

# **Personal Independence Payment (PIP)**

## **Alex Grant (Second claim)**

### **Daily Living Activities**

#### **1. Preparing food**

I need to use an aid or appliance to be able to either prepare or cook a simple meal.

#### **2. Taking nutrition**

I can take nutrition unaided

#### **3. Managing therapy or monitoring a health condition**

I need help with my exercises as someone needs to hold my legs as I lie down to do my back exercises therefore supervision, prompting or assistance to be able to manage therapy that takes more than 3.5 but no more than 7 hours a week. My brother Michael helps with this.

#### **4. Washing and bathing**

I need to use a walking frame to be able to shower

#### **5. Managing toilet needs or incontinence**

I need to use an aid or appliance to be able to manage toilet needs.

## **6. Dressing and undressing**

I need to use an aid or appliance to be able to dress or undress for example taking off shoes and socks

## **7. Communicating verbally**

I can express and understand verbal information unaided.

## **8. Reading and understanding signs, symbols and words**

I can read and understand basic and complex written information either unaided or using spectacles or contact lenses.

## **9. Engaging with other people face to face**

I can engage with other people unaided.

## **10. Making budgeting decisions**

I can manage complex budgeting decisions unaided.

## **Mobility Activities**

### **1. Planning and following journeys**

I need prompting to be able to undertake any journey to avoid overwhelming psychological distress

### **2. Moving around**

I can stand and then move more than 1 metre but no more than 20 metres, either aided or unaided.

**Declaration**

We cannot pay any benefit until you've signed the declaration and returned the form to us. Please return the signed form straight away.

**I declare** that the information I have given on this form is correct and complete as far as I know and believe.

**I understand** that if I knowingly give false information, my benefit may be stopped and I may be liable to prosecution or other action.

**I understand** that I must promptly tell the office that pays my Personal Independence Payment of anything that may affect my entitlement to, or the amount of, that benefit.

**I understand** that the Department for Work and Pensions may use the information which it has now or may get in the future to decide whether I am entitled to:

- the benefit I am claiming
- any other benefit I have claimed, and
- any other benefit I may claim or be awarded in the future

Signature

*A Grant*

Date

**Two years ago**

Print your name here

**Alex Grant**

For information about how we collect and use what you tell us, and for help and advice about other benefits please see the **information booklet** enclosed