Check List

If you have an appointment with Customer Services for help completing a disability living allowance claim form for a child, please complete this checklist as fully as you can prior to the appointment and bring it with you on the day

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| --- | --- |
| Activity | Very brief details of the problem your child had with this activity, including variability. *‘Wakes up in night because of abdominal and joint pains, At least once a night, sometimes four of more times’* |
| Walking outdoors |  |
| If your child needs someone with them when they are outdoors |  |
| Someone keeping an eye on your child |  |
| Yours child’s development |  |
| Waking, getting up and going to bed |  |
| Washing and bathing |  |
| Dressing and undressing |  |
| Help with toilet needs |  |
| Communicating with other people |  |
| Eating and drinking |  |
| Help with medication |  |
| Help with therapy |  |
| Help with medical equipment |  |
| Blackouts, fits and seizures |  |
| Your child’s mental health |  |
| Movement, co-ordination and moving about indoors |  |
| When you child is in bed at night |  |
| Social and leisure activities in the day and the evening |  |

Benefits and Work guide – The Best Possible DLA claims for children - January 2016 (Steve Donnison & Holiday Whitehead)