

APPLYING AND APPEALING FOR DLA: THE PROCESS



APPLYING

Contact DWP Benefits Enquiry Line: 0800 88 22 00
Decline any offer to complete over phone, stating that you are not well enough to do so. Ask for Claim pack

Begin to gather evidence:
1. keep a diary
2. if possible get letter from hospital consultant and/or NHS ME/CFS team
3. Let your GP know you are applying

1. Complete claim form. Take a copy. Return within 6 weeks.
2. Complete MBMEG activity checklist. Discuss with GP.

DWP Decision maker makes decision on basis of form returned. DWP might collect evidence from GP/consultant.

DWP Medical examination may be required

Benefit refused (or awarded at lower level, not reflecting true degree of your difficulty)

Benefit awarded

You are informed of decision. 1 month to respond

1. Ask DWP within 1 month for Reconsideration
2. Request from DWP copies of medical report plus any evidence submitted by your GP etc.
3. See your GP with view to obtaining further evidence. Send all new evidence to DWP or state that it will be sent later

express route

DWP Decision maker: Reconsideration

Decision changed
Benefit awarded

See your GP with view to obtaining further evidence

Decision unchanged: benefit refused; *or*, benefit awarded but at lower level than sought

Appeal within 1 month using form GL24

APPEALING

Receive "Enquiry Form" and associated paperwork from DWP. Choose "oral hearing" not "paper hearing" if possible. Return to regional Tribunals Service within 14 days

Send in any further evidence as soon as possible in following weeks

Appeal (Ministry of Justice). *NB: you can withdraw at any time if you wish*

Decision upheld: benefit refused. You can sometimes challenge: appeal to Commissioners

Decision changed
Benefit awarded