

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.

> 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).

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.

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.

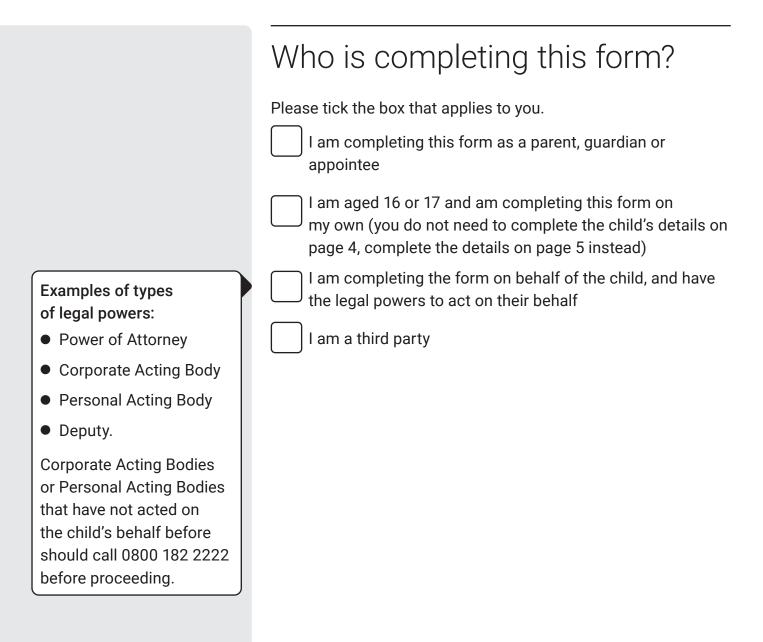
You may wish to seek independent advice on your application. There are services in your local area that can help. You can find more details on these services at: mygov.scot/benefits-support

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 can get information in the following formats:

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

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.



Child's details

First name(s)	
Last name	
Address	
Postcode	
Date of birth	D_1D M_1M $Y_1Y_1Y_1Y_1$
Child Referenc	e 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	
It's on your National	FUSICOUE	

Date of birth

National Insurance number

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

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

If you're completing the form You should fill in this section with your details if on behalf of the child and have you are someone who has the legal powers to act on the legal right to request a re-determination on their behalf behalf of the child but you are not their parent, guardian or appointee. Please give us your details. If you would like more First name(s) information about acting on behalf of someone else, please contact Social Last name Security Scotland free on 0800 182 2222. Date of birth National Insurance number You only need to tell us this if you're part of an organisation filling in this form as part of your job. Company or organisation name Address 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. Postcode Your phone number The client wishes all correspondence about their request to be sent to their representative No Yes

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 or call us free on 0800 182 2222 for details of organisations that can help with benefits advice and support.

Third party representative details

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									
					 ר				
Postcode					J				
Preferred phone number									

Why you disagree with our decision

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.

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).

This is the date on the letter that was sent with

Other reasons for asking

us to look at our decision again can be provided in

this form.

the box below.

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

Sending in evidence

Send us your documents by post

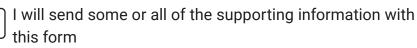
You can give us any additional supporting information by posting it to us in the same envelope as the rest of this form. Or, if you don't have all or some of the supporting information you want to give us, you can post it to us later. You don't need to send any supporting information you've already sent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

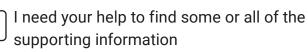
If you need to contact us for advice, call us free on 0800 182 2222 (8am to 6pm, Monday to Friday).

How would you like to give us your supporting information?





I will send some or all of the supporting information later



I will not be sending any supporting information

If we receive your request after 42 days (six weeks), including weekends and bank holidays, you have to give us the reason why it is late on the form or when you call us. This is called a late re-determination and can be done up to 12 months from the date on your Child Disability Payment decision letter. If you do not provide a reason, we will not be able to consider your request.

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, date of birth and Child Reference Number (or National Insurance number if over 16).

If your request is late

You can leave this page blank if you have sent this form within 42 days (six weeks), including weekends and bank holidays, of getting your decision letter.

Please help us understand the reason(s) why your request was not made sooner. We will consider each request and the reasons you give on a case by case basis. **If you do not provide a reason, we will not be able to consider your request.**

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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 DD	$[M_1M] = \begin{bmatrix} Y_1 & Y_1 \\ Y_1 & Y_1 \end{bmatrix}$		_

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

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

COMMS- Child Disabity Payment-Ask us to look at our decision again-V1-July 2021