for someone else, they are responsible for making sure the information given is correct. They should tell you what to write for them and they should sign or make their mark in **Part 11** **Box 11A**.

If you are filling in this form for someone who is incapable of understanding it, you are responsible for making sure the information provided is correct. You should fill in the form and sign it yourself in **Part 11** **Box 11B**. Please make sure you give the details we ask for in **Box 11B**. If you are still not sure what to do, call your local Social Security or Jobs & Benefits office, or if you are aged 60 or over contact the Pension Service on 0808 100 6165.

WHAT TO DO WHEN YOU'VE FILLED IN THE FORM

Check that you have answered **all** the questions that apply to you and your partner (if you have one). Make sure that you have signed and dated the form in **Part 11** and given the details and evidence we have asked for.

Once you have checked everything, pull off this cover and keep it for information and post the form in the envelope provided to your nearest **Social Security or Jobs & Benefits office**. Write in this box the date that you posted the form to us.

DATE POSTED / /

WHAT HAPPENS WHEN YOU'VE SENT OFF THIS FORM

About your claim:

- your claim will be dealt with by your local Social Security or Jobs & Benefits office, or if you are aged 60 or over the Pension Service
- you'll normally hear from us within 4 weeks from the date we get this form
- if you have any queries about your claim, or you have not heard from us after 4 weeks, you can contact your local Social Security or Jobs & Benefits office **Monday - Friday between 9.00 am and 5.00 pm** or the Pension Service on 0845 601 8821 **Monday - Friday between 9.00 am and 5.00 pm**
- if you are not satisfied with our handling of your claim or you want us to formally review our decision, please write and tell us the reasons why.

Please note - we can only give information about your claim to another person with your permission.

If you qualify for help - we'll send you a certificate which can be used to get help for:

- you
- your partner

The certificate will tell you how long it lasts for - when your certificate arrives fill in this box

VALID UNTIL: / /

If you wish to renew your certificate, fill in and send us a new HC1 form **four weeks before** the certificate runs out. You can make another claim **at any time** if your circumstances change. Your certificate will start on the date we get your fully completed form.

If we send you a new certificate before an old one runs out, you can use whichever one gives you the most help - you don't have to wait until the old one runs out before using the new one.

IN PARTS 7, 8 AND 9 OF THIS FORM WE ASK YOU TO SEND US PROOF OF WHAT YOU'VE TOLD US. WE CANNOT DEAL WITH YOUR CLAIM WITHOUT IT. WE NEED PROOF EVEN IF YOU HAVE CLAIMED PREVIOUSLY. PHOTOCOPIES ARE ACCEPTABLE AS EVIDENCE.

- If you can't get it (or don't have it) *tell us why*, but send the form to us anyway as help starts from the date we get your fully completed form
- If you don't provide the evidence we ask for there may be a delay in processing your claim and you may not receive the help you could be entitled to
- If you are not sure what proof you should send or you have any queries, contact your local Social Security or Jobs & Benefits office, or if you are aged 60 or over contact the Pension Service on 0845 601 8821. They will be able to tell you what to send
- We might need to write to you about other things that you've told us.

NOTE: The information on this form may be disclosed to other public bodies for the purposes of checking entitlement and preventing or detecting fraud.

Part 1 About you and your partner

1	Are you claiming for health or travel costs you have already paid?	NO	<input type="checkbox"/>
		YES	<input type="checkbox"/>

GO TO QUESTION 2

THE 'CLAIMING MONEY BACK' PAGE TELLS YOU WHAT TO DO. READ IT BEFORE FILLING IN THIS FORM. GO TO QUESTION 2

2	Do you have a partner who is living with you?	NO	<input type="checkbox"/>
		YES	<input type="checkbox"/>

PLEASE USE THE REST OF THE FORM TO TELL US ABOUT YOURSELF.
PLEASE USE THE REST OF THE FORM TO TELL US ABOUT YOU AND YOUR PARTNER.

PERSONAL DETAILS – PLEASE WRITE IN BLOCK CAPITALS

	YOU	YOUR PARTNER
SURNAME	<input type="text"/>	<input type="text"/>
OTHER NAMES	<input type="text"/>	<input type="text"/>
MR/MRS/MISS/MS/OTHER	<input type="text"/>	<input type="text"/>
DATE OF BIRTH	<input type="text"/>	<input type="text"/>
NATIONAL INSURANCE NUMBER	<input type="text"/>	<input type="text"/>
ADDRESS	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
	POSTCODE	<input type="text"/>
DAYTIME TELEPHONE NUMBER INCLUDING DIALLING CODE	<input type="text"/>	

We may need to contact you about your claim between the hours of 9.00 am and 5.00 pm. Please tell us what time is most convenient to telephone.

PLEASE GO TO **Part 2** PAGE 2

Children and young people are:

- Children under 16 who normally live with you
- Young people aged 16, 17 or 18 who normally live with you and who are still in full-time education doing a course that is not higher than GCE 'A' Level, or equivalent
- Don't count young people who have permanently finished a course like this. Tell us about them in [Part 5](#). Don't count children or young people who are boarding with you, or foster children. Tell us about them in [Part 5](#) and use [Part 8](#) to tell us about any money you get for looking after them.

1	Do you have any children or young people who live with you and whom you support?	NO	
		YES	

PLEASE GO TO
[Part 3](#) PAGE 3
 GIVE DETAILS BELOW

SURNAME	OTHER NAMES	DATE OF BIRTH	RELATION TO YOU

USE [Part 10](#) PAGE 14 IF YOU NEED MORE SPACE
 PLEASE GO TO [Part 3](#) PAGE 3

Property is:

- Any property or land in this country or abroad. **Do not count the place where you live.**

Savings are:

- Money in any account, including a current account in a bank, building society or post office
- Savings Certificates
- Premium Bonds
- Shares, unit trusts and other investments

Any other money includes:

- Any earnings being held for you by an employer
- Any cash you have

1

Do you or your partner have savings or any other money in this country or abroad?

NO
YES

GO TO QUESTION 2
GIVE DETAILS BELOW

<input checked="" type="checkbox"/>	SAVINGS:	
<input checked="" type="checkbox"/>	MONEY IN ACCOUNTS - total held in accounts	£
<input checked="" type="checkbox"/>	SAVINGS CERTIFICATES - tell us how many you have and the issue numbers	
		USE Part 10 PAGE 14 IF YOU NEED MORE SPACE
<input checked="" type="checkbox"/>	PREMIUM BONDS - tell us today's face value	£
<input checked="" type="checkbox"/>	SHARES, UNIT TRUSTS OR OTHER INVESTMENTS - tell us the name of the company or unit trust and the type and number of shares or units held	
		USE Part 10 PAGE 14 IF YOU NEED MORE SPACE
<input checked="" type="checkbox"/>	ANY OTHER MONEY - refer to the description in the blue box above.	£

GO TO QUESTION 2

2

Do you or your partner own any property or land (apart from the place where you live) in this country or abroad?

If the property or land is on a mortgage or loan, still tick yes.

NO
YES

PLEASE GO TO
Part 4 PAGE 5
GIVE DETAILS BELOW

WHAT IS THE ADDRESS OF THIS PROPERTY OR LAND?	
WHAT IS THE VALUE OF THE PROPERTY OR LAND?	£
HOW MUCH, IF ANYTHING, IS STILL OWED ON THE PROPERTY OR LAND?	£

GO TO QUESTION 3

3

Is the property or land for sale?

NO
YES

GO TO QUESTION 4
overleaf
GIVE DETAILS BELOW
GO TO QUESTION 4
overleaf

WHEN WAS IT PUT UP FOR SALE?	/	/
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4	Do you intend to occupy it?	NO		GO TO QUESTION 5
		YES		GIVE DETAILS BELOW
	WHEN DO YOU INTEND TO OCCUPY IT?	/	/	GO TO QUESTION 5

5	Are the premises occupied?	NO		GO TO QUESTION 6
		YES		GIVE DETAILS BELOW
	WHO IS THE OCCUPANT?			
	WHAT RELATIONSHIP IS THIS PERSON TO YOU OR YOUR PARTNER?			
	HOW MUCH RENT DO YOU GET?	£	EVERY	GO TO QUESTION 6

6	Do you have to pay any of the following for this second property?			
	MORTGAGE	✓	£	EVERY
	RATES OR COUNCIL TAX (for G.B. properties)	✓	£	EVERY
	WATER RATES	✓	£	EVERY

PLEASE GO TO **Part 4** PAGE 5

1	Does someone pay housing costs on your behalf? <i>Housing costs include rent, mortgage, rates, ground rent and service charges</i>	NO	<input type="checkbox"/>	GO TO QUESTION 2
		YES	<input type="checkbox"/>	GIVE DETAILS BELOW
	WHAT DO THEY PAY FOR?	<input type="text"/>		
	HOW MUCH DO THEY PAY?	<input type="text"/>		
	HOW OFTEN DO THEY PAY?	<input type="text"/>		
	WHO PAYS THE HOUSING COSTS?	<input type="text"/>		
		GO TO QUESTION 2		

IN THE REST OF THIS PART only tell us about your share and your partner's share of anything you pay for the place where you live.

2	Do you or your partner live in a care home ?	NO	<input type="checkbox"/>	GO TO QUESTION 3
		YES	<input type="checkbox"/>	GIVE DETAILS BELOW
	HOW MUCH DO YOU PAY? <i>You might pay this direct to that home or to the H & SSB or Trust.</i> <i>If you have a partner who lives with you in that home please include what they pay.</i>	£	<input type="text"/>	
		EVERY	<input type="text"/>	
	Is this a temporary arrangement?	NO	<input type="checkbox"/>	PLEASE GO TO Part 6 PAGE 9
		YES	<input type="checkbox"/>	GO TO QUESTION 3

3	Are you or your partner a joint owner or joint tenant of the place where you live?	NO	<input type="checkbox"/>	GO TO QUESTION 4
		YES	<input type="checkbox"/>	GIVE DETAILS BELOW
	WHO WITH (NAME)?	<input type="text"/>		
	WHAT IS THEIR RELATIONSHIP TO YOU OR YOUR PARTNER?	<input type="text"/>		
		GO TO QUESTION 4		

4	Do you or your partner pay rent or money like rent for the place where you live? <i>If you pay money to parents, other relatives or friends, tick No and go to part 6, page 9. We do not need to know about any money that you pay to them.</i>	NO	<input type="checkbox"/>	GO TO QUESTION 5 overleaf
		YES	<input type="checkbox"/>	GIVE DETAILS BELOW

	HOW MUCH DO YOU PAY? <i>Do not include rates or arrears.</i> <i>If you pay for heating, lighting, cooking or hot water, tell us the amount of the rent alone. Take off Housing Benefit if you get it. If you are waiting to hear about a claim for Housing Benefit, tell us what you currently pay.</i>	£	<input type="text"/>	
		EVERY	<input type="text"/>	
	DOES YOUR RENT INCLUDE ANY OF THESE THINGS? <i>If it does not, or if you have already taken any of these off your rent, leave the box blank.</i>	HEATING	<input checked="" type="checkbox"/>	<input type="text"/>
		LIGHTING	<input checked="" type="checkbox"/>	<input type="text"/>
		COOKING	<input checked="" type="checkbox"/>	<input type="text"/>
		HOT WATER	<input checked="" type="checkbox"/>	<input type="text"/>
	DO YOU HAVE JUST ONE ROOM? <i>Don't count rooms you share with people who are not members of your family.</i>	NO	<input type="checkbox"/>	GO TO QUESTION 5 overleaf
		YES	<input type="checkbox"/>	
	DOES YOUR RENT INCLUDE ANY MEALS?	NO	<input type="checkbox"/>	GIVE DETAILS BELOW
		YES	<input type="checkbox"/>	
	HOW MANY BREAKFASTS EACH WEEK FOR EACH PERSON?	<input type="text"/>		
	HOW MANY MIDDAY MEALS EACH WEEK FOR EACH PERSON?	<input type="text"/>		
	HOW MANY EVENING MEALS EACH WEEK FOR EACH PERSON?	<input type="text"/>		
		GO TO QUESTION 5 overleaf		

5	Do you or your partner pay rates? <i>Don't include any rates for any property you have told us about in Part 3</i>	NO	<input type="checkbox"/>	PLEASE GO TO PART 5
		YES	<input type="checkbox"/>	GIVE DETAILS BELOW
	How much do you have to pay this year? <i>Tell us the amount you pay after deducting all discounts and Rate Rebates. If you are waiting to hear about a Rate Rebate claim, tell us what you currently pay. Don't include arrears.</i>	£ <input type="text"/>		GO TO QUESTION 6

6	Do you or your partner pay ground rent?	NO	<input type="checkbox"/>	GO TO QUESTION 7
		YES	<input type="checkbox"/>	GIVE DETAILS BELOW
	HOW MUCH GROUND RENT DO YOU PAY? <i>Don't include arrears.</i>	£ <input type="text"/>		GO TO QUESTION 7
		EVERY <input type="text"/>		

7	Do you or your partner own your own home? <i>If you have a mortgage or secured loan, still tick yes. Also tick yes if you partly rent and partly own your own home.</i>	NO	<input type="checkbox"/>	GO TO QUESTION 9
		YES	<input type="checkbox"/>	GO TO QUESTION 8

8	Do you or your partner have a mortgage or loan secured on your home?	NO	<input type="checkbox"/>	GO TO QUESTION 9
		YES	<input type="checkbox"/>	GIVE DETAILS BELOW
	HOW MUCH DO YOU PAY FOR THE MORTGAGE OR LOAN? <i>Include any endowment premiums linked to the mortgage. Don't include premiums for any other insurance. Don't include arrears.</i>	£ <input type="text"/>		GO TO QUESTION 9
		EVERY <input type="text"/>		

9	Do you or your partner have to pay any service charges for the place where you live? <i>By service charges we mean things like cleaning or maintenance of common areas such as hallways and stairs. Don't include arrears or ordinary gas and electricity bills that you pay separately from other service charges.</i>	NO	<input type="checkbox"/>	GO TO QUESTION 10
		YES	<input type="checkbox"/>	GIVE DETAILS BELOW
	HOW MUCH DO YOU PAY?	£	<input type="text"/>	GO TO QUESTION 10
	WHAT IS IT PAID FOR?	<input type="text"/>		

10	Do you or your partner have a loan to adapt your home for the special needs of a disabled person? <i>Tick NO if the disabled person has savings or property of more than £16,000</i>	NO	<input type="checkbox"/>	PLEASE GO TO Part 5 PAGE 7
		YES	<input type="checkbox"/>	GIVE DETAILS BELOW
	HOW MUCH DO YOU PAY FOR THE LOAN? <i>Don't include arrears.</i>	£	<input type="text"/>	PLEASE GO TO Part 5 PAGE 7
	WHO IS THE DISABLED PERSON (NAME)?	<input type="text"/>		

1

Does anyone else live with you?

Don't count people you have already told us about in **Parts 1,2&4**.
If more than four people live with you, tell us about the others in **Part 10**.

NO
YES

PLEASE GO TO
Part 6 PAGE 9
PLEASE TELL US
ABOUT THEM BELOW

	PERSON 1	PERSON 2	PERSON 3	PERSON 4
SURNAME				
OTHER NAMES				
AGE				
RELATIONSHIP TO YOU				
ON YOUTH TRAINING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
STUDENT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GET INCOME SUPPORT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GET PENSION CREDIT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GET INCOME-BASED JSA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GET EMPLOYMENT AND SUPPORT ALLOWANCE WHICH DOES NOT INCLUDE A COMPONENT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GET MIDDLE OR HIGH RATE CARE COMPONENT OF DLA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GET ATTENDANCE ALLOWANCE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
REGISTERED BLIND WITH THE HEALTH AND SOCIAL SERVICES BOARD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Does the above named person work?

NO
YES

NO
YES

NO
YES

NO
YES

On average, how many hours per week does the above named person work?

IF THE ABOVE NAMED PERSON WORKS, PLEASE TELL US HOW MUCH THEY HAVE COMING IN PER WEEK - YOU DON'T HAVE TO TELL US BUT IF THEY HAVE A LOW INCOME, YOU MIGHT GET MORE HELP.

Include their earnings before tax and National Insurance are taken off - also include any other money they have coming in. Do not include their Attendance Allowance or Disability Living Allowance if they get it.

£

£

£

£

GO TO QUESTION 2
overleaf

GO TO QUESTION 2
overleaf

GO TO QUESTION 2
overleaf

GO TO QUESTION 2
overleaf

2	Are any of the people you have told us about in Part 5 , Question 1 overleaf, married to each other or living with each other as if they are married or in a civil partnership?	NO	<input type="checkbox"/>	GO TO QUESTION 3 GIVE DETAILS BELOW
		YES	<input type="checkbox"/>	
	(NAME)	IS THE PARTNER OF (NAME)		
	(NAME)	IS THE PARTNER OF (NAME)		GO TO QUESTION 3

3	Do the people you have told us about in Part 5 , Question 1, pay their own rent to someone other than you?	NO	<input type="checkbox"/>	GO TO QUESTION 4 GIVE DETAILS BELOW	
		YES	<input type="checkbox"/>		
	WHO DO THEY PAY IT TO?	<input type="text"/>			GO TO QUESTION 4

4	Does anyone pay you or your partner for rooms in the place where you live?	NO	<input type="checkbox"/>	PLEASE GO TO Part 6 PAGE 9 GIVE DETAILS BELOW
		YES	<input type="checkbox"/>	
	<i>Tick YES if the payments are from people like boarders, lodgers, tenants and subtenants. Don't count people who live as part of your family - tell us about them on page 7.</i>		USE Part 10 PAGE 14 IF YOU HAVE MORE THAN TWO LODGERS/TENANTS	
	LODGER/TENANT - 1		LODGER/TENANT - 2	
	WHO PAYS (NAME)?	<input type="text"/>	WHO PAYS (NAME)?	<input type="text"/>
	HOW MUCH? £	<input type="text"/>	HOW MUCH? £	<input type="text"/>
	HOW OFTEN?	<input type="text"/>	HOW OFTEN?	<input type="text"/>
	DOES IT INCLUDE HEATING?	NO YES	NO YES	<input type="checkbox"/> <input type="checkbox"/>
	DOES IT INCLUDE MEALS?	NO YES	NO YES	<input type="checkbox"/> <input type="checkbox"/>

PLEASE GO TO **Part 6** PAGE 9

PLEASE GO TO **Part 6** PAGE 9

Please answer all the questions below.

YOU

YOUR PARTNER

1	Are you or your partner sending medical certificates to your employer or to Incapacity Benefits Branch at the moment? <i>Medical Certificates are also called sick notes or doctor's statements.</i>	NO		NO	
		YES		YES	
	WHEN DID YOU START SENDING THEM IN?	/	/	/	/

2	Has the DSD said that you are incapable of work and that you don't have to send in Medical Certificates?	NO		NO	
		YES		YES	
	WHEN DID THEY TELL YOU?	/	/	/	/

Note: if you are receiving Incapacity Benefit, please give details in Part 8 but continue with this part of the form.

3	Are you or your partner registered blind?	NO		NO	
		YES		YES	

4	Are you or your partner in hospital?	NO		NO	
		YES		YES	
	THE DATE YOU OR YOUR PARTNER WENT INTO HOSPITAL	/	/	/	/

5	Do you or your partner have a car on the Motability scheme?	NO		NO	
		YES		YES	

6	Does someone other than you or your partner get Carer's Allowance for looking after either of you? <i>It used to be known as Invalid Care Allowance</i>	NO		NO	
		YES		YES	

7	Are you or your partner looking after someone but cannot get Carer's Allowance because you get another benefit instead?	NO		NO	
		YES		YES	
WHAT BENEFIT(S) ARE YOU OR YOUR PARTNER GETTING INSTEAD?					
	DID YOU CLAIM CARER'S ALLOWANCE AFTER 30/9/90?	NO		NO	
		YES		YES	
	DOES THE PERSON YOU LOOK AFTER STILL GET ATTENDANCE ALLOWANCE OR DISABILITY LIVING ALLOWANCE?	NO		NO	
		YES		YES	

8	Do you or your partner pay a charitable or voluntary organisation for someone to live with you and look after either of you?	NO		NO	
		YES		YES	
WHAT IS THE NAME OF THE PERSON WHO LOOKS AFTER YOU?					

9	Do you or your partner have money added to a student grant/loan because you are deaf?	NO		NO	
		YES		YES	
HOW MUCH IS ADDED?		£		£	

If you are on Youth Training (YT) or other training for work, use this page.

If you or your partner are not earning any money temporarily because of a trade dispute tell us what you usually earn.

We need to know about any work you do, including part-time work, and all earnings from that work. Include things you or your partner usually get like overtime, tips or commission:

Send us proof of all the income you tell us about on this page that you and/or your partner get.

YOU	YOUR PARTNER		
1 Do you or your partner have a job?			
NO	PLEASE GO TO Part 8 PAGE 11	NO	PLEASE GO TO Part 8 PAGE 11
YES	GIVE DETAILS BELOW	YES	GIVE DETAILS BELOW
WHAT IS YOUR JOB?			
HOW MANY HOURS DO YOU NORMALLY WORK EACH WEEK?			
GO TO QUESTION 2		GO TO QUESTION 2	

2 What type of work is it? <i>Tick all boxes that apply and give the information we ask for</i>			
2A	TRAINING FOR WORK	<input checked="" type="checkbox"/>	
2B	YOUTH TRAINING	<input checked="" type="checkbox"/>	
ARE YOU PAID AS:		TYPE OF SCHEME	
A TRAINEE	<input checked="" type="checkbox"/>	MODERN APPRENTICESHIP	<input checked="" type="checkbox"/>
AN EMPLOYEE	<input checked="" type="checkbox"/>	NATIONAL TRAINEESHIP	<input checked="" type="checkbox"/>
		WORK-BASED TRAINING	<input checked="" type="checkbox"/>

Even if you have ticked 2A or 2B, use the 'Employee' part below to tell us how much you receive

EMPLOYEE <input checked="" type="checkbox"/>		
GROSS PAY	£	EVERY
WHAT ARE THE DEDUCTIONS FROM THIS PAY?		
TAX	£	EVERY
NI	£	EVERY
PENSION	£	EVERY

Send us copies of your latest four payslips if you're paid weekly, or the latest two if you're paid monthly. If you are paid as part of a Training for Work Scheme, send us a letter from your training provider that states the amount you receive and how often this is paid.

SELF-EMPLOYED <input checked="" type="checkbox"/>	SELF-EMPLOYED <input checked="" type="checkbox"/>
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Send us a copy of your accounts for a financial year ending within the past 12 months. Otherwise, send us a copy of your latest accounts with a list of your self-employed income and expenses for the past 12 months - or since you started the work if it was less than 12 months ago. Do not include any expenses that relate to private use.

GO TO QUESTION 3

GO TO QUESTION 3

3 Do you or your partner pay separately for a Personal Pension? <i>Do not count anything deducted from your pay.</i>			
NO	PLEASE GO TO Part 8 PAGE 11	NO	PLEASE GO TO Part 8 PAGE 11
YES	£	YES	£
	EVERY		EVERY

Send us a copy of your most recent pension document showing how much you pay.

PLEASE GO TO **Part 8** PAGE 11

PLEASE GO TO **Part 8** PAGE 11

WE NEED TO KNOW ABOUT ALL OTHER INCOME THAT YOU GET.
Include anything that is paid to someone else on your behalf or that you get for someone else.
*If you're in full-time education, please use **Part 9** to tell us about any income you get because of this, and use this part to tell us about any other income you get.*

1	Do you or your partner get any state pensions, private pensions (including from previous employment), Social Security benefits, Tax Credits or any other income that you have not already told us about on this form?	NO <input type="checkbox"/>	PLEASE GO TO Part 9 PAGE 12 GIVE DETAILS BELOW USE Part 10 PAGE 14 IF YOU NEED MORE SPACE
		YES <input type="checkbox"/>	

WHAT IS IT?	WHO IS IT FOR (NAME)?	HOW MUCH IS IT?	HOW OFTEN IS IT PAID?
		£	
		£	
		£	
		£	
		£	

GO TO QUESTION 2

- If you or your partner are getting Social Security benefits or State Retirement Pensions, please tell us about *all* of them. List them separately even if they are paid together.
- If you know that the amount of your benefit or pension is going to increase, tell us what you get now, the new amount and the date of the increase.

Send us evidence of the income you and/or your partner get (for example, send us a copy of your works pension statement or a copy of your latest bank statement *showing the payments you and/or your partner are getting*). We do not need you to send evidence of any DSD Benefits you and/or your partner are getting.

YOU	YOUR PARTNER
------------	---------------------

2 Have you told us that you or your partner are getting Attendance Allowance?			
NO <input type="checkbox"/>	GO TO QUESTION 3	NO <input type="checkbox"/>	GO TO QUESTION 3
YES <input type="checkbox"/>	GIVE DETAILS BELOW	YES <input type="checkbox"/>	GIVE DETAILS BELOW
✓ <input type="checkbox"/>	HIGHER RATE	✓ <input type="checkbox"/>	HIGHER RATE
✓ <input type="checkbox"/>	LOWER RATE	✓ <input type="checkbox"/>	LOWER RATE

GO TO QUESTION 3

GO TO QUESTION 3

3 Have you told us that you or your partner are getting Disability Living Allowance?			
NO <input type="checkbox"/>	PLEASE GO TO Part 9 PAGE 12	NO <input type="checkbox"/>	PLEASE GO TO Part 9 PAGE 12
YES <input type="checkbox"/>	GIVE DETAILS BELOW	YES <input type="checkbox"/>	GIVE DETAILS BELOW
✓ <input type="checkbox"/>	CARE COMPONENT	✓ <input type="checkbox"/>	CARE COMPONENT
✓ <input type="checkbox"/>	HIGHEST RATE	✓ <input type="checkbox"/>	HIGHEST RATE
✓ <input type="checkbox"/>	MIDDLE RATE	✓ <input type="checkbox"/>	MIDDLE RATE
✓ <input type="checkbox"/>	LOWEST RATE	✓ <input type="checkbox"/>	LOWEST RATE
✓ <input type="checkbox"/>	MOBILITY COMPONENT	✓ <input type="checkbox"/>	MOBILITY COMPONENT
✓ <input type="checkbox"/>	HIGHER RATE	✓ <input type="checkbox"/>	HIGHER RATE
✓ <input type="checkbox"/>	LOWER RATE	✓ <input type="checkbox"/>	LOWER RATE

PLEASE GO TO **Part 9** PAGE 12

PLEASE GO TO **Part 9** PAGE 12

Tick **NO** to Question 1 if your new course has **not** actually started or if your course has finished

Send us a copy of any grant, loan or award notice.

YOU

YOUR PARTNER

1 Are you or your partner in full-time education? *Only tick yes if you have actually started your course.*

NO
YES

PLEASE GO TO **Part 10** PAGE 14
GIVE DETAILS BELOW

NO
YES

PLEASE GO TO **Part 10** PAGE 14
GIVE DETAILS BELOW

QUALIFICATION SOUGHT AND WHETHER POST-GRADUATE OR UNDERGRADUATE

NAME AND ADDRESS OF SCHOOL / COLLEGE / UNIVERSITY

PRECISE DATES OF TERMS OF CURRENT ACADEMIC YEAR

We need to know the start and end of the study year and when you get your Christmas and Easter vacations.

STARTS	/	/	ENDS	/	/
STARTS	/	/	ENDS	/	/
STARTS	/	/	ENDS	/	/

STARTS	/	/	ENDS	/	/
STARTS	/	/	ENDS	/	/
STARTS	/	/	ENDS	/	/

ARE YOU IN YOUR FINAL OR ONLY YEAR?

NO
YES

DATE WHEN YOUR NEXT YEAR STARTS
/ /

NO
YES

DATE WHEN YOUR NEXT YEAR STARTS
/ /

YES GO TO QUESTION 2

YES GO TO QUESTION 2

2 Are you or your partner an overseas student?

NO
YES

GO TO QUESTION 3
WHAT IS YOUR NORMAL COUNTRY OF RESIDENCE WHEN NOT A STUDENT?

NO
YES

GO TO QUESTION 3
WHAT IS YOUR NORMAL COUNTRY OF RESIDENCE WHEN NOT A STUDENT?

GO TO QUESTION 3

GO TO QUESTION 3

3 Do you or your partner live with your parents during term-time?

NO
YES

GO TO QUESTION 4
GO TO QUESTION 6

NO
YES

GO TO QUESTION 4
GO TO QUESTION 6

4 Do you or your partner live in student accommodation during the summer vacation?

NO
YES

GO TO QUESTION 5
GO TO QUESTION 5

NO
YES

GO TO QUESTION 5
GO TO QUESTION 5

5 Do you or your partner pay anything for your term-time address during Christmas or Easter vacations? Use Part 4 to tell us about your term-time rent.

NO
YES

GO TO QUESTION 6
£
EVERY

NO
YES

GO TO QUESTION 6
£
EVERY

GO TO QUESTION 6

GO TO QUESTION 6

6 Are your or your partner's tuition fees paid by an Education and Library Board? (E&LB)

NO

WHO PAYS THEM? (NAME)

NO

WHO PAYS THEM? (NAME)

YES



E&LB



WHICH E&LB?

YES



E&LB



WHICH E&LB?

GO TO QUESTION 7

GO TO QUESTION 7

YOU

YOUR PARTNER

7 Have you or your partner applied to your Education and Library Board for financial support?

NO	<input type="checkbox"/>	GO TO QUESTION 9
YES	<input type="checkbox"/>	GO TO QUESTION 8

NO	<input type="checkbox"/>	GO TO QUESTION 9
YES	<input type="checkbox"/>	GO TO QUESTION 8

8 Which of the following did you or your partner apply for? (tick even if it was not paid)

GRANT SUPPORT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GO TO QUESTION 9	GRANT SUPPORT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GO TO QUESTION 9
FEE SUPPORT	<input checked="" type="checkbox"/>	<input type="checkbox"/>		FEE SUPPORT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
LOAN SUPPORT	<input checked="" type="checkbox"/>	<input type="checkbox"/>		LOAN SUPPORT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
HIGHER EDUCATION BURSARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>		HIGHER EDUCATION BURSARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

9 Are you or your partner a new scheme student or an existing scheme student?

NEW SCHEME	<input checked="" type="checkbox"/>	Enclose a copy of your loan assessment and/or grant award	NEW SCHEME	<input checked="" type="checkbox"/>	Enclose a copy of your loan assessment and/or grant award
EXISTING SCHEME	<input checked="" type="checkbox"/>		EXISTING SCHEME	<input checked="" type="checkbox"/>	
GO TO QUESTION 10			GO TO QUESTION 10		

New scheme means students assessed under the new financial arrangements.
Existing Scheme means students assessed under the old 'grant and loan' financial arrangements.

10 What is the source of the money you live on whilst you are in full-time education?

Don't include details of income that we ask for in **Parts 7 and 8** and, if your fees are paid directly to your college or university by someone else (e.g. parents, E&LB), don't include this in any figures you write in below. Tick any of the boxes which describe your income and your partner's income and give the details we ask for. More than one box might apply.

Send us a copy of your award notice/notice of entitlement. We cannot deal with your claim without it.

<input checked="" type="checkbox"/>	MAINTENANCE GRANT FROM E&LB	<input checked="" type="checkbox"/>	MAINTENANCE GRANT FROM E&LB
£	FOR THIS ACADEMIC YEAR	£	FOR THIS ACADEMIC YEAR
<input checked="" type="checkbox"/>	LOAN FROM STUDENT LOAN COMPANY	<input checked="" type="checkbox"/>	LOAN FROM STUDENT LOAN COMPANY
£	FOR THIS ACADEMIC YEAR	£	FOR THIS ACADEMIC YEAR
<input checked="" type="checkbox"/>	MONEY FROM PARENTS	<input checked="" type="checkbox"/>	MONEY FROM PARENTS
£	EVERY	£	EVERY
<input checked="" type="checkbox"/>	PROJECT 2000 AWARD OR NURSING/MIDWIFERY DIPLOMA	<input checked="" type="checkbox"/>	PROJECT 2000 AWARD OR NURSING/MIDWIFERY DIPLOMA
£	EVERY	£	EVERY
<input checked="" type="checkbox"/>	SCHOLARSHIP/SPONSORSHIP/AWARD/BURSARY	<input checked="" type="checkbox"/>	SCHOLARSHIP/SPONSORSHIP/AWARD/BURSARY
£	FOR THIS ACADEMIC YEAR	£	FOR THIS ACADEMIC YEAR
<input checked="" type="checkbox"/>	MONEY FROM EMPLOYER WHILST STUDYING <i>If you also work, tell us about this in Part 7.</i>	<input checked="" type="checkbox"/>	MONEY FROM EMPLOYER WHILST STUDYING <i>If you also work, tell us about this in Part 7.</i>
£	EVERY	£	EVERY
<input checked="" type="checkbox"/>	MONEY FROM SOMEONE ELSE FOR MAINTENANCE	<input checked="" type="checkbox"/>	MONEY FROM SOMEONE ELSE FOR MAINTENANCE
WHO IS THIS FROM? (name)		WHO IS THIS FROM? (name)	
£	EVERY	£	EVERY
<input checked="" type="checkbox"/>	OTHER <i>Please tell us about the source of the money you currently live on</i>	<input checked="" type="checkbox"/>	OTHER <i>Please tell us about the source of the money you currently live on</i>
SOURCE		SOURCE	
£	EVERY	£	EVERY

Have you enclosed a copy of your award notice/notice of entitlement?

Use this space to tell us anything else that you think we might need to know about. If you have no income, tell us below what you are living on.

In Parts 7, 8 and 9 of this form we have asked for proof of your income. Please check now that you have enclosed everything we have asked for, then sign the form on the opposite page. If you cannot send us everything we have asked for, tell us why not in the space above. **Once you have checked everything, pull off the cover and keep it for information and post the form in the envelope provided to your nearest Social Security or Jobs & Benefits office.**

Part 11 Declaration

WARNING

False information may lead to prosecution or legal action.
The person signing this form is responsible for the accuracy of the information provided.

IF YOU ARE SIGNING FOR YOURSELF

If you cannot fill in this form yourself, you can ask someone to do it for you. Tell them what to write for you. You must then sign or make your mark and date it in **Box 11A** below.

I declare that the information given on this form is correct and complete, and that if it is not, civil or criminal action may be taken against me. I agree information on this form may be given to appropriate organisations and they may disclose information to the HS for the purposes of checking entitlement and preventing or detecting fraud. This is my claim for help with health or travel costs.

Box 11A	SIGNATURE		DATE	/ /
----------------	-----------	--	------	-----

IF YOU ARE SIGNING FOR SOMEBODY ELSE

If you are making the claim on behalf of someone who is incapable of understanding it, fill in the form yourself and sign and date it in **Box 11B** below. Please give the details we ask for. You will be responsible for the information provided.

I declare that the information given on this form is correct and complete, and that if it is not, civil or criminal action may be taken against me. I agree information on this form may be given to appropriate organisations and they may disclose information to the HS for the purposes of checking entitlement and preventing or detecting fraud. This is my claim for help with health or travel costs on behalf of the person named in **Part 1**.

Box 11B	SIGNATURE		DATE	/ /
----------------	-----------	--	------	-----

BLOCK CAPITALS	YOUR NAME			
	YOUR ADDRESS			
	POST CODE		TELEPHONE NO.	
	YOUR RELATIONSHIP TO THE PERSON IN Part 1			
	THE REASON THEY ARE NOT SIGNING THIS FORM			

THIS CLAIM IS NOT VALID UNLESS IT IS SIGNED *and* DATED
See inside the front cover to check what to do next.



Make sure you read the notes on page A (inside front cover) as well

HOW WE ASSESS YOUR CLAIM

From the information you give us in this claim form, we compare your **income** with your **requirements** to work out how much help with health/travel costs you might get through the HS Low Income Scheme (see chart below).

Our calculation is based on your circumstances on the date we get this claim form and any help you can get starts from that date. It is therefore important that you send it to us as soon as you have filled it in.

Remember - you can't get any help if you have more than £16,000 in property (don't count the place where you live) savings or any other money (or more than £23,000 if you live permanently in a care home).

<p>'Income' includes:</p> <ul style="list-style-type: none"> • earnings after tax and NI are taken off • Social Security benefits and pensions • Jobseeker's Allowance based on National Insurance Contributions • works pensions or superannuation pensions • Youth or Employment Training Allowances • student grants/loans and parental contribution • a student loan will be included as income if you would be entitled to one, whether or not it has been taken up • maintenance or Child Support payments • money from trust funds • War Disablement pension or War Widow's pension • any other income you or your partner get on a regular basis • tax credits 	<p>'Requirements' include:</p> <ul style="list-style-type: none"> • personal allowances for you or your partner. These are at rates approved by Parliament for day to day living expenses which include things like fuel bills, phone bills, T.V. rental and house insurance • premiums for special needs because, for example, you're a pensioner, are disabled or someone in your family has a disability • housing costs that you and your partner are responsible for. These include mortgage repayments and rent not covered by Housing Benefit. Housing costs don't include money you pay to another member of your family • rates that you or your partner are responsible for
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These are only guidelines - the Social Security or Jobs & Benefits office, or if you are aged 60 or over the Pension Service will assess your claim individually

HOW TO CLAIM BACK MONEY THAT YOU HAVE ALREADY PAID

You can normally claim money back if you have already paid for something - the chart on the other side of this page tells you what to do. Our calculation is based on your circumstances on the date you paid.

If you make the claim *after 3 months* or, in the case of Prison Visits, *after the visit*, Prison Service Headquarters has to decide if there is a good reason for it being late before it can be accepted. Please send an explanation with your claim. Also tell us if your circumstances were different when you paid.

HELP AND ADVICE

If you want more information about help with HS/travel costs:

- get leaflet PV11 '*Assisted Prison Visits Scheme*' from the Prison or Social Security or Jobs & Benefits office, or if you are aged 60 or over the Pension Service on 0845 601 8821
- get leaflet HC11 '*Are you entitled to help with health costs?*' from any HS hospital, the Pension Service, Social Security or Jobs & Benefits office. Some doctors, dentists, opticians and pharmacists might also have one
- for advice about this claim ring your local Social Security or Jobs & Benefits office Monday to Friday, between 9.00am and 5.00pm, or if you are aged 60 or over the Pension Service on 0845 601 8821 Monday - Friday, between 9.00am and 5.00pm
- information about free prescriptions (but only about free prescriptions) can also be obtained by ringing the FREEPHONE Advice Line 0800 587 8982
- talk to someone at an advice centre like a Citizens Advice Bureau

PLEASE PULL OFF THIS COVER AND KEEP IT FOR YOUR INFORMATION

Claiming money back

THIS CHART TELLS YOU ABOUT CLAIMING MONEY BACK
IF YOU OR YOUR PARTNER HAVE ALREADY PAID FOR SOMETHING

WHAT YOU HAVE PAID FOR	WHAT YOU SHOULD SEND US	WHEN YOU SHOULD SEND IT
HS prescription	<ol style="list-style-type: none"> 1. HS receipt form PS7 - you get this from your pharmacist when you pay for your prescription (you can't get one later); it tells you what to do 	We must get your claim within 3 months of the date you paid for your prescription. If you need advice about prescription charge refunds telephone 028 9052 0224
HS dental treatment	<ol style="list-style-type: none"> 1. Receipt which shows you had HS treatment. Ask your dentist for a HS Receipt when you pay for your treatment 2. Refund claim form HC5 - you can get one from the Pension Service, a Social Security or Jobs & Benefits office or your dentist might have one; it tells you what to do 	We must get your claim within 3 months of the date you paid for your dental treatment. If you're paying for your treatment by instalments, send in your claim within 3 months of the date you finish paying
HS wig or fabric support	<ol style="list-style-type: none"> 1. Receipt which shows you have paid for an HS wig or fabric support 2. Refund claim form HC5 - you can get one from the Pension Service, a Social Security or Jobs & Benefits office or HS hospital; it tells you what to do 	We must get your claim within 3 months of the date you paid for your wig or fabric support
Sight test	<ol style="list-style-type: none"> 1. Receipt which shows you have paid for a sight test 2. Refund claim form HC5 - you can get one from the Pension Service, a Social Security or Jobs & Benefits office or your optician may have one; it tells you what to do 	We must get your claim within 3 months of the date of your sight test
Glasses or contact lenses Note You cannot claim a refund if you have already used an optical voucher towards the cost of your glasses or contact lenses, unless it was only a 'complex lens' voucher.	<ol style="list-style-type: none"> 1. Receipt which shows you paid for glasses or contact lenses 2. Refund claim form HC5 - you can get one from the Pension Service, a Social Security or Jobs & Benefits office or your optician may have one; it tells you what to do 3. Your optical prescription 	We must get your claim within 3 months of the date you paid for your glasses or contact lenses Note The Health & Social Care Business Services Organisation cannot deal with your claim without your optical prescription
Travel expenses to hospital for HS treatment	<ol style="list-style-type: none"> 1. Tickets, or receipts for your travel costs 2. Refund claim form HC5 - you can get one from the Pension Service, a Social Security or Jobs & Benefits office or HS hospital; it tells you what to do 	We must get your claim within 3 months of the date you paid the travel costs
Prison Visits	<ol style="list-style-type: none"> 1. Receipts for travel (and accommodation/meals if the visit was to a prison in England, Scotland or Wales) 2. Details of the prison and prisoner visited and the date(s) of the visit(s) 3. Your reasons for not claiming prior to the visit(s) 	As soon as possible after the visit(s). Retrospective claims are considered by Prison Service HQ only in exceptional circumstances and if allowed will be paid only once. All future claims must be made in advance of the visit

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

If you now get one of the above benefits/credits, but want to claim money back for something you paid for **before** you were getting any of these benefits/credits, use this form to tell us about your circumstances **on the date you paid**. Tell us in **Part 10** which benefit/tax credit you get

The HS Low Income Scheme is administered by the Social Security Agency on behalf of the Department of Health, Social Services and Public Safety and the Northern Ireland Prison Service.