Department for Work & Pensions

Carer's Credit Care certificate

About filling in this form

Use this certificate to get a health or social care professional to confirm that the person you look after needs the care you provide. To find out more, see **page 3** of the CC1 notes.

You only need to fill in this certificate if we have told you to in **About the person being cared for** section of the application form.

The health or social care professional must know the person you look after.

Please fill in **About the carer** section with the name and details of you, the carer.

This certificate can be signed at **About the person being cared for** section by:

- the person being cared for, or
- the appointee or legal representative of the person being cared for, or
- the parent or guardian if the person being cared for is aged under 16

A signature at **About the person being cared for** section is **not** compulsory, but the health or social care professional **must** fill in and sign **Confirmation of care needs** section.

You will need to send us a Care Certificate for each person you look after who does not get one of the benefits shown on **page 3** of the CC1 notes

For help with this certificate:

- read the section called **Care Certificates** on **page 5** of the **CC1 notes**
- visit **www.gov.uk/carers-credit**
- ask an advice centre like the Citizens Advice
- phone us on 0800 731 0297, or
- write to us at:
  Carers Allowance Unit
  Mail Handling Site A
  Wolverhampton
  WV98 2AB.

About the carer

01 **Carer's surname**

02 **Carer's first name**

03 **Carer's National Insurance (NI) number**

04 **How many hours a week do you care for the person you look after?**

About the person being cared for

05 **Surname of person being cared for**

06 **First name of person being cared for**

07 **National Insursance (NI) number of person being cared for**

For the purpose of this application for Carer's Credit, I give my consent for a health or social care professional to give details of how much care I need.

Signature

Date

Confirmation of care needs by a health or social care professional

A health or social care professional must answer the questions below. By **health or social care professional** we mean a person like a district nurse, occupational therapist, social worker, MIND case worker, or community psychiatric nurse.

08 **Full name of health or social care professional**

09 **Job title**

10 **Organisation name**

11 **Daytime phone number**

12 **Organisation address**

Postcode

13 **What is your professional relationship with the person being cared for?**

14 **Do you agree that the person being cared for needs the weekly amount of care stated in About the carer?**

☐ No Do not sign this certificate.

☐ Yes Please sign and date below.

Certification

I confirm that the person named in **About the person being cared for** of this certificate is known to me or to a member of my organisation.

I certify that the person named in **About the person being cared for** of this certificate needs the weekly amount of care stated in **About the carer**.

Signature of health or social care professional

Date

Why DWP needs personal information and how we treat it

We treat personal information carefully. We may use it for any of our purposes. To learn more about information rights and how we use information, please see our DWP Personal Information Charter at **www.gov.uk**