

BACKDATE QUESTIONNAIRE

NAME:	ADDRESS
REFERENCE NUMBER:	

A REQUEST FOR BACKDATING MUST BE MADE IN WRITING. YOU DO NOT HAVE TO COMPLETE THIS FORM, BUT IT MAY HELP

A CLAIM FORM MUST HAVE BEEN COMPLETED

Please complete this form in black ink

1.	What is/are the period(s) of backdate for which you wish to be considered?
2.	What was your income and what were your circumstances during this period (these periods)? (You will need to provide proof of this if you have not already done so.)
3.	Why did you not claim earlier?
4.	If it was due to illness, what was the nature and period of the illness and were you at home or in hospital?
5.	Was there anyone else available to make a claim on your behalf, e.g. partner, relative, neighbour, social worker etc.?
6.	If yes, why did they not claim?
7.	What enquiries did you make about benefit, when, where and who from?

8.	What advice have you been given about benefit, and by whom? (EG telephone/ letter/ at benefits enquiry counter/ solicitor/ doctor/ Advice Centre (C.A.B.etc))	
9.	What prompted you to make a claim now?	
10.	If you made a claim that was not received by the authority please answer the following questions:	
	A) When did you first make a claim?	
	B) How (eg. was a form completed)?	
	C) How did you obtain the form?	
	D) Describe the form you completed	
	E) How did you send it to the council? when and where? (e.g. posted, handed in at counter)	
11.	Is there any other information that you feel the Authority ought to know about in connection with your request for backdating.	
Continue on a separate sheet if necessary.		

PLEASE BE AWARE OF THE FOLLOWING:

1. Backdating can only be considered for a period not exceeding 6 months from the date on which the request for backdated benefit is received.
2. Backdating can only be granted if you prove good cause for the delay in claiming. Ignorance is not in itself good cause but other factors/reasons will be taken into consideration.
3. You will be informed of the Authority's decision in writing and if you are not satisfied with the decision you do have a right of appeal.

DECLARATION I declare that the information I have given is correct and I understand that to give false information may result in prosecution

SIGNATURE OF CUSTOMER: _____

DATE: _____

FOR OFFICE USE ONLY

REPORT COMPLETED:	AT THE COUNTER:
	BY VISIT:
COMPLETED BY:	DATE: