



Social Security Scotland  
Tèarainteachd Shòisealta Alba

# Ask us to look at our decision again

## Child Disability Payment

Once finished, return this form in the pre-paid envelope.  
If you do not have this envelope, call us free on  
0800 182 2222 and we'll send you a new one.

**mygov.scot**

Social Security Scotland  
PO Box 10303  
DUNDEE  
DD1 9FY

---

# Asking us to look at our decision again

If you disagree with our decision about a child's Child Disability Payment application, you can ask us to look at our decision again. This is called a re-determination. It's where a new team at Social Security Scotland who weren't involved in making our original decision takes a fresh look at your application, along with any new information you want to give us. They will decide if:

- the child should get Child Disability Payment
- the child is being paid the right amount
- the child is being paid for the right dates.

This decision will replace the most recent decision we made about your child's Child Disability Payment.

You can ask us to look at our decision again by:

- filling in this form and posting it to us in the prepaid envelope provided
- calling us on 0800 182 2222 (freephone, 8am to 6pm, Monday to Friday).

If sending any additional evidence you should send in **photocopies** of documents. You should not send original documents. It takes up to two weeks for us to return any original documents you send.

You need to ask us to look at our decision again within 42 days (six weeks), including weekends and bank holidays, of receiving your decision letter. Requests received after 42 days (six weeks), including weekends and bank holidays, will be considered as late. If you do not provide a reason, we will not be able to consider your request. See page 11 for more information on what to do if your request is late.

## **Sending in evidence**

If you want to send us any additional evidence to support your request by post, you should send it in the pre-paid envelope along with this completed form. There is more information about sending additional evidence on page 10 of this form.

You can get information in the following formats:

- braille
- another language, including Gaelic
- large print
- audio recording.

## **If you need any help**

If you require additional information or help, including getting this form in other formats call us free on 0800 182 2222.

You may wish to seek independent advice on your application. There are services in your local area that can help. You can find more details on these services at: [mygov.scot/benefits-support](https://mygov.scot/benefits-support)

Please use a black pen and write in **BLOCK CAPITALS**. You should tick ✓ boxes. If you make any mistakes, please cross out the error clearly. If you need to, you can request a new form by calling us free on 0800 182 2222.

---

## Who is completing this form?

Please tick the box that applies to you.

- I am completing this form as a parent, guardian or appointee
- I am aged 16 or 17 and am completing this form on my own (you do not need to complete the child's details on page 4, complete the details on page 5 instead)
- I am completing the form on behalf of the child, and have the legal powers to act on their behalf
- I am a third party

### Examples of types of legal powers:

- Power of Attorney
- Corporate Acting Body
- Personal Acting Body
- Deputy.

Corporate Acting Bodies or Personal Acting Bodies that have not acted on the child's behalf before should call 0800 182 2222 before proceeding.

---

## Child's details

First name(s)

Last name

Address

  
  
  

Postcode

Date of birth

Child Reference Number

This number is sometimes known as a CRN. It could be on a Child Benefit letter or a decision letter if you applied for Disability Living Allowance for children before.

You can still apply if do not know the Child Reference Number but we might need to contact you to help you find it.

---

## If you're the child's parent, guardian or appointee, or a 16 or 17 year old managing your own affairs

You should fill in this section if you're the child's parent, guardian or appointee, or a 16 or 17 year old managing your own affairs.

First name(s)

Last name

Address

  
  
  

Postcode

Date of birth

It's on your National Insurance card, benefit letter, payslip or P60 – for example, 'QQ 12 34 56 C'.

National Insurance number

---

## If we need to contact you

We may need to ask you questions about the information you've given in this form. Please provide a telephone number we can contact you on.

Phone

Is this phone a

mobile

landline

You should fill in this section with your details if you are someone who has the legal right to request a re-determination on behalf of the child but you are not their parent, guardian or appointee.

If you would like more information about acting on behalf of someone else, please contact Social Security Scotland free on 0800 182 2222.

You only need to tell us this if you're part of an organisation filling in this form as part of your job.

If you're an individual filling in this form, tell us your home address. If you're part of an organisation filling in this form, tell us your work address.

## If you're completing the form on behalf of the child and have the legal powers to act on their behalf

Please give us your details.

First name(s)

Last name

Date of birth

National Insurance number

Company or organisation name

Address

  
  
  

Postcode

Your phone number

The client wishes all correspondence about their request to be sent to their representative

Yes  No

# Third party representative details

A third party representative is any person or organisation acting on behalf of, or making enquiries for an individual. These may include:

- advice, advocacy or welfare rights organisations
- professionals such as social workers, community nurses or doctors
- family members or friends.

The third party representative may be able to help you in several ways, including:

- enquiries on the progress of an application
- helping make a claim
- seeking an explanation of entitlement and how it has been decided
- supporting with a redetermination or appeal
- supporting you to manage your finances.

Go to [mygov.scot/benefits-support](https://mygov.scot/benefits-support) or call us free on 0800 182 2222 for details of organisations that can help with benefits advice and support.

**If you are a representative, please fill in your details here.**

Please provide representative details.

First name(s)

Last name

**Organisation name, if relevant**

(Any paperwork will be sent to both you and your representative)

Address

  
  
  

Postcode

Preferred phone number

# Why you disagree with our decision

This is the date on the letter that was sent with this form.

Other reasons for asking us to look at our decision again can be provided in the box below.

If you run out of space you can carry on writing on another sheet of paper and send this to us with your form. Please make sure to label this extra paper with the child's name, child's date of birth and Child Reference Number (or National Insurance number if over 16).

What is the date on your decision letter?

If you'd like to tell us why you disagree with our decision about Child Disability Payment, fill in this part of the form.

Tick all statements that apply.

- I think Child Disability Payment should have been awarded
- I think the amount of Child Disability Payment should be increased
- I think Child Disability Payment should have been paid from an earlier date
- I don't think that all information has been considered
- Other (please write in the box below)

Tell us more about why you disagree with our decision.


Please continue your reason for asking us to look at our decision again on the next page if required.



Please continue here.

A large rectangular box with a black border and horizontal lines, intended for writing. The box is empty and occupies most of the page's width and height.

If you have any extra information you want us to look at with your original application please send photocopies with this form.

# Sending in evidence

If you are unsure about what information to give us or do not know where to find it, we can get in touch with you to help. This might mean it takes us longer to process your changes.

To post supporting information, you should:

- send copies, not original documents
- make sure all copies are clear and readable
- write the child's name, date of birth and Child Reference Number (or National Insurance number if over 16) on each copy.

## Send us your documents by post

You can give us any additional supporting information by posting it to us in the same envelope as the rest of this form. Or, if you don't have all or some of the supporting information you want to give us, you can post it to us later. You don't need to send any supporting information you've already sent to us as part of your original application.

We've enclosed a pre-paid envelope for you to send us a photocopy of your documents, along with your completed form. If you lose the envelope you can still send the documents to:

Social Security Scotland  
PO Box 10303  
Dundee  
DD1 9FY

You should write the following information on your photocopies:

- the child's full name
- the child's date of birth
- the child's Child Reference Number (or National Insurance number if over 16).

If you need to contact us for advice, call us free on 0800 182 2222 (8am to 6pm, Monday to Friday).

## How would you like to give us your supporting information?

- I will send some or all of the supporting information with this form
- I will send some or all of the supporting information later
- I need your help to find some or all of the supporting information
- I will not be sending any supporting information



---

## Next steps

We'll send you a letter to let you know that we've received your request. Once we've received your request, we have 56 days (eight weeks), including weekends and bank holidays, to make our decision, You'll then get another decision letter. If we don't finish looking at your application within 56 days (eight weeks), including weekends and bank holidays, we'll write to you advising you how to appeal. If we need to ask you any questions about the information you've given in this form we will call you on the number you have provided.

---

## Before you send the form

**Tick the box below to show that you've read and agree with the statement:**

As far as I know and believe, I declare that the information I have given in this form is correct and complete.

Signature

Date

**Use the pre-paid envelope provided to return the completed form and any supporting photocopied evidence.**

---

# Privacy notice

## **You and your data**

Our privacy notice explains your rights under the Data Protection Act 2018 (DPA) and General Data Protection Regulation (GDPR). It describes the type of information we may hold on you, how it may be processed and who we might share it with.

Personal data (which we will call 'data' throughout the rest of this notice) means any information about an individual from which that person can be identified.

Social Security Scotland processes lots of data to do our job. We manage your personal data to deliver a number of social security benefits outlined in the Social Security (Scotland) Act 2018. We are committed to protecting and respecting your privacy.

Social Security Scotland is registered with the Information Commissioner (registration number Z4857137) under Scottish Ministers, to handle your data.

If you want to know more about how Social Security Scotland use your data, you can read our full privacy notice online: [mygov.scot/social-security-data](https://mygov.scot/social-security-data)

You can use this page to continue giving your reason for asking us to look at our decision again if required.

A large rectangular area with horizontal lines, intended for writing a response. The lines are evenly spaced and cover the majority of the page's width and height.





Social Security Scotland  
Tèarainteachd Shòisealta Alba

If there's something else you need help with,  
or you want this form in other formats,  
call us free on 0800 182 2222.