

Claim for Carer's Allowance

Please read leaflet CA2 and the following notes before completing this form

Notes

You can only get Carer's Allowance if you're caring for a disabled person for at least 35 hours a week and the disabled person gets Attendance Allowance, Constant Attendance Allowance or the middle or higher rate care component of Disability Living Allowance.

To claim Carer's Allowance, please complete this form in INK and use CAPITAL LETTERS where possible. If you need any help please phone us on 685104.

Part 1

About you

Title (please tick one box) Mr Mrs Miss Ms Other

Surname

Other names

Previous surname(s)

Address

 Postcode

Date of birth Daytime telephone no.

National Insurance (NI) number Letters Numbers Letter

Do you normally live in the Isle of Man? Yes No

Were you living in either the Isle of Man, England, Scotland, Wales or Northern Ireland for at least 104 weeks (2 years) of the 156 weeks (3 years) before the date on which you want to claim Carer's Allowance?

Yes No

Part 2

About your claim

From what date do you want to claim Carer's Allowance?

You must make your claim within 3 months of the date from which you wish to claim Carer's Allowance. If you delay claiming you may lose money you might otherwise have been entitled to.



Isle of Man
Government

Reilhtys Ellan Vannin
The Treasury

Yn Tashtey

Form CA1 Aug 2019

Part 3

About your partner

By partner we mean a person you are married to or a person you live with as if you were married to them, or a civil partner or a person you live with as if you are civil partners.

Your marital or civil partnership status

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single	Married	Widowed	Divorced	Separated	Or Civil Partner	Or Surviving Civil Partner	Or Civil Partnership Dissolved
						Yes <input type="checkbox"/>	No <input type="checkbox"/>

Do you have a partner living with you now or have you had a partner living with you at any time since the date you want to claim from?

If you answered Yes, please tell us your partner's full name

Has your partner claimed or received any other benefits or allowances from Social Security or any other government department since the date you want to claim from?

Yes No

If you answered Yes, please give us the following details

Name of benefit or allowance

Part 4

About the care you provide

Please tell us about the person you look after

Title (please tick one box) Mr Mrs Miss Ms Other

Surname

Other names

Previous surname(s)

Address

 Postcode

Date of birth Daytime telephone no.

National Insurance (NI) number

What relation is this person to you (if no relation, write None)

Which of the following benefits does the person you are claiming for receive or have they claimed?

Attendance Allowance	<input type="checkbox"/>
Disability Living Allowance	<input type="checkbox"/>
Constant Attendance Allowance with an industrial Injuries Disablement Pension	<input type="checkbox"/>
Constant Attendance Allowance with a war or service pension	<input type="checkbox"/>
Do you spend at least 35 hours each week caring for the person?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Have you been caring for this person for at least 35 hours every week since the date you stated you want to claim from in Part 2 above? (if you answer No to this question, please tell us on a separate sheet of paper about the periods during which you did not care for the disabled person for at least 35 hours and why)

Yes No

When did you start looking after this person?

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Have you had any breaks in looking after this person in the 26 weeks before the date you stated you want to claim from in Part 2 above?

Yes No

If you answered yes to this question, please use the table below to give us the exact dates and times of the breaks

	Date	Time	Reason for the break
From	<input type="text"/>	<input type="text"/> am/pm	<input type="text"/>
To	<input type="text"/>	<input type="text"/> am/pm	<input type="text"/>
From	<input type="text"/>	<input type="text"/> am/pm	<input type="text"/>
To	<input type="text"/>	<input type="text"/> am/pm	<input type="text"/>
From	<input type="text"/>	<input type="text"/> am/pm	<input type="text"/>
To	<input type="text"/>	<input type="text"/> am/pm	<input type="text"/>

If there has been more than three breaks, please tell us about them in Part 11

Have you, or anyone else who has also cared for the named person, claimed Carer's Allowance before?

Yes No

If you have answered Yes, please tell us the full name of the person who claimed Carer's Allowance

Do you receive any payments from the person you care for (or anyone else) for the care you provide?

Yes No

If you answered Yes, please tell us the name of the person who employs you and how much are you paid:

Their full name

Weekly pay £ : p

Is there a contract or agreement that you will care for the person you look after? Yes No

Part 5

About education

Have you been on a course of education since the date you stated you want to claim from in Part 2 above? (If you are on holiday or on temporary leave from your course, still tick Yes).

No Please go to Part 6 Yes Please tell us about this below

Type of course: for example, A-level, degree, diploma, correspondence course or Open University

Course title

Name of school, college or university

Address

Postcode

Telephone number

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When did you start your course?

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When do you expect the course to end?

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If you are no longer on the course, when did you finish?

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Part 6

About employment

By employment we mean:

- full-time or part-time work
- casual or temporary work
- job sharing
- being included in a tax return as a worker
- being a company director
- being in the Territorial Army or other auxiliary armed forces, or
- being on a career break

Have you been employed at any time in the six months before the date you stated you want to claim from in Part 2 above? Tick Yes if you are off work because of sickness, on parental leave or on unpaid leave.

No Please go to Part 7

Yes Please tell us about your main job below

If you have more than one job, please tell us about this in Part 11

Your employer's name

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Your employer's address

Postcode

Employer's telephone no.

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Date work started

--	--	--

Normal weekly pay

£	:	p
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Number of hours worked each week

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Has the job finished?

No Please go to Part 7

Yes

On what date did you last work? (confirmation of earnings may be required)

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What is the leaving date on your T21, if you have one?

--	--	--

When were you last paid?

--	--	--

What period did this cover?

from

--	--	--

to

--	--	--

What was your gross pay?

£	:	p
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By gross pay we mean the amount before anything is taken off

What was included in this pay? Include things like holiday pay

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Self-employment could mean:

- working for yourself
- being a partner or sleeping partner in a business
- receiving income from property or land you own, or
- renting out any part of the home you live in, for example to a lodger.

Have you been self-employed at any time since the week before the date you stated you want to claim Carer's Allowance from in Part 2 above?

No Please go to Part 8

Yes Please tell us about this below

When did you start this work?

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When did this work finish, if it has finished ?

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Are you self-employed now?

No Tell us about your most recent self-employed work.

Yes Tell us about your current self-employed work.

Have you ceased trading?

No Please continue

Yes Please continue

Nature of your business

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What is or was your trading year?

From

--	--	--

to

--	--	--

Please send the most recent finalised accounts you have for your business.

What type of account is your self-employed income paid into?

Business account

Personal account

What name is the account in?

--

How much do you pay yourself?

--

weekly/monthly*

Have you or your partner claimed/received any other benefits/allowances from Social Security or any other government department since the date you want to claim from?

Yes No

If you have answered Yes, please tell us which benefits/allowances you have claimed

Name of the first benefit/allowance

Name of second benefit/allowance

From which office did you claim

(if you have received more than 2 benefits/allowances, please tell us about the others in Part 11)

Has anyone claimed or received an increase in respect of you in any benefit/allowance they have received from Social Security or from any other government department since the date you want to claim from?

Yes No

If you have answered Yes, please give us the following details.

Full name of person who made the claim

Their address

Postcode

Name of benefit or allowance claimed

Have you received any payment from any other individual or organisation for the person you are claiming for?

No

Please go to Part 9

Yes

Please tell us about this below

How much do they pay you each week?

£

When did you start getting this money?

Please provide the name and address of the individual or organisation

Name

Address

Postcode

If you are entitled to Carer's Allowance you can either:

have it paid by direct credit every 2 weeks into your bank or building society account, but not a mortgage account (note: if you already receive payment of a benefit/allowance by direct credit your Carer's Allowance will be paid into the same account); or

collect your allowance at a Post Office of your choice (for this option, you will need to enrol for a MiCard, if you haven't already got one)

Please complete a) below if you would like your Carer's Allowance to be paid by direct credit or b) below if you would like to collect your Carer's Allowance at a Post Office.

a) Name and address of bank or building society

Postcode

Sort code number

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Type of account (deposit, current etc.)

Account number

--	--	--	--	--	--	--	--

Name account is held in

b) Which Post Office would you like to collect your allowance from?

I already have a MiCard I need to enrol for a MiCard

Payment direct into an account

Your benefit will be paid into your account every 2 weeks in arrears. It will be paid into the account on the last bank working day in each 2 week period.

Finding out how much is paid into the account

You can check your benefit payments on your account statements. Your statement will show "Pension/Ben" next to the payments that are from us. If you think the payment is wrong, get in touch with us.

If not enough money is paid into the account

If we do not pay enough money into the account, we will make another payment or add the money we owe you onto your next payment.

If too much money is paid into the account

If too much money is paid into the account because of the way the credit transfer system works, we have the right to recover any money that you are not entitled to. For example, you may give us information which means that you are entitled to less money but we may not be able to change the amount already sent out.

If you are not signing this form on behalf of somebody else, please go to Part 11

Even though you can complete this form for somebody else, they must still sign it themselves unless -

- they cannot manage their own affairs
- they cannot sign for themselves

You can only sign this form if one or more of the following apply. Tick all the boxes that apply to you.

I have a power of attorney for them which has been registered with the Courts

Please send a copy of the deed which shows the date of the Court decision and the seal of the Court.

I am a receiver for them under a court order

Please send a copy of the court order which appointed you as receiver with this form

The Social Security Division of the Treasury has already appointed me to get their benefits and deal with their Social Security matters

I wish to be appointed by the Social Security Division of the Treasury to receive their benefits and deal with their Social Security matters because they cannot manage their own affairs or cannot sign for themselves

We will get in touch with you about this.

Please tell us about yourself here -

Your full name

Your National Insurance (NI) number

Letters	Numbers	Numbers	Numbers	Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your date of birth

Your address

<input type="text"/>
Postcode

Daytime telephone number

Email address (optional)

Part 12

How the Treasury collects and uses information

When we collect information about you we may use it for any of our purposes, including dealing with benefits and allowances, employment and training and occupational and personal pension schemes.

We may get information about you from others for any of our purposes if the law allows us to do so.

We may also share information with certain other organisations if the law allows us to.

To find out more about how we use information, contact any of our offices or visit our website at <https://www.gov.im/about-the-government/departments/treasury/privacy-notice/>

Part 13

Feedback from you

On occasion, Social Security may wish to contact you to find out more about the service you have received in order to make improvements. To do so, we will use the data we hold about you to make contact.

Participation is voluntary and you can refuse to be involved at any time.

I understand and agree that Social Security may use the information they hold about me to contact me for feedback on their services.

I understand and agree that any feedback I provide will be anonymised and will in no way affect my claim to benefit.

Please tick this box to confirm you understand and agree

Part 14

Statement on behalf of the person you look after

The person you look after needs to know if you are claiming Carer's Allowance for them, as this may affect some of their benefits. Can the person you look after sign a statement?

No If the person you look after is unable to sign below because of a health condition, a disability, or because they are under 16 someone who acts for them can sign on their behalf, please make sure you have completed Part 10.

Yes Please ask them to read the notes and sign the form in Part 16 overleaf.

Part 15

Your declaration

- I understand that the information I have given on this form is correct and complete
- I understand that if I knowingly give information that is incorrect or incomplete action may be taken against me
- I understand that I must tell the Social Security Division of the Treasury about anything that may affect my entitlement to Carer's Allowance, or the amount of Carer's Allowance payable to me.
- This is my claim for Carer's Allowance

Your signature

Date

Please print your name

Notes for the person being looked after

If we pay Carer's Allowance to your carer your Disability Living Allowance, Attendance Allowance, Constant Attendance Allowance will not be affected.

Please sign below to confirm the following:

- I understand that the carer named in Part 1 of this form is making a claim for Carer's Allowance and that this may affect some of my benefits.
- I understand that you will look at details of my claim for Disability Living Allowance, Attendance Allowance or Constant Attendance Allowance (as the case may be) for the purposes of their claim for Carer's Allowance.

Also tick **one** of the following boxes:

I can confirm that the carer named on Page 1 looks after me for at least 35 hours a week

I cannot confirm that the carer named on Page 1 looks after me for at least 35 hours a week.

Your signature

Date

Please print your name

Part 17**Contact details**

Address: Disability Benefits Team
Social Security Division
Markwell House
Market Street
Douglas
Isle of Man IM1 2RZ

Telephone: (01624) 685104

Email: disabilitybenefits@gov.im

Website: www.gov.im

All calls to and from Social Security are recorded for quality purposes, to prevent crime or misuse, to ensure staff act in compliance with required procedures and standards and assist in the provision of training, monitoring and service improvement.



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