

Access to Work

Support worker claim

Department for
Work and Pensions

Please complete Parts 1 to 4 then send this form to the address at Part 5.

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

Part 1 Customer details

Title Mr Mrs Miss Ms Other

Surname	
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Other names	
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AtW ref number	
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Email address

Part 2 Claim details

Use this form to claim for any period up to a calendar month.

From

/	/
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to

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Date	Hours claimed
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[illegible][illegible][illegible]

Date	Hours claimed
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[illegible]Total hours claimed

Total costs paid in this period £

Please attach original receipts or invoices. If you do not have the originals, please attach certified copies. Receipts must show as a minimum: the amount paid, the support worker's name, the date of the support you are claiming for, and a description of the support provided.

Agreed additional costs £

Employer contribution £

Contributions from your employer.

Amount claimed from Access to Work £

Add costs and agreed additional costs, then deduct the employer's contribution.

Part 3 Certification

If you are employed

Your employer should complete this part.

If you are self-employed

Your support worker should complete this part. If your support worker is supplied by an agency, the agency can complete this part.

- I certify that the person named in Part 1 of this form has received the number of hours support shown in Part 2.

Signature

Position

Name

Company
name and
business
address

Date

If you signed this as a representative of the agency that supplied the support worker, please attach copies of the support worker's timesheets.

Part 4 Customer declaration

- I claim reimbursement of the portion of my costs agreed with Access to Work for the support shown in Part 2 of this form.
- I want the payment to be made to
- I understand that if I knowingly give information that is incorrect or incomplete I may be liable to prosecution or other action. Claims may be subject to validation and information may be checked with other sources including employers, suppliers and providers.
- I have read the Access to Work 'Information for Customers' and agree to its terms.
- No part of this claim has been included in any previous claim.
- I understand that Access to Work will not accept claims for reimbursement that are made more than six months after costs were incurred.

Signature

Name

Date

Part 5 Return details

When you have filled in this form send it to