



### Use this form if you need any of the following:

- NHS dental treatment
- Sight tests, glasses or contact lenses
- Travel to receive NHS treatment under the care of a consultant

#### AND

- you live permanently in a care home and a Local Authority helps you with the cost of your accommodation; or
- you are supported by a Local Authority because you have recently left Local Authority care.

You might not have to pay for them or you could be entitled to limited help towards the cost.

**You can claim at any time** – Don't wait until you need treatment.

If you need help or have any queries about filling in this form, you can phone our customer enquiry line on **0300 330 1343**. If English is not your first language, you can phone this number and tell us in English, or ask a friend to tell us, your preferred language and we will provide a phone interpretation service.

### DON'T USE THIS FORM

- **you cannot get help if you or your partner have more than:**
  - £16,000 in property, savings or any other money (don't count the place where you live)
  - £24,000 in property, savings or any other money if you live permanently in a care home

Note – if you have a partner, their property, savings or any other money is counted with yours.

- **you cannot use this claim form if:**

- you recently left Local Authority care but are not supported by a Local Authority – use the main HC1W claim form.
- you are only staying in a care home temporarily – use the main HC1W claim form.
- you live permanently in a care home and you pay the full cost of the accommodation yourself (this might be with the help of relatives or friends, or a charity) – use the main HC1W claim form.

Note – If you are getting Income Support, Pension Credit guarantee Credit, income-based Jobseeker's Allowance, income-related Employment Certificate you are already entitled to full help with these health costs, you don't need to fill in this form – when you get treatment tell the practitioner which benefit/credit you are getting. You may be asked for evidence.

**WARNING**

False information may lead to civil or criminal action. The person signing this form is expected to use reasonable care to make sure the information given is correct. Anyone found to have wrongly claimed help with NHS Health Costs will have to pay a Penalty Charge or may face prosecution.

Please read the declaration and sign and date **Box A** below.

I confirm that the information I have given on this form is correct and complete, and I understand that if it is not, appropriate action may be taken. For the purpose of checking this, I agree to you giving relevant information to the Department for Work and Pensions and Local Authorities.

<b>Box A</b>	Signature		Date	/	/
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**IF YOU ARE CLAIMING ON BEHALF OF SOMEONE ELSE**

You may only make a claim on behalf of someone else for the reason stated below. Please tick the box if appropriate. You are responsible for making sure the information is correct. You should read the declaration and sign and date **Box B** below. If you are unsure whether you are able to sign, please phone our Customer Enquiry Line on **0300 330 1343**.

I am responsible for this persons financial affairs because they have learning difficulties or a condition that prevents them from managing their own affairs.

If you are filling in the form for somebody, and this reason does not apply, they should tell you what to write for them and they should sign or make their mark in **Box A**.

I confirm that the information I have given on this form is correct and complete and I understand that if it is not, appropriate action may be taken. For the purpose of checking this, I consent to the disclosure of relevant information, including to and by the Department for Work and Pensions and Local Authorities. This is my claim for help with health costs on behalf of the person named in **Part 1**.

<b>Box B</b>	Signature		Date	/	/
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Your Name	
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Your Address	
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Postcode	
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Telephone no.	
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Your relationship to the person in <b>Part 1</b>	
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**WHEN YOU HAVE COMPLETED THIS FORM**

Remember we can deal with your claim more quickly if we get all the information we ask for. Use the tick boxes to check that you have completed the form as fully as possible.

I have answered all the questions that apply to me

I have signed the declaration above

**Your claim is not valid unless it is signed and dated**

Please read these notes before you start filling in this form – they will help you to claim correctly.

### HOW TO FILL IN THIS FORM

In this form, we want you to tick **NO** or **YES** and give us details where we ask for them. **We need to know about** – your circumstances on the date that you actually sign this form.

### IF YOU ARE FILLING IN THIS FORM FOR SOMEONE ELSE

If you are filling in this form for someone else, they are responsible for making sure the information is correct. They should tell you what to write for them and they should sign or make their mark in **Box A**. If you are filling in this form for someone with learning difficulties or an illness that prevents them from managing their own affairs, you are responsible for making sure the information is correct. You should sign the form yourself in **Box B**. If you are not sure if you can sign the form for someone else, phone our Customer Enquiry Line for advice on **0300 330 1343, Monday to Friday between 8.00am and 6.00pm or Saturday between 9.00am and 3.00pm.**

### WHAT TO DO WHEN YOU'VE FILLED IN THE FORM

Check that you've answered all the questions. And check that you've signed and dated the form in box A or box B.

If you're signing this form on behalf of someone else, check that you've put your name, address and telephone number in box B in case we need to contact you.

Once you have checked everything, separate the pages of this form – keep this one for your information and send us the one you have filled in and signed.

Write in this box the date that you posted the form to us.

Date posted:        /        /

### WHAT YOU CAN EXPECT FROM US

- Your claim will be assessed by NHS Business Services Authority at: **Bridge House, 152 Pilgrim Street, Newcastle Upon Tyne NE99 2ZA.**
- We will normally assess your claim within 15 working days from the date we get your form. If we need more information before your claim can be assessed we will normally assess your claim within 5 working days of receiving the information we need.
- If you are entitled to help we will send you a certificate telling you how much, if anything, you have to pay towards your health costs. If you wish to renew your certificate, fill in and send us a new claim form 4 weeks before the certificate runs out. You can make another claim at any time if your circumstances change. If we send you a new certificate before the old one runs out, you can use whichever one gives you the most help – you don't have to wait until the old one runs out before using the new one.
- If you have any queries about your claim, or have not heard from us after 4 weeks, you can phone our Customer Enquiry Line on **0300 330 1343, Monday to Friday between 8.00am and 6.00pm or Saturday between 9.00am and 3.00pm.**
- We respect customer confidentiality at all times. We will only give information about your claim to another person with your permission. They will need to quote your certificate reference number.

**PERSONAL DETAILS – PLEASE WRITE IN BLOCK CAPITALS**

SURNAME	
OTHER NAMES	
MR/MRS/MISS/MS/OTHER	
DATE OF BIRTH	
ADDRESS	
	POSTCODE
EMAIL ADDRESS	
DAYTIME PHONE NUMBER INCLUDING DIALLING CODE	

DATE TIME  
TEL. 2  
DATE TIME  
TEL. 1  
OFFICIAL USE BOX

<b>1</b>	Do you live permanently in a care home	No	<input type="text"/>
		Yes	<input type="text"/>

GO TO QUESTION 2  
GO TO QUESTION 4

<b>2</b>	Are you supported by the Local Authority because you have recently left Local Authority care?	No	<input type="text"/>
		Yes	<input type="text"/>

USE MAIN HC1W CLAIM FORM  
GO TO QUESTION 3

<b>3</b>	Does the Local Authority give you help with the cost of your accommodation and/or living expenses?	No	<input type="text"/>
		Yes	<input type="text"/>

USE MAIN HC1W CLAIM FORM  
TELL US BELOW WHICH LOCAL AUTHORITY HELPS YOU

LOCAL AUTHORITY:

PLEASE TURN TO THE NEXT PAGE

<b>4</b>	Has the Local Authority assessed your resources, and as a result, you get help with the cost of your care home accommodation?  <b>If you are not sure, ask the home manager or matron.</b>	No	<input type="text"/>
		Yes	<input type="text"/>

IF YOU WANT TO CLAIM HELP WITH HEALTH COSTS, USE MAIN HC1W CLAIM FORM  
TELL US BELOW WHICH LOCAL AUTHORITY HELPS TO PAY THE CHARGES

LOCAL AUTHORITY:

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.  
This document is also available in Welsh.