

Carer's Allowance

Please note:

This form should be completed by the person who is providing the care and returned to Social Security at the above address.

It's important that you return this form as soon as you can. This is because, if your claim is accepted, payment can only start from the Monday following the date that the form is received by us.

Please read the guidance notes before filling in this claim form.

1. Your Personal Details	
Title	<input type="text"/>
Last name	<input type="text"/>
First name(s)	<input type="text"/>
Date of birth	<input type="text" value="/ /"/>
Social Security number (if known)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Usual address	<input type="text"/>
	<input type="text"/>
	Postcode <input type="text"/> Telephone number <input type="text"/>
	Email address <input type="text"/>

2. Details of your household income

(please tick 'Yes' or 'No')

Is your annual household income below £

Yes

No

We know about any benefits being paid from Guernsey. But have you claimed or are you receiving any other benefit or pension from elsewhere?

Yes

No

If yes, which benefit or pension?

From which country

3. Details of the person you are caring for

Title

Last name

First name(s)

Date of birth

 / /

Social Security number (if known)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Usual address

Postcode	Telephone number
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Email address

Has the person you are caring for made a claim for severe disability benefit?

Yes

No

Do you spend at least 35 hours per week caring for the disabled person?

Yes

No

4. Please give us details about the care you provide

(please tick 'Yes' or 'No')

Do you provide attention or supervision for the disabled person for the following activities?

Mobility	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Washing/Showering/Bathing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Toilet needs	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dressing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Meal times	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Communication	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>

For the activities above, please describe in your own words what care you provide and how much time you spend on each activity. Please only include care provided by yourself, not by other family members, friends or professional carers which may be involved in the care.

Details of the care you provide	Time taken (approx.)

5. Payment

If your claim is accepted, we will pay benefit straight into your bank account. We will write to tell you when the first payment is going to be made.

Please tell us what account you would like your benefit paid into.

Name of bank

Branch

Account holder

Bank sort code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Account number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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6. Your declaration

Please read the section below and sign in the space provided

1. To the best of my knowledge and belief the information given on this form is true and complete;
2. I am providing at least 35 hours of care each week to the person named in section 3;
3. My income and that of my spouse or any other person with whom I am living (as if married) does not exceed £ a year; income and savings include interest from investments, dividends, gratuities, directors or other fees, occupational pensions and social insurance benefits from any country;
4. I authorise Director of Revenue Services to disclose my annual income which is being used as the basis of the assessment of income tax for the relevant year of charge;
5. I authorise any medical practitioner, health and social care professional or head teacher (in the case of a child) to provide information relevant to my claim.

Warning – To give false information may result in prosecution

Sign here

Date

How we collect and use information

The Committee for Employment and Social Security will process any personal data which you provide, via this form, in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2017. Further information about how your personal data is processed can be found at www.gov.gg/dp or alternatively you may call 01481 732500 and request a paper copy.

What happens next?

Once this form is completed, you should send it back to us as soon as possible. If your claim is accepted, payment can only start from the Monday after we receive the completed form.