

Access to Work Claim for Support Worker costs

We have many ways we can communicate with you.

If you would like braille, British Sign Language, a hearing loop, translations, large print, audio or something else please tell us. You can find our contact details at www.gov.uk/access-to-work/apply

Treating people fairly

We are committed to the Equality Act 2010 and treating people fairly. To find out more about this law, search 'Equality' on **www.gov.uk**

Customer details

03 All other names in full

Title
 For example, Mr, Mrs, Miss, Ms, otherSurname or family name

O4 Access to Work reference number

05 Email address

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Use this form to claim for the hours of support received in one calendar month. Tell us the dates with the number of hours of support being claimed for each date. Then tell us the total number of hours of support being claimed.

O6 What dates do you want to claim for and how many hours of support on each date?

Date DD/MM/YYYY	Number of hours of support being claimed

Date DD/MM/YYYY	Number of hours of support being claimed

O7 What is the total number of hours of support being claimed? (Total number of hours in question 06).

Please complete all boxes in this section. We will send your claim form back to you if you miss out any information in this section. This will delay payment.

The amount you can claim from Access to Work must be the amount in **questions 08** and **09** added together minus any amount from your employer.

08 What is the total cost of support in this period?

Please attach original receipts or invoices. If you do not have the originals, please attach certified copies. Receipts must show:

- · amount paid
- the support worker's name
- the date of the support you are claiming for
- a description of the support provided.

09 What are the agreed additional costs?

10 How much is contributed by your employer?

Contributions from your employer.

What is the amount you want to claim from Access to Work?

The amount you can claim from Access to Work must be the amount in **questions 08** and **09** added together minus any amount from your employer.

Confirmation of support received

If you are employed, please pass this form to your employer to sign and date this section.

If you are self-employed, please pass this form to your support worker to sign and date this section.

If you represent an agency who supplied the support worker, please sign and date this section and attach copies of invoices and support worker time sheets. We need them to pay the claim.

I certify that the person named in the **Customer details** section of this form has received the number of hours support shown in the **Claim details** section and that this support is as agreed with Access to Work.

Employer or agency details Signature

Name

Date

DD/MM/YYYY

Position

Name of company

Support worker details
Signature

Name

Postcode

Date
DD/MM/YYYY

Customer declaration

I confirm:

- by submitting this claim that the information I have given is complete and correct
- this is the only claim I have made for these costs
- my claim is only for reimbursement against the agreed support
- while I am getting Access to Work I will report changes to my circumstances.

I understand:

- if I spend my award on items not covered by Access to Work, DWP may not reimburse me
- that Access to Work may not accept claims for reimbursement, if the claim is made more than 9 months after the costs were incurred
- you may check and validate my claim with other sources. These may include employers, suppliers and providers.

I understand and agree that DWP may recover any money wrongly paid to me because I did not:

- provide correct or complete information or
- report a change in my circumstances.

I understand if I give wrong or incomplete information, or I do not report changes as they happen, I may:

- be prosecuted
- need to pay a financial penalty
- have my Access to Work reduced or stopped.

Who do you want the payment to be made to?

Important – if this is your first claim, or payment details have changed since your last claim, please ask for form DP228JP - New or amended details.

Please sign to confirm:

I have read and accept the terms and conditions in my Award Letter (ATW01CL). I confirm that this declaration is correct.

Signature

Name

Date

DD/MM/YYYY

What to do next

When you have filled in this form send it to: Access to Work Service Centre Harrow Jobcentre Mail Handling Site A Wolverhampton WV98 1JE

How DWP collects and uses information

When we collect information about you we may use it for any of our purposes.

These include:

- social security benefits and allowances
- child maintenance
- employment and training
- investigating and prosecuting tax credits offences

- private pensions policy and
- retirement planning.

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We may get information about you from other parties for any of our purposes as the law allows to check the information you provide and improve our services. We may give information about you to other organisations as the law allows, for example to protect against crime.

To find out more about our purposes, how we use personal information for those purposes and your information rights, including how to request a copy of your information, please visit www.gov.uk/dwp/personal-information-charter