



## Better Living Allowance (BLA) for Adults (over 18 years of age)

# Information booklet

APPROVED By: *[Signature]* 22 1 21.

This information booklet will help you fill in the form and will:

- explain the questions we ask
- tell you how to answer the questions
- give you examples of other things you can tell us
- tell you what you need to do next.



**Please use black ink to fill in the form.** Don't worry if you are not sure how to spell something or you make a mistake. If you want to correct a mistake, please cross it out with a pen – **do not scratch the error out and do not use correction fluid.** This booklet gives general information and does not cover everything.

## Introduction

This information booklet will help you fill in the BLA Claim Form. The form is your chance to explain how your disability or long-term illness affects you. The amount you get depends on how severely your condition affects you, not the condition itself. You will be assessed by a health professional and a Social Care Officer to determine the level of help or assistance you need with daily activities of living, and your rate of financial support will be regularly reviewed to ensure you're getting the right support.

### Eligibility:

You must be aged 18 years or over and have not reached pensionable age to claim.

You must also have a health condition or disability where you:

- have had difficulties with daily living or getting around (or both) for 3 months
- expect these difficulties to continue for at least 9 months (unless you are terminally ill with less than 6 months to live)
- If you are not a British citizen you must have lived on St Helena Island for at least 2 of the last 3 years or show proof that you intend to settle on the island.
- You must not be subject to immigration control (unless you are a sponsored immigrant).

There are 2 Better Living Allowance (BLA) components that you can claim from which is paid on a weekly basis i.e. **Daily Living Component** and the **Mobility Component**. Each component can be paid at one of 2 rates, either the standard rate or the enhanced rate. To be awarded BLA you need to score enough points from a list of descriptors.

You may get the daily living component of the BLA if you need help more than half of the time with things like:

- Preparing food
- Eating and drinking
- Washing and bathing
- Managing toilet needs or incontinence
- Dressing and undressing
- Reading and understanding written information
- Communicating verbally
- Managing your medicines or treatments
- Making decisions about money
- Engaging with other people

You may get the mobility component of the BLA if you have a physical or mental condition that limits your ability to carry out some or all of these activities:

- Planning and following journeys
- Moving around.

### Stays away from home

BLA can be affected by overnight stays away from home. There are different rules depending on whether you go into hospital, or into residential care.

When you are in hospital, Payments of BLA Daily Living component and Mobility component **stop after 12 weeks** of you becoming a hospital inpatient. If you are in hospital when you first claim BLA, it can't be paid until you leave hospital.

#### **When you are in residential care**

If you are currently in a residential care facility (including for short-term breaks) the BLA care component stops being paid after 28 days. The mobility component is not affected.

#### **Counting the number of days away from home**

When counting the number of days away from home, the day you enter hospital and the day you are discharged are both treated as days at home. For example, if you go into hospital on a Monday and come back on Friday, then only Tuesday, Wednesday and Thursday will count as days away from home. This is a total of three days.

The same rules apply to residential care.

#### **Going in and out of hospital or residential care**

When working out whether your BLA will stop, it is important to know that any stays in hospital or residential accommodation separated by less than 28 days at home will be added together. This is known as the 'linking rule'.

For example, you go into hospital for nine weeks, before being discharged home. After two weeks at home, you have to be re-admitted to hospital for another six weeks. Because the two hospital stays are separated by less than 28 days at home they are 'linked' together. This means that BLA will stop being paid after three weeks during your second hospital stay (that is, nine weeks in hospital + three more weeks = 12 weeks in hospital).

When you come home for at least 28 days, the 'link' is broken, and BLA can be paid again for another 12 weeks during any future hospital admissions.

When you spend time in both hospital and residential accommodation, these stays can also be linked.

#### **Getting paid for days at home**

If your BLA stops because you are in hospital or a residential setting, you are still entitled to BLA payments at a daily rate for the days you spend at home. For example, you have been away for respite at a residential facility for more than 28 'linked' days, so payments of BLA care component have stopped. When you come home on Friday and go back into respite care on Monday, BLA daily living component should be paid at a daily rate for Friday, Saturday, Sunday and Monday (four days).

If you stay at home for more than 28 days, the daily living component should not be stopped again until after you've spent another 28 days in care/hospital.

Whenever you are in hospital or a residential setting it can impact on any Carer's Allowance paid to your main carer. However, even if you are in hospital or a residential setting for long periods, your carer may still be able to carry on getting Carer's Allowance if you regularly spends at least two days at home.

Carers can be paid at Part-time/Casual or Full-term rates. Your Social Worker will explain the difference to you if appropriate. Time spent preparing your home for your visit or cleaning up afterwards can count towards the casual hours care.

**Be careful!**

This is a complex area of the benefit system which can sometimes result in you or your carer being overpaid BLA/Carers Allowance. This usually happens when you or your carer unknowingly fail to inform the BLA officer about your stays away from home.

To avoid any confusion, we strongly advise you to tell the SW/BLA officer about any stays away from home in the places above. It's a good idea to keep a record of the dates you travel to and from your place of stay. The BLA officer need to be clear about how many days have been spent away from home to decide when these rules apply.

**Terminal illness**

You will get the higher rate of the daily living component if you are not expected to live more than 6 months. The rate of the mobility component will depend on your needs.

**Change of circumstances**

You must contact the BLA Officer immediately if:

- Your personal details change
- The help you need or your condition changes
- You are admitted into hospital
- You plan to go abroad
- You're imprisoned or held in detention

**PLEASE NOTE:**

You could be taken to court or have to pay a penalty if you deliberately give incorrect information or do not report a change in your circumstances.

**The structure of the form**

- Questions 1 and 2 ask you to list details of your health professionals, health conditions and medication.
- Questions 3 to 12 are about the 10 daily living activities.
- Questions 13 and 14 are about the two mobility activities.

Question 15 asks you to provide any additional information on the sheets provided.

**The extra information boxes**

Questions 3 to 14 is followed by a space below the question for you to explain how your health condition or disability affects your ability to do the activity. You can use the Extra information sheets if you need more space for your answer.

Describe the difficulties you face in as much detail as possible. For example:

- Do you need help from another person to do the activity?
- If you do need help, what kind of help do you need? Does someone reassure you, encourage you, remind you or explain to you how to do something? Or do they need to supervise you?
- Do you use aids and /or appliances to help you in an activity? If you do, say what they are and how useful they are.
- Can you do some parts of the activity but not others?

- Can you do the activity but it takes you a long time?
- Are you unable to do the activity at all? Explain why.
- If your needs vary, describe in what way and how often. Explain about better days and bad days or how your needs vary throughout the day.
- If you regularly have accidents – such as falls – or are at risk of having accidents, explain why and how often they happen and what triggers the accident.
- Do you have any side effects from doing the activity? Do you experience pain, breathlessness, tiredness or stress and anxiety, either during or after the activity?

**Aids and appliances** are things to help you carry out the activities. For example:

- a monkey pole or bed raiser may help you get on/off/up the bed
- a hoist, grab rails, shower seat can help you bathe or shower
- a commode, raised toilet seat or rails may help you with toilet needs
- a long handled shoehorn, button hook, zip pull or sock aid may help you dress
- a stair lift, raised chair, wheelchair or rails may help you move about in/outdoors
- a walking stick, zimmer frame, crutches or prosthetic limbs may help you get around
- special cutlery or a feeding cup/device may help you eat and drink, and
- a hearing aid, magnifier, writing board or pictures, signs and symbols may help you communicate.

### **About your health conditions and disabilities**

By health conditions and disabilities, we mean physical, sight, hearing or speech difficulty, learning, developmental or behavioural difficulties or mental health problems.

### **Question 1: Your health professionals**

This question asks for details of the professional(s) best placed to provide advice on your circumstances, including social workers, counsellors, support workers, home helpers or medical professionals such as your doctor, psychiatrist, or audiologist (hearing specialist).

Whoever you list will need to know about your daily living needs and any mobility problems you have. If possible, make an appointment with them to discuss your BLA claim.

### **Question 2: Your condition and medication**

This question asks you to list your health conditions or disabilities and approximately when each of these started. There's no need to be too specific about the date if you are not sure – the year it started will be enough. Do not explain how your health conditions affect you in this question – you will be asked about this later in the form.

You are then asked to list any tablets or medicines you are taking or treatments you are having. This includes anything you pay for yourself (e.g. pain killers) as well as anything you have been prescribed. If you have a printed prescription list, you can attach a copy to the form.

If you have any side effects as a result of the medication, list them. Also include any medications that you should take but can't because of side effects.

**Question 3: Preparing food**

Write down if there is any aspect of preparing or cooking a simple meal that is a risk to you. List any incidents that you have happened in the past. Have you cut yourself mishandling knives or burnt yourself on hot pans? Let them know if you can't work out sell-by dates or read or understand cooking instructions on packets.

If you use any aids or appliances to cook, do you need some help even when you use them? Write down if you have difficulty timing the cooking correctly. Let them know if you are so exhausted after cooking a meal, or in so much pain, that you couldn't do it again that day.

**Question 4: Eating and drinking**

Write down if you need someone to encourage you to eat the right portion sizes. If you can cut up some food but can't cut up tougher items, such as meat, make a note of this. If you need an appliance such as a food pump to eat, let them know if you have any help to use it properly.

**Question 5. Managing treatments**

Write down if there have been times in the past when you have forgotten to take your medication, or have taken too much. Although it may be difficult, you must let them know if you have taken a deliberate overdose, or if you self-harm.

Write down if you need someone to keep an eye on you because you aren't aware of your condition getting worse – sometimes this is the case with conditions such as diabetes or epilepsy.

If you need supervision, prompting or assistance to be able to manage your treatment, explain or write down how many hours on average you need this per week.

**Question 6. Washing and bathing**

Write down any aids or adaptations you use to wash or bathe yourself. These could include a long-handled sponge, shower seat or bath rail. Let them know if there are any parts of your body that you can't reach (for example, your back) even when using such aids.

**Question 7. Managing toilet needs**

Write down if you need to use any aids or appliances, such as a commode, a raised toilet seat, a bottom wiper, incontinence pads or a collective device (such as a urine bottle or catheter). Let them know if you need help even when you use an aid, or if you need help to use an appliance (for example, securing a stoma bag, washing around it to prevent infection). If there is an aid that could help but you don't use it, explain why.

**Question 8. Dressing and undressing**

List any aids you use to dress, such as modified buttons, zips, front-fastening bras, trousers, Velcro fastenings and shoe aids. Write down if you still need assistance, despite using such aids, even if this doesn't take long.

Let them know if you need someone to choose clothing that is clean and appropriate (for example, if you have a visual impairment and you plan to go out but can't see stains or marks on your clothing).

### **Question 9. Communicating**

**This is the most important part of the form if you are deaf or have partial hearing loss.**

It doesn't matter if you don't currently get communication support. What counts is the help you reasonably require, not the amount of help you actually get.

You may need help with communication in a range of situations such as when visiting the doctor, using the public transport, while at work, at the shops, or for social and leisure activities. It helps if you can give examples of when and how often you need this help, and how long you need it for.

Question 9a asks if you can use an aid or appliance to help you communicate with others, and 9b asks if you need help from another person to communicate. Make sure you use the 'extra information' sheets to give more details if necessary.

### **About your communication needs**

Include details of:

- Any aids or appliances you use to communicate with others, including hearing aids, cochlear implants, conversation listeners, and so on.
- Your preferred method of communication – for example, lipreading and speech, board and marker, British Sign Language etc.
- Whether you have difficulties with lipreading
- Whether you have problems understanding written English
- Whether you have any speech difficulties

The reason for your difficulties has to be your communication disability. It's not relevant if your communication difficulty is, for example, because English isn't your first language.

### **The communication support you get from family and friends**

Many people who are deaf or have hearing loss use their family and friends to help with communication. It is important that you describe the help you get or need. For example:

- Do you find it difficult to hear what strangers are saying?
- Do you need help to communicate with strangers whom you do not understand?
- Do you need someone to attract your attention before speaking to you – for example, by tapping you on the shoulder?
- Do you need someone to place themselves in a certain position before speaking to you – for example, close by and in light – so you can see their lips move?
- Do you find it difficult to hear what friends or family are saying?
- Do you need someone to repeat what is said and explain it to you?

- Do you need general conversation explained to you, especially if there are several people speaking and you cannot see who is talking?
- If you have some hearing, do you still need some sounds and some speech explained to you?
- Do you find it difficult to understand gestures or body language used by people who are hearing and need to have them explained?
- Do sounds such as traffic, alarms and announcements have to be brought to your notice and explained?
- Do you need someone to explain what children are saying to you because they cannot sign or speak clearly enough for you to lipread them?
- Does someone need to let you know when a child is crying or distressed?
- Can you follow TV programmes that don't have subtitles?
- Do you need TV programmes explained to you even when they are subtitled?
- Do you need someone to explain radio programmes to you?
- If using hearing aids, do you find yourself in situations when you need help to understand what's being said – for example, in crowded places when other people are speaking?
- If you rely on lipreading, do you find yourself in situations where you are unable to see the face of the person speaking?
- Do you find that, when you are lipreading, people use words and phrases that have to be explained to you?
- Even though you may be able to lipread well, are there any reasons why you still can't communicate in all situations?
- Do you find you can only lipread a trained lipspeaker?
- If you can't lipread, do you need an interpreter or other communication support?

### **Support from sign language interpreters**

If you use a sign language interpreter, they must have breaks. Say how often and for how long, because the breaks mean that communication can take much longer.

It is important to mention that there are no appropriate alternatives to interpreters, such as using handwritten notes, if full and effective communication is to take place. Don't be shy about explaining your needs – give as much detail as you can.

### **Question 10. Reading**

Write down if you need to use aids to help you read – for example, a magnifier or magnifying glass. If you can manage indoors, but can't adequately read signs or notices outdoors, let them know.

Base your answers on reading and understanding information in your own language and how you cope with long sentences or something like a utility bill or bank statement.



### **Question 11. Mixing with other people**

If you avoid mixing with other people because you have nobody to help you, write this down. How would you feel mixing with others without any support? Write down if you would get panicky, angry or paranoid. Do you have difficulty understanding the way that people behave towards you?

### **Question 12. Making decisions about money**

Write down if you would have problems buying a few items from your local shop. Would you be able to give the shop assistant the right amount of money? Would you know if the change was correct?

If going to the local shop would cause no problems but you would have problems with more complex budgeting decisions, such as working out the monthly household budget or sorting out the utility bill, be sure to write this down.

Let them know if you can do most of the tasks by yourself but would still need some support to finish it properly.

### **Question 13. Going out**

This activity assesses your ability to work out and follow a route safely and reliably. Two types of route are considered familiar and unfamiliar. You should only be considered able to travel to an unfamiliar destination if you're able to use public transport such as a bus or taxi.

If you are profoundly deaf or have severe hearing loss, you may need someone to guide or supervise you when you are travelling on unfamiliar or familiar outdoor routes. Explain why you need someone with you in these situations. For example:

- Do you know when traffic is approaching? Can you hear warning sounds such as car horns or sirens?  
It may be argued that you should be able to rely on your eyesight to stay safe, so explain if this isn't the case – for example, when you can't see traffic well enough. Try to give examples of dangerous situations you have been in.
- Do you need someone to explain loudspeaker announcements to you?
- Do you avoid travelling by yourself in places you don't know well?
- Can you understand and follow street signs/maps or do you need someone to help you follow directions to where you are going?
- Can you understand and follow written directions?
- Can strangers understand your speech when you ask for directions?
- If a person who is hearing gives you directions, do you have difficulty understanding them?
- Can you lipread strangers if they are explaining directions to you?
- Do you have balance problems, Meniere's disease, Parkinson's Disease or vertigo, which makes you unable to walk safely without help?

Even if you don't actually go out every day, you should write down whether you would need help if you did go out. Remember, it's about the help you need, not just the help you currently get.

### Question 14. Moving around

This question looks at your physical ability to stand and then move around without severe discomfort (such as breathlessness, pain or tiredness). You are first asked how far you can walk using, if necessary, any aids such as a walking stick, frame, crutches or a prosthesis.

Base your answer on what you can manage most of the time and don't over estimate your ability. Write down how far you can walk 'safely', in a 'reasonable time period' and without severe discomfort. If you could walk 50m, but would be in severe discomfort over the last 30m, then your walking ability will be considered to be limited to 20m.

You are given a number of boxes stating different distances to tick as well as a box for 'it varies'. Only tick the box 'it varies' if none of the other boxes apply for at least half the time.

Use the space below the question to write your notes or the 'extra information' sheet to list any symptoms that you feel when walking, such as pain, fatigue or breathlessness. Once the symptoms come on, how long do they last?

Write down if you are at risk of falling – for example, due to balance problems or Meniere's disease. Give examples of falls you have had outdoors in the past. Were you injured? Were you able to get up again unaided?

Describe the way you walk – for example, do you find it hard to balance or do you limp or often lose balance? Give an idea of your speed. If you walk slowly and were to cover 20 meters, what in your opinion, distance would someone without a disability or health condition cover in that time?

If your condition is worse on some days, give details. It may be helpful to keep a diary over a week, to show your walking limit on each day. You can attach a copy of the diary to your form.

### Question 15. Additional information

The box here gives you more space to explain your difficulties. If you run out of space, use extra information sheets. Be sure to write your name and the number of the question you are answering on each page.

### Supporting evidence

You are encouraged to send supporting evidence with your completed form, such as:

- Prescription lists, care plans and information from health professionals, such as a letter from your doctor or consultant outlining your condition, a report from an occupational therapist or physiotherapist or from your audiologist (hearing specialist) and a certificate of visual impairment (if you have one).
- Evidence from other people such as a letter from a carer, relative or friend who helps you or know your difficulties well.
- A diary, to clarify how your condition affects you over a number of days or how it varies over time (include your name and address at the top of every page. Read the form you have

completed and look at the activities where you filled in information. Your diary should record how you are managing in each of these areas.

### **The descriptors**

Your ability to carry out each activity is measured against a list of standard statements describing what you can or can't do. These are known as descriptors. The health professional and social care officer will advise the BLA Officer which descriptor applies to you for each activity.

For example, there are six descriptors for 'Dressing and undressing', ranging from 'Can dress and undress unaided' to 'Cannot dress or undress at all'.

Each descriptor carries a point's score ranging from 0 to 12.

### **Can you carry out the activities reliably**

When the assessor decides which descriptor applies to you, they may consider whether you can carry out the activity reliably. This means:

- Safely in a way that is unlikely to cause harm either to you or anyone else, either during the activity or afterwards.
- To an acceptable standard
- Repeatedly as often as is reasonable required
- In a reasonable time period – should take you no more than twice as long as someone without your condition.

### **Using aids or appliances**

Your ability to carry out the daily living activities and mobility activities will be assessed as if you were wearing or using any aids or appliances that it would be reasonable for you to use. This applies whether or not you normally use those aids or appliances. However, if you use or need aids and appliances, this can help you to score more points.

An aid is any item which improves, provides or replaces impaired physical or mental function. It doesn't have to be specifically designed as a disability aid. Examples include a stool you need to sit on when cooking, or a walking stick to help you stand, balance and walk.

### **Scoring your abilities**

The BLA Officer will add together your points from all the daily living activities. If you get between 8 and 11 points in total, you'll get the daily living component of BLA at the standard rate. If you get less than 12 points in total, you'll get the daily living component at the enhanced rate.

Your points from the mobility activities will also be added together and if you get between 8 and 11 points in total, you'll get the mobility component of BLA at the standard rate. If you get less than 12 points in total, you'll get the mobility component at the enhanced rate.

**ADULT BLA – Table of activities, descriptors and points**

Daily Living Activities	
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ACTIVITY	DESCRIPTORS	POINTS
1. Preparing food	a. Can prepare & cook a simple meal unaided.	0
	b. Needs to use an aid or appliance to be able to either prepare or cook a simple meal.	2
	c. Cannot cook a simple meal using a conventional cooker but is able to do so using a microwave.	2
	d. Needs prompting to be able to either prepare or cook a simple meal.	2
	e. Needs supervision or assistance to either prepare or cook a simple meal.	4
	f. Cannot prepare or cook a simple meal.	8

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ADULT BLA – Table of activities, descriptors and points		
Daily Living Activities		
ACTIVITY	DESCRIPTORS	POINTS
2. Taking Nutrition	a. Can take nutrition unaided	0
	b. Needs – (i) To use an aid or appliance to be able to take nutrition; or (ii) Supervision to be able to take nutrition; or (iii) Assistance to be able to cut up food.	2
	c. Needs a therapeutic source to be able to take nutrition for example, enteral tube feeding using a rate limiting device, such as a delivery system or feed pump.	2
	d. Needs promoting to be able to take nutrition.	4
	e. Needs assistance to be able to manage a therapeutic source to take nutrition.	6
	f. Cannot convey food and drink to their mouth and needs another person to do so for them.	10
Write notes below.		

## ADULT BLA – Table of activities, descriptors and points

### Daily Living Activities

ACTIVITY	DESCRIPTORS	POINTS
<b>3. Managing therapy or monitoring a health condition</b>	a. Either – (i) Does not receive medication or therapy or need to monitor a health condition; or (ii) Can manage medication or therapy or need to monitor a health condition.	<b>0</b>
	b. Needs any one or more of the following: (i) To use an aid or appliance to be able to manage medication; (ii) Supervision, prompting or assistance to be able to manage medication (iii) Supervision, prompting or assistance to monitor a health condition.	<b>1</b>
	c. Needs supervision, prompting or assistance to be able to manage therapy that takes no more than 3.5 hours per week.	<b>2</b>
	d. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 3.5 but no more than 7 hours per week.	<b>4</b>
	e. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 7 but no more than 14 hours per week.	<b>6</b>
	f. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 14 hours per week.	<b>8</b>

Write notes below.


## ADULT BLA – Table of activities, descriptors and points

### Daily Living Activities

ACTIVITY	DESCRIPTORS	POINTS
4. Washing and bathing	a. Can wash and bathe unaided.	0
	b. Needs to use an aid or appliance to be able to wash and bathe.	2
	c. Needs supervision or prompting to be able to wash or bathe.	2
	d. Needs assistance to be able to wash either their hair or body below the waist.	2
	e. Needs assistance to be able to get in or out of a bath or shower.	3
	f. Needs assistance to be able to wash their body between the shoulders and waist.	4
	g. Cannot wash and bathe at all and needs another person to wash their entire body.	8

Write notes below.


**ADULT BLA – Table of activities, descriptors and points**

Daily Living Activities	
1. Bathing	2. Dressing
3. Eating	4. Grooming
5. Walking	6. Transferring
7. Communication	8. Problem Solving
9. Social Interaction	10. Self-Management
11. Mobility	12. Safety
13. Health Management	14. Financial Management
15. Transportation	16. Home Management
17. Nutrition	18. Hydration
19. Sleep	20. Stress Management
21. Emotion Regulation	22. Cognitive Function
23. Memory	24. Attention
25. Executive Function	26. Decision Making
27. Planning	28. Organization
29. Time Management	30. Task Completion
31. Initiative	32. Persistence
33. Flexibility	34. Adaptability
35. Resilience	36. Coping Skills
37. Problem Solving	38. Creativity
39. Innovation	40. Risk Taking
41. Leadership	42. Teamwork
43. Collaboration	44. Communication
45. Conflict Resolution	46. Negotiation
47. Mediation	48. Arbitration
49. Dispute Resolution	50. Legal Representation
51. Advocacy	52. Public Speaking
53. Writing	54. Reading
55. Listening	56. Understanding
57. Empathy	58. Compassion
59. Kindness	60. Generosity
61. Gratitude	62. Optimism
63. Positivity	64. Hope
65. Faith	66. Spirituality
67. Religion	68. Culture
69. Tradition	70. Heritage
71. Identity	72. Beliefs
73. Values	74. Principles
75. Ethics	76. Morality
77. Integrity	78. Honesty
79. Truthfulness	80. Accountability
81. Responsibility	82. Commitment
83. Dedication	84. Passion
85. Enthusiasm	86. Energy
87. Motivation	88. Drive
89. Ambition	90. Determination
91. Persistence	92. Perseverance
93. Resilience	94. Endurance
95. Strength	96. Courage
97. Bravery	98. Fearlessness
99. Confidence	100. Self-Trust

ACTIVITY	DESCRIPTORS	POINTS
5. Managing toilet needs or incontinence	a. Can manage toilet needs or incontinence unaided.	0
	b. Needs to use an aid or appliance to be able to manage toilet needs or incontinence.	2
	c. Needs supervision or prompting to be able to manage toilet needs.	2
	d. Needs assistance to be able to manage toilet needs.	4
	e. Needs assistance to be able to manage incontinence of either bladder or bowel.	6
	f. Needs assistance to be able to manage incontinence of both bladder and bowel.	8

Write notes below.

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## ADULT BLA – Table of activities, descriptors and points

### Daily Living Activities

ACTIVITY	DESCRIPTORS	POINTS
6. Dressing and undressing	a. Can dress and undress unaided.	0
	b. Needs to use an aid or appliance to be able to dress or undress.	2
	c. Needs either – (i) Prompting to be able to dress, undress or determine appropriate circumstances for remaining clothed; or (ii) Prompting or assistance to be able to select clothing.	2
	d. Needs assistance to be able to dress or undress their lower body.	2
	e. Needs assistance to be able to dress or undress their upper body.	4
	f. Cannot dress or undress at all.	8

Write notes below.


## ADULT BLA – Table of activities, descriptors and points

### Daily Living Activities

ACTIVITY	DESCRIPTORS	POINTS
7. Communicating verbally	a. Can express and understand verbal information unaided.	0
	b. Needs to use an aid or appliance to be able to speak or hear.	2
	c. Needs communication support to be able to express or understand complex verbal information.	4
	d. Needs communication support to be able to express or understand complex verbal information.	8
	e. Cannot express or understand verbal information at all even with communication support.	12

Write notes below.


**ADULT BLA – Table of activities, descriptors and points**

## Daily Living Activities

ACTIVITY	DESCRIPTORS	POINTS
<b>8. Reading and understanding symbols and words</b>	a. Can read and understand basic and complex written information either unaided or using signs, spectacles or contact lenses.	<b>0</b>
	b. Needs to use an aid or appliance, other than spectacles or contact lenses to be able to read or understand either basic or complex written information.	<b>2</b>
	c. Needs prompting to be able to read or understand complex written information.	<b>2</b>
	d. Needs prompting to be able to read or understand basic written information.	<b>4</b>
	e. Cannot read or understand signs, symbols or words at all.	<b>8</b>

Write notes below.

[illegible]

**ADULT BLA – Table of activities, descriptors and points**

## Daily Living Activities

ACTIVITY	DESCRIPTORS	POINTS
9. Engaging with other people face to face	a. Can engage with other people unaided.	0
	b. Needs prompting to be able to engage with other people.	2
	c. Needs social support to be able to engage with other people.	4
	d. Cannot engage with other people due to such engagement causing either – (i) Overwhelming psychological distress to the claimant; or (ii) The claimant to exhibit behaviour which would result in a substantial risk of harm to the claimant or another person.	8

Write notes below.

[illegible]

**ADULT BLA – Table of activities, descriptors and points**

## Daily Living Activities

ACTIVITY	DESCRIPTORS	POINTS
10. Making budgeting decisions	a. Can manage complex budgeting decisions unaided.	0
	b. Needs prompting or assistance to be able to make complex budgeting decisions.	2
	c. Needs prompting or assistance to be able to make simple budgeting decisions.	4
	d. Cannot make any budgeting decisions at all.	6

Write notes below.

[illegible]

## ADULT BLA – Table of activities, descriptors and points

### Mobility Activities

ACTIVITY	DESCRIPTORS	POINTS
1. Planning and following journeys	a. Can plan and follow the route of a journey unaided.	0
	b. Needs prompting to be able to undertake any journey to avoid overwhelming psychological distress to the claimant.	4
	c. Cannot plan the route of a journey.	8
	d. Cannot follow the route of an unfamiliar journey without another person, assistance dog or orientation aid.	10
	e. Cannot undertake any journey because it would cause overwhelming psychological distress to the claimant.	10
	f. Cannot follow the route of a familiar journey without another person, an assistance dog or an orientation aid.	12

Write notes below.


## ADULT BLA – Table of activities, descriptors and points

### Mobility Activities

ACTIVITY	DESCRIPTORS	POINTS
2. Moving around	a. Can stand and then move more than 200 meters, either aided or unaided.	0
	b. Can stand and then move more than 50 meters but no more than 200 meters, either aided or unaided.	4
	c. Can stand and then move unaided more than 20 meters but no more than 50 meters.	8
	d. Can stand and then move using an aid or appliance more than 20 meters but no more than 50 meters.	10
	e. Can stand and then move more than 1 meter but no more than 20 meters, either aided or unaided.	12
	f. Cannot, either aided or unaided, - (i) Stand; or (ii) Move more than 1 meter.	12

Write notes below.


### Guide to the language used in the BLA assessment criteria.

As mentioned previously, whether you can get BLA depends on an assessment of your ability to carry out certain daily living activities and mobility activities. This is measured against a list of descriptors, which describe varying levels of ability under each activity. The activities and descriptors are known as the assessment criteria and are set out in regulations.

The regulations also provide definitions for the words used in the assessment criteria. When you're assessed, the assessor must use the meaning of words as they are defined in the regulations. These meanings are set out in the table below.

<b>Words used in the BLA activities and descriptors</b>	<b>Meaning</b>
<b>Aided</b>	With: (a) The use of an aid or appliance such as brace, crutches, commodes, walkers, wheelchairs, learning aids, hearing aids etc. or (b) Supervision, prompting or assistance
<b>Aid or appliance</b>	(a) Any device which improves, provides or replaces your impaired physical or mental function, and (b) Includes a prosthesis
<b>Assistance</b>	Physical intervention by another person not including speech.
<b>Basic verbal information</b>	Information in your native language conveyed verbally in a simple sentence.
<b>Basic written information</b>	Signs, symbols and dates written or printed standard size text in your native language.
<b>Bathe</b>	Includes getting into or out of an unadapted bath or shower.
<b>Communication support</b>	Support from a person trained or experienced in communicating with people with specific communication needs, including interpreting verbal information into a nonverbal form and vice versa.
<b>Complex budgeting decisions</b>	Decisions involving: (a) Calculating household and personal budgets, (b) Managing and paying bills, and (c) Planning future purchases
<b>Complex verbal information</b>	Information in your native language conveyed verbally in either more than one sentence or one complicated sentence.



<b>Complex written information</b>	More than one sentence of written or printed standard size text in your native language.
<b>Cook</b>	Heat food at or above waist height.
<b>Dress and undress</b>	Includes putting on and taking off socks and shoes.
<b>Engage socially</b>	(a) Interact with others in a contextually and socially appropriate manner, and (b) Understand body language, and (c) Establish relationships
<b>In a reasonable time period</b>	For example, <ul style="list-style-type: none"> <li>capable of preparing a meal but the need for formalised ritual means it takes all morning to prepare breakfast is not doing it in a reasonable timescale.</li> <li>An individual who becomes breathless and exhausted whilst washing and dressing, and needs two hours to complete these tasks</li> </ul>
<b>Manage incontinence</b>	Manage involuntary evacuation of the bladder or bowel, including using a collecting device or self-catheterisation, and cleaning yourself afterwards.
<b>Manage medication</b>	Means take medication, where a failure to do so is likely to result in a deterioration in your health.
<b>Manage therapy</b>	Undertake therapy, where a failure to do so is likely to result in a deterioration in your health.
<b>Medication</b>	Medication to be taken at home which is prescribed or recommended by a registered: <ul style="list-style-type: none"> <li>(a) Doctor</li> <li>(b) Nurse</li> <li>(c) pharmacist</li> </ul>
<b>Monitor a health condition</b>	(a) detect significant changes in your health condition which are likely to lead to a deterioration in your health, and (b) take action advised by a: <ul style="list-style-type: none"> <li>(i) registered doctor, or</li> <li>(ii) registered nurse, or</li> <li>(iii) Health professional who is regulated by the Health Professions Council without which your health is likely to deteriorate.</li> </ul>
<b>Orientation aid</b>	A specialist aid designed to assist disabled people to follow a route safely

<b>Prepare</b>	In the context of food, make food ready for cooking or eating and includes activities such as peeling and chopping vegetables and opening packaging.
<b>Prompting</b>	Reminding, encouraging or explaining by another person.
<b>Psychological distress</b>	Distress related to an enduring mental health condition or an intellectual or cognitive impairment.
<b>Read</b>	Includes read signs, symbols and words but does not include read Braille.
<b>Repeatedly</b>	Having to do something several times, for example <ul style="list-style-type: none"> <li>• If you prepare a meal, but the exhaustion from doing so means you can cook lunch but have not recovered enough to cook tea, you cannot do it 'repeatedly' (i.e. as often as required).</li> </ul>
<b>Safely</b>	Looks at: <ul style="list-style-type: none"> <li>• Lacking a perception of danger</li> <li>• Increased risk of cutting oneself or another person as a result of a health condition or impairment</li> <li>• Increased risk of fire as a result of not understanding how to use an electrical/gas appliance correctly – are the fire fitted/ working/ set off frequently</li> <li>• Leaving the fire appliance burning – naked flames</li> <li>• Risk of burning or scalding</li> <li>• Risk of slips, trips and falls causing injury due to balance issues</li> <li>• An actively suicidal person may require supervision to carry out/be restricted from doing certain activities due to the risk of self-harm posed by access to knives, naked flames etc.</li> <li>• Risk of infection due to inability to maintain good personal hygiene.</li> </ul>
<b>Simple budgeting decisions</b>	Decisions involving: <ul style="list-style-type: none"> <li>(a) Calculating the cost of goods, and</li> <li>(b) Calculating change required after a purchase</li> </ul>
<b>Simple meal</b>	A cooked one course meal for one using fresh ingredients.
<b>Social support</b>	Support from a person trained or experienced in assisting people to engage in social situations.
<b>Stand</b>	Stand upright with at least one biological foot on the ground.

<b>Supervision</b>	The continuous presence of another person for the purpose of ensuring your safety.
<b>Take nutrition</b>	(a) Cut food into pieces, convey food and drink to your mouth and chew and swallow the food and drink, or (b) Take nutrition by using a therapeutic source
<b>Therapeutic source</b>	Parenteral or enteral tube feeding, using a rate limited device such as a delivery system or feed pump.
<b>Therapy</b>	Therapy to be undertaken at home which is prescribed or recommended by a : (a) Registered (i) Doctor, or (ii) Nurse, or (iii) Pharmacist, or (b) Health professional regulated by the Health Professions Council but does not include taking or applying, or otherwise receiving or administering medication (whether orally, topically, or by any other means), or any action which, in your case, falls within the definition of 'monitor a health condition'.
<b>To an acceptable standard</b>	Spilling food can be considered as an example. Regular spillage requiring a change of clothes after meals is not an acceptable standard of taking nutrition.
<b>Toilet needs</b>	(a) Getting on and off an unadapted toilet (b) Evacuating the bladder and bowel, and (c) Cleaning yourself afterwards
<b>Unaided</b>	Without: (a) The use of an aid or appliance, or (b) Supervision, prompting or assistance.

#### **How long do I have to complete the form?**

You have one calendar month to return the completed form from the date it was issued to you. If you don't return the form within the month without good reason (taking into account your state of health and the nature of your disability), your claim will be disallowed.

Keep a copy of your completed form and any diary or supporting evidence you attach to it. This is both for your own future reference or in case any documents are lost. A copy will also be useful if you later wish to seek advice about the decision on your claim.

### What happens after I submit the form?

Once you've sent in the form (and any supporting evidence), your case will be assessed by the BLA Officer who will look at the information you provided and may ask your doctor or other contacts you've given on your form for any extra information they need.

Sometimes the BLA Officer can assess your claim by just using the written information, but most people will be asked to have a face-to-face consultation which will be arranged for you. The consultation can be held at your home if you are unable to travel due to your condition. You may ask someone you trust and who knows the difficulties you have, to be present during the consultation to support you. This person can also take part in the discussion.

### What happens at the face-to-face consultation?

During the consultation, the BLA Officer, Social Worker or Health Professional will identify the descriptors that they think apply to you with respect to the daily living and mobility activities. To do this, they will ask you some questions about:

- Your day-to-day life
- Your home
- How you manage at work if you have a job
- About any social or leisure activities that you engage in (or have had to give up)

They will often ask you to describe a typical day in your life. When answering, explain your difficulties as fully as you can. Although it is understandably hard to do so, you should be prepared to talk about how your condition affects you. You can talk about:

- The kind of things you have difficulty with, or can't do at all – for example, walking up steps without help or remembering to go to appointments
- How your condition affects you from day to day
- What a bad day is like for you – for example, 'On a bad day, I can't walk at all because my injured leg goes into spasms and hurts so much' or 'On a bad day, I'm so depressed I can't concentrate on anything'.
- Don't let the assessor rush you and try not to just answer 'yes' or 'no' to their questions. Always try to explain how doing something would make you feel at the time and afterwards and the impact it has on you if you had to do it repeatedly in a short period of time.
- Use this Guide to help you complete the claim forms. Provide as much detail and evidence as possible and include letters from carers or health professionals that will help support your claim. Take your time and think about what the question is asking before you give your answers.

DO	DON'T
✓ tell the assessor everything you can that is relevant to your condition, even if it is already on your claim form.	X exaggerate or lie about your condition or the help you need  X feel you have to do anything you normally wouldn't be able to do

<ul style="list-style-type: none"> <li>✓ Tell them about any pain or tiredness you feel, or would feel, while carrying out tasks, both on the day of the examination and over time.</li> <li>✓ Tell them if you need reminding or encouraging to complete tasks and how you would feel if you had to do the same task repeatedly.</li> <li>✓ take your time – don't let them rush you</li> <li>✓ go through your BLA claim form to remind yourself of your answers – it may also remind you to mention anything you didn't include on the form</li> <li>✓ ask for any help you need as this can make the assessment less stressful.</li> </ul>	<ul style="list-style-type: none"> <li>X don't agree to any movements that are too painful</li> <li>X just answer yes or no to the assessment questions but tell them how doing something makes you feel – e.g. 'yes I can lift my arm above my head but it is painful and I have to rest afterwards. If I had to do it more than once in a short space of time, it would make me feel tired but also dizzy'.</li> <li>X expect the assessor to 'be on your side' – they are there to ask questions, not to make sure you get BLA.</li> </ul>
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### **Will there be a medical examination?**

You will be observed regarding your ability to stand, sit and move around. They may watch you getting on and off a bed and bending down to pick up your belongings. They will check whether you have any aids or appliances, and to the extent to which you use them. They will also be able to assess your levels of concentration and your ability to understand them and how well you express yourself.

The assessor will use information you gave on your BLA Claim Form but also draw opinions from what you say and do on the day. For example, they might ask you how you got to the place the assessment is being done. If you say you came by public transport, they may make a note that you can travel alone on public transport.

You may also be asked to carry out some physical tasks during the assessment. Don't feel you have to do those tasks that you wouldn't normally be able to do. If you do them on the assessment day, the assessor may think you can always do them. If you are not comfortable with something – say so.

The assessor will also make a note of your mental state during the assessment – for example, they will record whether you look depressed or happy, tensed or relaxed and how you cope with social interaction.

Remember to take a list of your medication and any actual medication to the assessment with you if you are due to take it during the time the assessment is planned.

**Aids and Appliances:**

All the daily living and mobility descriptors are considered on the basis of you wearing or using any aid or appliance, you either use or could reasonably be expected to use. You can also take a list of the aids or appliances you use – for example, spectacles, hearing aids, walking stick, hand rails, toilet raiser, artificial limbs etc.

The health professional (if present) may also carry out a brief physical examination. They should explain each stage of the examination and ask your permission before carrying it out. You shouldn't be asked to do anything that will cause you pain or discomfort, either during or after the consultation. You should be given the chance to ask questions and add or clarify anything you wish.

**Will I be told on the day if I qualify for BLA?**

No, you won't find out whether you qualify for BLA during the consultation. When you leave the face-to-face consultation, the officer(s) will complete their report and make a recommendation as to what rate you will be awarded and for how long.

**How will I find out about the decision?****Successful claims.**

If the case manager decides to award you BLA, you'll be sent a letter telling you about this decision and the date of commencement. Your award will usually be set for a specific period of time if significant changes in your condition are expected).

An ongoing award (one that doesn't have a fixed time period) would only be considered if it is unlikely that your condition will improve in the future, so your needs will remain broadly the same. However, your award will still be reviewed from time to time, regardless of its length.

If you have been awarded BLA but think you should have been awarded a higher rate, you can ask for a mandatory reconsideration (see below).

**Claims that are turned down**

If the case manager declines your claim, they will write to tell you. The letter should tell you why they have chosen the descriptors that they think apply to you.

**What can I do if I'm not happy with the decision?**

If your claim is turned down, you can make a formal request to have the decision looked at again. This is known as a **mandatory reconsideration**. You need to go through this process before you can appeal a decision. You have one month to ask for a mandatory reconsideration from the date on your decision letter.

You can ask for a mandatory reconsideration if you are unhappy with:

- You got a lower rate than you expected (for example, if you were awarded the standard rate and you believe you are entitled to the enhanced rate)
- The time period for which it was granted.

You can telephone or write to the BLA Officer, Social Worker or Director of Children and Adults Directorate to ask for a mandatory reconsideration. When you contact them:

Simply explain why you disagree with the decision at this stage – for example:

- a) 'I believe that you have underestimated the effect of my disability and, consequently, underestimated the extent of my mobility problems and/or the difficulties I have in carrying out daily living activities'. OR
- b) 'The report from my medical assessment states that I don't need any aids or help to prepare my meals. This is untrue. I can't cook any food from scratch – I can only heat up food in a microwave and I need to use a stool in my kitchen'.
- c) OR 'I don't think you have adequately assessed the extent of my mobility problems. You say I can walk 50 meters unaided. In reality, doing this causes me significant pain and would mean I can't walk for the rest of the day. I have enclosed a letter from my physiotherapist which explains this in more detail'.

Give facts, examples and medical evidence (if available) to support what you're saying.

- Ask for copies of all the evidence that was used in the decision making process.
- Ask them not to take further action until you have had the chance to respond to that evidence.

If you telephone, put your request in writing as well, and send it to the address on the decision letter. Keep a copy for yourself. If you haven't received the evidence after two weeks, contact them again and ask for it.

When requesting a mandatory reconsideration, it is worth noting that they will look at your whole award and you risk losing your current award – for example, if you have evidence to support a daily living component but might lose your mobility award because you can now move about better.

### **Building your case**

When you receive the evidence, you may see that the only information the case manager used to make the decision was the information you gave on 'How your disability affects you' form. In most cases, however, there will also be a report produced by a health professional.

Compare their report with what you explained on the form. Where you find any differences, collect medical evidence showing that what you said on the form was correct – for example, a letter from your doctor or audiologist confirming your need for communication support to understand basic verbal information.

Once you've gathered information to support your case, send a copy of it to the address on the decision letter. If you need more time, you must let the case manager know how long this is likely to take, so they don't make a decision straight away.

The case manager will look at the further evidence you send. They will either change their decision in your favour or write back to you explaining that they have been unable to change the decision. This letter from them is the 'mandatory reconsideration notice', which proves that you have asked for a mandatory reconsideration (you will need this if you want to lodge an appeal).

If you are unhappy with the outcome of the mandatory reconsideration, you can then lodge an appeal with an independent tribunal (see below).

### **How do I appeal?**

You have one calendar month from the date on the mandatory reconsideration notice to lodge an appeal.

### **The appeal form**

Remember, you can't make an appeal unless you have first asked for a mandatory reconsideration of your decision.

On the appeal form, state clearly why you disagree with the decision. Make sure you complete the whole appeal form, otherwise your appeal could be rejected.

The form will ask whether you want your appeal to be decided with or without a hearing. If you choose to have a hearing, you will be invited to it. Having a hearing and attending can greatly improve your chances of a successful appeal.

If you choose not to have a hearing, a tribunal will study all of the appeal documents and come to a decision based on these papers alone. You can send extra evidence and comments for the tribunal to consider at any time, but do so as soon as possible, as the tribunal won't tell you when they will be meeting to decide your case.

Make a copy of the completed appeal form and send the original to the address on the form. You need to include a copy of your mandatory reconsideration notice to prove that you have first asked for a mandatory reconsideration of your decision.

When the tribunal receives your appeal form, it will send you an acknowledgement letter. A copy of your letter will also be sent to the office that made the decision for a response. They should write a response to your appeal and return it to the tribunal service along with all the documents relevant to their decision. You will also be sent a copy of everything.

### **The appeal hearing**

Your appeal will be heard by an independent tribunal. These tribunals are informal – they are not like courts. If you have a carer, they can attend the tribunal hearing as well, to explain what your needs are in their words.



### **The appeal decision**

You will get a decision notice within 2 days after the tribunal meeting. If the decision is positive (that you will be awarded BLA), you will start to receive payment from the date stated in the notice, and will be paid any benefit you are owed to cover the period you were appealing. If your appeal is unsuccessful, you can ask for a more detailed explanation to why.

### **Does BLA affect other benefits?**

BLA isn't taken into account as income when means-tested benefits are worked out (such as Basic Island Pension or Income Related Benefits).

If you get the Daily Living component of the BLA and you have a carer, they may qualify for a Carer's or Home Help Allowance.

### **Other organisations who may be able to help financially or with care aids:**

- Occupational therapist
- Physiotherapist
- Disabled Persons Society
- Ageways Charity





## **Better Living Allowance (BLA) Claim Form for adults (over 18 years of age)**

**If you need help filling in this claim form, read the information booklet or call us on telephone 23349 or 23312**

### **What you need to do**

- Complete this form in black ink
- If you are the carer or relative and filling this form in for someone else, tell us about them, not you.
- If the impact of your health condition or disability varies, you may find it helpful to complete a diary to help explain your needs.
- It is very important that you provide us with any relevant information or evidence you already have that explains your circumstances. This might include prescription lists, care plans, reports or information from professionals who help you, such as a doctor, nurse, community psychiatric nurse, specialist nurse e.g. Diabetic/cardiac nurse, audiologist, occupational therapist, physiotherapist, social worker, counsellor or support worker.
- If you receive any additional information or evidence which may help with your claim at a later date, please send it to us as soon as possible.
- Answer all questions applicable to you and return the completed form to the address at the back of this form.

**Don't delay sending any evidence to us as this may mean:**

- We may not have all the information we need to make a decision on your claim which accurately reflects your daily living or mobility needs.
- We may need longer to assess your claim.
- You may be required to see a health professional to be assessed when it may not have been necessary.

**Please list below the documents you are submitting with this form:**

- 1.
- 2.
- 3.
- 4.
- 5.

<b>About you</b> Please use <b>BLOCK CAPITALS</b> when completing your name.		
1. Surname or family name:		
All other first names in full:		
Please also give us any other names (nick names) the you have been known as:		
2. Your medical reference number (if you know it)		
3. Date of birth (day/month/year)		
4. Sex: (Circle gender)	Male	Female
5. Full address (where you live)		
<b>Special rules</b> <b>Are you claiming for BLA under the special rules (terminal illness)?</b> The special rules apply to those who have a progressive disease and are not expected to live longer than another 6 months. (We may also need to seek additional information/evidence from professionals who know and care for you.)		
Yes	No	
<b>Q1 Please tell us who are the professional(s) best placed to advise us on your circumstances. For Example, a doctor, nurse, community psychiatric nurse, specialist nurse e.g. Diabetic/cardiac nurse, audiologist, occupational therapist, physiotherapist, social worker, counsellor or support worker?</b>  Name: Address:  Profession: Phone/email: When did you last see them? (approximate date)		

Name:

Address:

Profession:

Phone/email:

When did you last see them? (approximate date)

Name:

Address:

Profession:

Phone/email:

When did you last see them? (approximate date)

- If we need further information, we may contact these professionals.
- If you need to add more information, use the extra information sheets at the back of this form. Make sure you put your name and the number of the question at the top of each page.

**Q2 About your health conditions or disabilities**

Use page 6 of the Information Booklet

Q2a Please use the space below to tell us:

- What are your health conditions or disabilities, and
- Approximately when each of these started?

Health condition or disability	Approximate start date

- We will ask you how your health conditions or disabilities affect how you carry out day-to-day activities in the rest of the form.
- If you need to add more information, use the extra information sheets at the back of this form. Make sure you put your name and the number of the question at the top of each page.

**Q2b Tell us about any:**

- Tablets or other medication you're taking, will be taking and need to take but can't take due to severe side effects
- Any treatments you're having or will be having, such as chemotherapy, physiotherapy or dialysis
- Please include information on any side effects these have on you.

- If you need to add more information, use the extra information sheets at the back of this form. Make sure you put your name and the number of the question at the top of each page.

Tell us in questions 3-15 how your health conditions or disabilities affect your day-to-day activities.

**Q3 Preparing food**

**Use page 6 of the Information Booklet**

Please tell us about your ability to prepare a simple one course meal for one from fresh ingredients. This includes things like:

- Food preparation such as peeling, chopping or opening a can, and

- Safely cooking or heating food on a cooker hob or in a microwave oven.

We want to know if you can do this safely, to an acceptable standard, as often as you need to and in a reasonable time.

Tick the boxes that apply to you then provide more information below it.

**Q3a Do you use an aid or appliance to prepare or cook a simple meal?**

Aids and appliances include:

- Perching stools, lightweight pots and pans, easy grip handles on utensils, single lever arm taps and liquid level indicators.

☐

Yes

☐

No

☐

Sometimes

**Q3b Do you need help from another person to prepare or cook a simple meal?**

Help includes someone:

- Physically assisting you to prepare to cook food,
- Cooking your food for you,
- Supervising you to make sure you are safe, and
- Prompting, encouraging or reminding you to cook food or how to do so.

This includes help you have and help you need but don't get.

☐

Yes

☐

No

☐

Sometimes

**Q3 (continued) Extra information – Preparing Food**

Tell us more information about the difficulties or help you need to prepare and cook food. For example, tell us things like:

- If you can't do this safely, to an acceptable standard, as often as you need to and in a reasonable time.
- If you need help from another person, tell us what kind (for example whether they need to remind or motivate you to cook, plan the task for you, supervise you while you are doing it, physically help you or prepare all your food for you).
- If you use aids and appliances, tell us what type they are and how you use them.
- If you can only cook using a microwave.

- If your ability to do it varies, tell us in what way and how often – for example, telling us about better and bad days or how it varies throughout the day.
- If you can do it but it takes you a long time.
- If you have side effects from carrying out the activity – either during or after the activity – like pain, breathlessness or tiredness.

**Use the space below to write your answer.**

If you need to add more information, use the extra information sheets at the back of this form.  
Make sure you put your name and the number of the question at the top of each page.

#### **Q4 Eating and drinking**

##### **Use page 7 of the Information Booklet**

Please tell us about your ability to eat and drink. This means:

- Remembering to eat,
- Cutting food into pieces,
- Putting food and drink into the mouth, and
- Chewing and swallowing food and drink.

We want to know if you can do this safely, to an acceptable standard, as often as you need to and in a reasonable time.

Tick the boxes that apply to you then provide extra information if necessary.

#### **Q4a Do you use an aid or appliance to eat or drink?**

Aids and appliances include things like:

- Adapted cutlery.

☐

Yes

☐

No

☐

Sometimes

#### Q4b Do you use a feeding tube or similar device to eat and drink?

This means things like a feeding tube with a rate limiting device as a delivery system or feed pump.

☐

Yes

☐

No

☐

Sometimes

#### Q4c Do you need help from another person to eat and drink?

Help includes someone:

- Cutting your food into pieces or putting food into your mouth,
- Supervising you to make sure you don't choke,
- Prompting, encouraging or reminding you to eat or drink, and
- Helping you manage a feeding tube.

This includes help you have and help you need but don't get.

☐

Yes

☐

No

☐

Sometimes

#### Q4 (continued) Extra Information - Eating and drinking

Tell us more information about the difficulties or help you need to eat and drink. For example, tell us:

- If you can't do this safely, to an acceptable standard, as often as you need to and in a reasonable time.
- If you need help from another person, tell us what kind (for example whether they need to prompt, remind or encourage you to eat, supervise you when you eat, cut food up for you or put food and drink in your mouth).
- If you use aids and appliances, tell us what type they are and how you use them.



- If your ability to eat and drink varies, tell us in what way and how often – for example telling us about better and bad days or how it varies throughout the day.
- If you can do it but it takes you a long time.
- If you have side effects from carrying out the activity – either during or after the activity – like pain, breathlessness or tiredness.

Use the space below to write your answer.

If you need to add more information, use the extra information sheets at the back of this form.  
Make sure you put your name and the number of the question at the top of each page.

### **Q5 Managing treatments**

#### **Use page 7 of the Information Booklet**

Please tell us about your ability to monitor changes in your health condition, take medication or manage any treatments carried out at home.

Monitoring changes includes monitoring blood sugar level, changes in mental state and pain levels.

Home treatments include things like physiotherapy.

We want to know if you can do this safely, to an acceptable standard, as often as you need to and in a reasonable time.

Tick the boxes that apply to you then provide extra information if necessary.

**Q5a Do you use an aid or appliance to monitor your health conditions, take medication or manage home treatments? For example using a Dosette Box for tablets.**

☐

Yes

☐

No

☐

Sometimes

**Q5b Do you need help from another person to monitor your health conditions, take medication or manage home treatments?**

Help includes:

- Prompting or reminding you to take medication or how to do it,
- Supervising you while you take medication,
- Physically helping you to take medication or manage a treatment, and
- Monitoring your mental state.

This includes help you have and help you need but don't get.

☐

Yes

☐

No

☐

Sometimes

**Q5 (continued) – Extra information – Managing Treatments**

Tell us more information about the difficulties or help you need to monitor your health conditions, take medication or manage home therapies. For example, tell us:

- If you can't do this safely, to an acceptable standard, as often as you need to and in a reasonable time.
- If you use aids and appliances, tell us what type they are and how to use them.
- If you need help from another person, tell us what kind of help you need (for example whether they need to prompt, remind or encourage you to take medication or treatment, physically help you or supervise you taking medication or treatment or help you monitor your mental state).
- If you need help from another person, tell us how many hours a week of help you need on average.
- If your needs vary, tell us in what way and how often – for example telling us about better and bad days or how it varies throughout the day.
- If you have side effects from carrying out the activity – either during or after the activity – like pain, breathlessness or tiredness.

Use the space below to write your answer.

## Q6 Washing and bathing

### Use page 8 of the Information Booklet

Please tell us about your ability to keep your body clean. This means things like:

- Washing your body, limbs, face, underarms and hair, and
- Using a normal bath or shower

We want to know if you can do this safely, to an acceptable standard, as often as you need to and in a reasonable time.

Tick the boxes that apply to you then provide extra information if necessary.

### Q6a Do you use an aid or appliance to wash and bathe yourself, including using a bath or shower?

Aids and appliances include things like:

- Bath/shower seat, grab rails.

☐ Yes

☐ No

☐ Sometimes

### Q6b Do you need help from another person to wash and bathe?

Help includes someone:

- Prompting, encouraging or reminding you to wash and bathe yourself or how to do it.
- Supervising you to make sure you are safe, and
- Physically washing or bathing you.

This includes help you have and help you need but don't get.

☐

Yes

☐

No

☐

Sometimes

#### **Q6 Extra Information – Washing and bathing**

Tell us more information about the difficulties or help you need to keep your body clean. For example, tell us:

- If you can't do this safely, to an acceptable standard, as often as you need to and in a reasonable time.
- If you are unable to do it at all,
- If you use aids and appliances, tell us what type they are and how to use them.
- If you need help from another person, what kind of help you need (for example whether they need to prompt, remind or encourage you to wash and bathe or how to do it, supervise you to make sure you are safe or physically bathe you).
- If you have needs bathing just your lower or upper body, tell us which.
- If your ability to wash and bathe your body varies, tell us in what way and how often – for example telling us about better and bad days or how it varies throughout the day.
- If you can do it but it takes you a long time.
- If you have side effects from carrying out the activity – either during or after the activity – like pain, breathlessness or tiredness.

Use the space below to write your answer.

## Q7 Managing toilet needs

Use page 8 of the Information Booklet

Please tell us about your ability to go to the toilet and manage incontinence.

Go to the toilet means:

- Being able to get on and off a normal toilet, and
- Cleaning yourself after using the toilet.

Manage incontinence means:

- Empty your bowel and bladder, including if you need a collecting device such as a urine bottle, bucket, bedpan or catheter, and
- Cleaning yourself and the collecting device after doing so.

We want to know if you can do this safely, to an acceptable standard, as often as you need to and in a reasonable time.

Tick the boxes that apply to you then provide extra information if necessary.

### Q7a Do you use an aid or appliance to go to the toilet or manage incontinence?

Aids and appliances include things like:

- Commodes, raised toilet seats, bottom wipers, incontinence pads or collective devices as mentioned above.

☐

Yes

☐

No

☐

Sometimes

### Q7b Do you need help from another person to go to the toilet or manage incontinence?

Help includes someone:

- Prompting, encouraging or reminding you to go to the toilet or how to do so, and
- Physically helping you to go to the toilet or clean you afterwards.

This includes help you have and help you need but don't get.

☐

Yes

☐

No

☐

Sometimes

### **Q7 (continued) Extra information - Managing toilet needs**

Tell us more information about the difficulties you have or help you need going to the toilet and managing incontinence. For example, tell us:

- If you can't do this safely, to an acceptable standard, as often as you need to and in a reasonable time.
- If you need help from another person, what kind of help you need (for example whether they need to prompt, remind or encourage you to go to the toilet or how to do so, supervise you to make sure you are safe or physically help you).
- If you use aids and appliances, tell us what type they are and how you use them.
- If you are incontinent, tell us in what way and how well you manage this.
- If your needs vary, tell us in what way and how often – for example telling us about better and bad days or how it varies throughout the day.
- If you can do it but it takes you a long time.
- If you have side effects from carrying out the activity – either during or after the activity – like pain, breathlessness or tiredness.

Use the space below to write your answer.

If you need to add more information, use the extra information sheets at the back of this form.  
Make sure you put your name and the number of the question at the top of each page.

### **Q8 Dressing and undressing**

**Use page 9 of the Information Booklet**

**Please tell us about your ability to dress and undress yourself.**  
This means:

- Putting on and taking off appropriate clothes, including shoes and socks,
- Knowing when to put on or take off clothes, and
- Being able to select clothes that are appropriate

We want to know if you can do this safely, to an acceptable standard, as often as you need to and in a reasonable time.

Tick the boxes that apply to you then provide extra information if necessary.

#### **Q8a Do you use an aid or appliance to dress or undress?**

Aids and appliances include things like:

- Modified buttons, zips, front fastening bras, Velcro fastening, shoe aids.

☐ Yes

☐ No

☐ Sometimes

#### **Q8b Do you need help from another person to dress or undress?**

Help includes someone:

- Physically helping you,
- Selecting clothes for you, and
- Prompting or reminding you when to dress and undress or when to change into clean clothes.

This includes help you have and help you need but don't get.

☐ Yes

☐ No

☐ Sometimes

#### **Q8a (continued) Extra information – Dressing and undressing**

**Tell us more information about the difficulties or help you need to dress or undress. For example, tell us:**

- If you can't do this safely, to an acceptable standard, as often as you need to and in a reasonable time.
- If you need help from another person, what kind of help you need (for example whether they need to physically help you, select clothes for you or prompt you when to dress and undress, or when to change into clean clothes).
- If you use aids and appliances, tell us what type they are and how you use them.

- If you have difficulties dressing parts of your body, tell us which.
- If your needs vary, tell us in what way and how often – for example telling us about better and bad days or how it varies throughout the day.
- If you can do it but it takes you a long time.
- If you have side effects from carrying out the activity – either during or after the activity – like pain, breathlessness or tiredness.

Use the space below to write your answer.

If you need to add more information, use the extra information sheets at the back of this form.  
Make sure you put your name and the number of the question at the top of each page.

### **Q9 Communicating**

**Use page 9 of the Information Booklet**

**Please tell us about your ability to communicate with others.**

This means:

- Speaking to people in your native vocal language, and
- Hearing and understanding what people are saying to you in your native vocal language.

We want to know if you can do this safely, to an acceptable standard, as often as you need to and in a reasonable time.

Tick the boxes that apply to you then provide extra information if necessary.

### **Q9a Do you use an aid or appliance to communicate with others?**

Aids and appliances include things like:

- Hearing and voice aids
- Picture symbols
- Communication boards



- Assistive computer technology.

☐

Yes

☐

No

☐

Sometimes

**Q9b Do you need help from another person to help you communicate with others?**

Help includes someone:

- Prompting, encouraging or motivating you to communicate
- Interpret speech into sign language for you, and
- Tell you what someone is saying, what it means or speak on your behalf.

This includes help you have and help you need but don't get.

☐

Yes

☐

No

☐

Sometimes

**Q9 (continued) Extra information – Communicating**

Tell us more about the difficulties or help you need to communicate with others. For example, tell us:

- If you can't do this safely, to an acceptable standard, as often as you need to and in a reasonable time.
- If you are unable to communicate at all
- If you need help from another person, tell us what kind (for example whether they need to prompt, remind or encourage you to communicate, interpret speech into sign language for you or tell you what someone is saying and what it means).
- If you use aids and appliances, tell us what type they are and how you use them.
- If you have difficulty with some communication but not others, tell us which.
- If your needs vary, tell us in what way and how often – for example telling us about better and bad days or how it varies throughout the day.
- If you can do it but it takes you a long time.
- If you have side effects from carrying out the activity – either during or after the activity – like pain, breathlessness, tiredness or anxiety and distress.

Use the space below to write your answer.

If you need to add more information, use the extra information sheets at the back of this form.  
Make sure you put your name and the number of the question at the top of each page.

#### **Q10 Reading**

##### **Use page 10 of the Information Booklet**

**Please tell us about your ability to read and understand signs, symbols and words.**

This means signs, symbols and words written or printed in your native written language and doesn't include Braille.

We want to know if you can do this safely, to an acceptable standard, as often as you need to and in a reasonable time.

Tick the boxes that apply to you then provide extra information if necessary.

#### **Q10a Do you use an aid or appliance other than spectacles or contact lenses to read signs, symbols and words?**

Aids and appliances are things like:

- Magnifiers

☐

**Yes**

☐

**No**

☐

**Sometimes**

#### **Q10b Do you need help from another person to read or understand signs, symbols and words?** Help includes:

- Reading for/to you, and
- Helping you to understand the meaning of signs, symbols or words.

This includes help you have and help you need but don't get.

☐ Yes

☐ No

☐ Sometimes

#### **Q10 (Continued) Extra information – Reading**

Tell us more information about the difficulties or help you need to read and understand signs, symbols and words. For example, tell us:

- If you can't do this safely, to an acceptable standard, as often as you need to and in a reasonable time.
- If you are unable to read at all
- If you need help from another person, tell us what kind (for example whether you need someone to read for you or to explain to you what signs, symbols and words mean).
- If you use aids and appliances, tell us what type they are and how you use them.
- If you have difficulties depend on how complicated the signs, symbols and words are, or how big they are please tell us.
- If your needs vary, tell us in what way and how often – for example telling us about better and bad days or how it varies throughout the day.
- If you can do it but it takes you a long time.
- If you have side effects from carrying out the activity – either during or after the activity – like pain or tiredness.

Use the space below to write your answer.

If you need to add more information, use the extra information sheets at the back of this form. Make sure you put your name and the number of the question at the top of each page.

#### **Q11 Mixing with other people**

Use page 10 of the Information booklet

Please tell us about the your ability to mix with other people

This means how well you are able to get on with other people, understand how they're behaving towards you and how appropriately you behave to them. It includes both people you know well and people you don't know.

We want to know if you can do this safely, to an acceptable standard, as often as you need to and in a reasonable time.

Tick the boxes that apply to you then provide extra information if necessary.

**Q11a Do you need another person to help you mix with other people?**

Help includes:

- Prompting or encouraging you to do so
- Being there to support or reassure you, and
- Helping you understand how people are behaving towards you.

This includes help you have and help you need but don't get.

☐

Yes

☐

No

☐

Sometimes

**Q11b Do you find it difficult to mix with other people because of severe anxiety or distress?**

☐

Yes

☐

No

☐

Sometimes

**Q11 (continued) Extra information – Mixing with other people**

Tell us more information about the difficulties or help you need to interact with other people.

For example, tell us:

- If you can't do this safely, to an acceptable standard, as often as you need to and in a reasonable time.
- If you need help from another person, tell us what kind (for example whether you need them to prompt, encourage and support you or to help you understand how people are behaving and how to behave yourself).
- If you avoid mixing with others, please tell us.
- If your ability depends on who you are mixing with, please give details.
- If you can do it but it takes you a long time.
- If you have side effects from carrying out the activity – either during or after the activity – like anxiety and distress or tiredness and fatigue.

Use the space below to write your answer.

If you need to add more information, use the extra information sheets at the back of this form.  
Make sure you put your name and the number of the question at the top of each page.

**Q12 Making decisions about money**

**Use page 10 of the Information booklet**

**Please tell us about your ability to make decisions about spending and managing your money.**

We want to know if you can do this safely, to an acceptable standard, as often as you need to and in a reasonable time.

Tick the boxes that apply to you then provide extra information if necessary.

**Q12a Do you need someone else to help you to understand how much things cost when you buy them or how much change you'll receive?**

Help includes:

- Encouraging you
- Reminding you when to do it, and
- Doing it for you.

This includes help you have and help you need but don't get.

☐

**Yes**

☐

**No**

☐

**Sometimes**

**Q12b Do you need someone else to help you manage your household budgets, pay your bills or plan future purchases?**

Help includes someone:

- Encouraging you
- Reminding you to do it or how to do it, and
- Doing it for you

This includes help you have and help you need but don't get.

☐

Yes

☐

No

☐

Sometimes

### **Q12 (continued) Extra information – Making decisions about money**

Tell us more information about the difficulties or help you need to interact with other people.  
For example, tell us:

- If you can't do this safely, to an acceptable standard, as often as you need to and in a reasonable time.
- If you need help from another person, tell us what kind (for example whether you need them to remind you to do it or how to do it or do it for you).
- If you can do it but it takes you a long time.
- If your needs vary, tell us in what way and how often – for example telling us about better and bad days or how it varies throughout the day.
- If you have side effects from carrying out the activity – either during or after the activity – like significant anxiety and distress.

Use the space below to write your answer.

If you need to add more information, use the extra information sheets at the back of this form.  
Make sure you put your name and the number of the question at the top of each page.

### **Q13 Going out**

**Use page 11 of the Information booklet**

**Please tell us about your ability to work out and follow a route to another place and if severe anxiety or stress prevents you from going out.**

A route includes using public transport.

This activity doesn't look at your physical ability to get around which is covered in Q14 Moving around.

We want to know if you can do this safely, to an acceptable standard, as often as you need to and in a reasonable time.

Tick the boxes that apply to you then provide extra information if necessary.

**Q13a Do you need help from another person to plan a route to somewhere you know well? Or do you need another person or specialist aid to help you get there?**

Help includes someone:

- To help you plan a route or plan it for you
- To prompt or encourage you to go out or be with you when going out to reassure you, and
- To be with you to keep you safe or stop you getting lost

Aids include:

- Long canes and white sticks

This includes help you have and help you need but don't get.

☐ Yes

☐ No

☐ Sometimes

**Q13b Do you need help from another person or specialist aid to get to a location that is unfamiliar to you?**

Help includes someone:

- To prompt or encourage you to go out or be with you when going out to reassure you
- To be with you to keep you safe or stop you getting lost, and
- To help you with public transport or unexpected circumstances.

Aids include:

- Long canes and white sticks

This includes help you have and help you need but don't get.

☐ Yes

☐ No

☐ Sometimes

**Q13c Are you unable to go out because of severe anxiety or distress?**

☐

**Yes**

☐

**No**

☐

**Sometimes**

**Q13 (continued) Extra information – Going out**

Tell us more information about the difficulties or help you need to interact with other people.  
For example, tell us:

- If you can't do this safely, to an acceptable standard, as often as you need to and in a reasonable time.
- If you need help from another person, tell us what kind (for example whether they need to plan the route for you, encourage you to go out, reassure you or help you to make sure you don't go the wrong way).
- If you use a special aid such as a long cane or white stick, please tell us.
- If you can do it but it takes you a long time.
- If your needs vary, tell us in what way and how often – for example telling us about better and bad days or how it varies throughout the day.
- If your needs vary depending on where you're going, or what the route might involve, please tell us.
- If you have side effects from carrying out the activity – either during or after the activity – like anxiety and distress.

Use the space below to write your answer.

If you need to add more information, use the extra information sheets at the back of this form.  
Make sure you put your name and the number of the question at the top of each page.

**Q14 Moving around**

**Use page 11 of the Information booklet**

**Please tell us about your ability to physically move around.**



We want to know if you can do this safely, to an acceptable standard, as often as you need to and in a reasonable time.

Tick the boxes that apply to you then provide extra information if necessary.

**Q14a How far can you walk taking into account any aids you use?**

To give you an idea of distance, 50 meters is approximately 5 buses parked end to end.

- ☐ Less than 20 meters
- ☐ Between 20 and 50 meters
- ☐ Between 50 and 200 meters
- ☐ Between 200 meters or more
- ☐ It varies

**Q14b Do you use any aids or appliances to walk?**

Walking aids include:

- Walking sticks
- Walking frames
- Crutches, and
- Prostheses.

- ☐ Yes
- ☐ No
- ☐ Sometimes

**Q14c Do you use a wheelchair or similar device to move around safely, reliably and repeatedly and in a reasonable time period?**

- ☐ Yes
- ☐ No
- ☐ Sometimes

#### **Q14 (continued) Extra information – Moving around**

Tell us more information about the difficulties or help you need to interact with other people.  
For example, tell us:

- If you can't do this safely, to an acceptable standard, as often as you need to and in a reasonable time.
- If you regularly fall or are at risk of falling.
- If you use aids to help you walk, tell us what type they are – for example walking sticks, crutches or a prostheses – and how you need to use them.
- If you use a wheelchair or similar device, tell us whether it's manual or powered and how often you need to use it.
- If your needs are affected by the terrain, please tell us – for example whether you have difficulty with uneven ground, curbs or steps.
- If you can do it but it takes you a long time.
- If your needs vary, tell us in what way and how often – for example telling us about better and bad days or how it varies throughout the day.
- If you have side effects from carrying out the activity, like pain, breathlessness, tiredness, dizziness, stress or anxiety – either during or after the activity – tell us about these.

Use the space below to write your answer.

If you need to add more information, use the extra information sheets at the back of this form.  
Make sure you put your name and the number of the question at the top of each page.

#### **Q15 Additional Information**

**Tell us anything else you think we should know about your health conditions or disabilities and how these affect you that you haven't mentioned already.**

- If any carers, friends or family want to provide further information they can do so here.
- You don't have to complete this part if you have covered everything in the form.

If you need to add more information, use the extra information sheets at the back of this form. Make sure you put your name and the number of the question at the top of each page.

#### **What to do now**

##### **Use page 11 of the Information booklet**

Check that you have filled in all the questions that apply to you or the person the claim is for and sign the declaration form below in black ink. Place the completed form in an envelope and send it to the address provided at the back of this form. You don't have to put a stamp on the letter.

#### **What happens next**

##### **Use page 12 of the Information booklet**

You're likely to be contacted soon to arrange a face-to-face consultation with a social worker, health professional or the BLA Officer. You'll be able to take someone with you to this meeting. If we have enough information already, a consultation may not be needed.

Tell us about any help you (or someone who may be accompanying you) would need if you have to go for a face-to-face consultation. This will help us ensure your needs are met or consider if a home visit would be needed. For example tell us if:

- You/they can't get up and down stairs
- You/they have difficulty travelling or using public transport
- You/they have communication needs and what support you/they will need, and
- You/they need accessible toilets.

Please be specific about the needs you/they have.



Please write the name of the account holder exactly as it's shown on the debit card, statement or cheque book.

**Full name of the bank:**

**Sort code:** Please tell us all numbers.

**Account number:**

**Extra information**

## **BLA claim form: additional sheet**

Use this additional sheet if you need more space to answer a question.

Attach it to your claim form. Always write your name and the relevant question number.

**Name:**

**Question number:**

**Additional information:**

## **BLA claim form: additional sheet**

Use this additional sheet if you need more space to answer a question.

Attach it to your claim form. Always write your name and the relevant question number.

**Name:**

**Question number:**

**Additional information:**

## **BLA claim form: additional sheet**

Use this additional sheet if you need more space to answer a question.

Attach it to your claim form. Always write your name and the relevant question number.

**Name:**

**Question number:**

**Additional information:**



**Declaration:** We can't pay any benefit until you have signed the declaration and returned the form to us. Please return the signed form as soon as you've completed it.

**I declare** 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 Better Living Allowance of anything that may affect my entitlement to, or the amount of, that benefit.

**I understand** that Social Services or the Department for Benefits 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
- any other benefit I may claim or be awarded in the future

**This is my claim for Better Living Allowance.**

**Signature:**

**Date:**

**Print your full name here:**

Send the claim form and the documents listed above back to us straight away. You can send more information to us at any time.

Please return the completed form to this address.

**Senior Social Worker**

**Post Office Building**

**Main Street**

**Jamestown**



**St Helena  
Government**



## SAMPLE LETTER TO BLA CLAIMANT

Post Office Buildings  
Main Street  
Jamestown  
08 January 2020

Dear Mr Walsh,

We understand you are acting on behalf of Mr Alan Smith. The information in this letter is about him. In this letter, we use the word 'you' as if we were writing to him directly.

Thank you for your claim for Better Living Allowance Payment.

### **What we want you to do**

Please fill in the enclosed form. You must return it to us by 08 February 2020 if you wish to continue with your claim. You don't need to send this letter back with the claim form.

Please send us the completed form and any other information you wish us to see, to the address which you will find on the last page of the form.

The form asks about any health conditions or disabilities you may have and how these affect you. Please ensure you complete the form as fully as possible to enable your claim to progress.

An Information Booklet is included which tells you about the questions we ask, why we ask them and gives you help with how to answer them; we have also provided examples of what you can tell us for each of the questions. You can keep the information booklet for future reference.

Please send copies of any medical reports, care plans or letters from your doctor, consultant or health care professional, or other information you wish us to see, with this form.

### **Enclosed is a copy of the:**

- BLA Claimant Form – 'How your disability affects you'.
- Information Booklet

**About help you may need**

If you require help filling in this form or any part of it you can read the information booklet, ask a friend, relative or representative to assist you. If you think you'll have difficulty completing your claim that will cause a delay, please contact your social worker on the number at the bottom of this letter.

**What happens next**

Once we receive your form we will contact you to arrange a face-to-face consultation by a health professional, social worker or the BLA Officer. You can take someone with you if you wish but if we have sufficient information already, a consultation may not be needed.

Yours sincerely

Senior Social Worker  
Post Office Buildings  
Main Street  
Jamestown  
Telephone: 290 23349



**St Helena  
Government**



**Application for Better Living Allowance**

**Summary of decision making**

Date application considered:

Panel members:

Decision maker:

Decision – please select one of the following:

Application approved including category awarded, reasons for decision and any conditions	
Application not approved, reasons why and next steps	
Application deferred, reasons why and next steps	

**Name of Decision maker:**

**Signature:**

**Date:**



Old Testament	New Testament	Miracles of Jesus	Adam and Eve	Elisha/Q & Verses
<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>
The boy who killed a giant.	The earthly parents of Jesus	Jesus turned this into wine	Adam and eves first born.	What did Elisha do to purify the water?
Who is David?	Who are Mary and Joseph?	What is water	Who is Cain	What is New bowl and Salt?
<b>200</b>	<b>200</b>	<b>200</b>	<b>200</b>	<b>200</b>
The boy who was raised by Egyptians but Hebrew by birth	Peter denied Jesus this many times	Jesus expelled a evil spirit named legion into this	The body part of Adam that God used to make Eve	"you are the ---- of the earth."
Who is Moses?	What is 3	What is swine	What is a rib	What is Salt?
<b>300</b>	<b>300</b>	<b>300</b>	<b>300</b>	<b>300</b>
The man who had two wifes	Why did Zacchaeus climb a tree?	10 men with a condition that were healed by Jesus	The animal Satan appeared to Eve	The Shunammite woman provided a room for Elisha to stay, God rewarded the kindness by giving her?
Who is Jacob?	What is To see Jesus, because he was short?	What is Leoprasy	What is a serpent	Who is a son?
<b>400</b>	<b>400</b>	<b>400</b>	<b>400</b>	<b>400</b>
Who is Deborah?	what did John the Baptist say in the wilderness?	The man who had to be lowered through the roof to be healed of this	Daily bread double	I am the ----- and the life; he who believes in Me, though he may die, he shall ---
Who is a judge and prophet?	What is Repent, for the kingdom of heaven is near?	What is paralysed	The body part Adam and Eve don't have	What is resurrection, live?
			What is a bellybutton	

LOLOLOL





500	500	500	500	500
What does Barak ask Deborah to do?	The disciples saw the Transfiguration of Jesus?	The amount of people Jesus fed with a boy's small portion of food	The other tree named in the garden that God prevented Adam and Eve from eating from	Elisha asked from Elijah?
What is go with him to the battle?	Who is St. Peter, St. James and St. John?	What is 5,000 men	What is the tree of life?	What is double portion of his spirit?
600	600	600	600	600
What items did Gideon's men carry into battle?	This is my beloved ---, in whom I am well pleased, ---- Him"	How long had Lazarus been dead by the time Jesus and His disciples arrived?	Who is the relationship between Cain and Abel?	"And if they drink anything ----- , it will by no means hurt them"
What is Trumpets, jars, and torches?	What is Son and hear?	What is 4?	What did Cain do to Abel?	What is deadly?
			who is brothers	
			what is killed him	

