|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SYMPTOM** | **BODY PART specify left, right or both (if applicable)** | **CONDITION** | **TIMEFRAME** | **QUALIFIER** |  |
| Pain | Fingers | Arthritis | Always | Reliably |  |
| Stiffness | Hand(s) | Sciatica | Most days | Repeatedly |  |
| Weakness | Wrist(s) | Osteoporosis | Most weeks | In a reasonable time |  |
| Loss of use | Arm(s) | Depression | Never | As often as is reasonably required |  |
| Lack of strength | Shoulder(s) | Anxiety |  | Safely |  |
| Anxiety | Neck | PTSD |  | Without prompting |  |
| Lack of motivation | Back | Learning difficulties |  | Without supervision |  |
| Poor memory | Foot/feet | Chronic Fatigue Syndrome |  | Without assistance from someone else |  |
| Poor concentration | Hip(s) | MS |  | Without being accompanied |  |
| Poor focus | Knee(s) |  |  |  |  |
| Breathlessness | Lower leg(s) |  |  |  |  |
| Fatigue | Ankle(s) |  |  |  |  |

**OPENING SENTENCES: ESA/UC and PIP**

Due to **SYMPTOM** in my **BODY PART** because of my **CONDITION** I am **TIMEFRAME** unable to **ACTIVITY QUALIFIER**

Due to my C**ONDITION** I have S**YMPTOM** which means I am unable to **ACTIVITY QUALIFIER**

**EXPAND WITH (MAINLY PIP):**

I rely on my mother/father/sister/brother/friend/partner/son/daughter/carer to prompt/supervise/assist me – it is only with this support that I am able to **ACTIVITY** reliably/safely/in a reasonable timescale/as often as is reasonably required

There is no-one to prompt/supervise/assist me so I struggle **ACTIVITY** on my own which causes pain/takes a long time/means I do not do it as often as is reasonably required/is unsafe – give examples

**Home visit:**

Due to my severe anxiety about going out/my severe mobility problems, which are set out in this form (and the attached medical evidence), I would request a home visit for any assessment.

(Client will usually need to obtain GP evidence for this – use attached Doctor’s letter for client to take to GP so client has the evidence if required)

**No assessment (existing claimant):**

My condition has not improved since my last assessment, as evidenced by the enclosed medical letters. I would therefore request that a decision is taken to keep me on my existing level of PIP/keep me in the Work Related Activity Group/keep me in the Support Group on the basis of the evidence in this form and the enclosed medical evidence, and that a medical assessment is not required.

**Lifelong progressive condition (existing claimant – unless condition has worsened since last assessment):**

My condition is a life-long, progressive condition. I would therefore request that a decision is taken to keep me on my existing level of PIP/keep me in the Work Related Activity Group/keep me in the Support Group on the basis of the evidence in this form and the enclosed medical evidence, and that a medical assessment is not required.

**No reassessment in future: Lifelong (progressive) condition (new claimant):**

As my condition is a life-long (progressive) condition, I would request that if I am awarded PIP/ESA/UC following assessment of this claim, that I am not required to complete a further paper or face to face assessment in future.

**Assistance to complete form:**

Due to my condition, I struggle to manage my benefits and have received assistance from Watford Citizens Advice/family member/friend to complete this form. I have read and understand what is written in the form and have signed the form myself to confirm this.

**Copy of decision/FOA:**

As I struggle to manage my benefits, I would request that a copy of the decision letter about this claim is sent to Watford CAB as well as to me:

Advice Session Supervisor, Watford Citizens Advice, St Mary’s Churchyard, High Street, Watford WD17 2BE

A copy of my signed Form of Authority is enclosed and I would request that this is attached to my records so that Watford Citizens Advice can make enquiries on my behalf about this claim.

**ESA/UC – SUBSTANTIAL RISK**

In addition to the difficulties caused by my condition(s) as set out in this form (and the enclosed medical evidence), I would also maintain that due to my eg severe anxiety/severe depression/extreme fatigue/anger management issues/drug and or alcohol dependency there would be a substantial risk to my mental and/or physical health if I were not found to have limited capability for work (and work related activity).

If I were not found to have limited capability for work under Regulation 29 (ESA)/Schedule 8 of the UC Regulations , there would be a substantial risk that my eg anxiety/depression/substance misuse would be made much worse by the stress and pressure of being required to be available for and actively work.

If I were not found to have limited capability for work and work related activity under Regulation 35(ESA)/Schedule 9 of the UC Regulations, there would be a substantial risk that my eg anxiety/depression/substance misuse would be made much worse by the stress and pressure of being required to participate in work related activity, however minimal this was. In CMcC v Secretary of State for Work and Pensions (ESA) [2014] UKUT 176 (AAC), reported as [2015] AACR 9, the judge held that in applying regulation 35 of the 2008 ESA Regulations:

“A crucial consideration in this context is the regime of sanctions underpinning work-related activity, as explained by Judge Gray in MT v Secretary of State for Work and Pensions (ESA) [2013] UKUT 0544 (AAC) see- [23]. In assessing the risks to the mental health of a claimant from a finding that a claimant does not have limited capability for work-related activity, a tribunal may therefore have to consider the possible effects on a claimant resulting from the element of compulsion which the “conditionality” of work-related activity entails.”

**TEMPLATE LETTER TO GP FOR HOME VISIT EVIDENCE**

CLIENT ADDRESS

SURGERY ADDRESS

DATE

Dear Doctor

NAME; DOB

I am receiving assistance from Watford Citizens Advice with my claim for Personal independence Payment/ Employment & Support Allowance.

I am currently being assessed/reassessed for this and am likely to be required to attend a medical assessment. In view of my severe anxiety/limited mobility , I have requested that any assessment takes place in my home but I understand that I am likely to need medical evidence in support of this request. Can I therefore request a short letter from you supporting my request for a home visit on the grounds that being required to travel to an assessment will cause me severe anxiety/will cause me great difficulty due to my limited mobility.

Yours faithfully,

NAME