**[Insert your name]**

 **[Insert National insurance number]**

**[Insert Date of birth]**

For the attention of the Universal Credit Department

**[Insert date]**

**[Insert address of your local job centre plus]**

**-REQUEST FOR SUPPORT TO CLAIM UNIVERSAL CREDIT -**

Dear Sir or Madam,

#### Summary of issue

I am writing to notify you that because of my disability I require support from DWP staff to start and complete a claim for Universal Credit.

I am registered as sight impaired / severely sight impaired **[delete as applicable]**. Due to my sight loss, I am unable to access the online claim form and the expectation that I should make this application online is unreasonable. I require support from DWP staff to help me with my claim. This includes completing the online application form and I ask that this support is provided to me as a matter of urgency.

**[Insert details of your circumstances and the difficulties you have with accessing the online application. If you have a copy of medical evidence supporting this, then you can refer to this and enclose it/attach it with this letter].**

Please note on your records that I have complex needs and that my preferred method of communication with the DWP is large print **[specify font size]**/ telephone / braille / audio / email **[delete as appropriate].**

#### Legal Framework

As a person with a disability, I am protected under the Equality Act 2010. You will be aware that under this Act, you are a service provider with a duty to make reasonable adjustments so I can access the application process. I have included a copy of a standard advocacy letter from RNIB which explains the Equality Act 2010 and what you must do to comply with it.

You will also be aware that in accordance with Regulation 10(1) (b) of the Universal Credit (Claims and Payment) Regulations 2013 the date of claim is the date of first notification of a need for assistance. As I have now notified you of my need for assistance, you are required to accept the date on which you receive this letter as my date of claim. **[If you have already contacted the DWP by phone to notify them of your need for assistance, give details of the phone call here including the date on which you made that call as that date would be your date of claim].**

#### Steps you are required to take

Considering the above, please can you contact me as soon as possible to arrange the appropriate level of support in accordance with s.20 Equality Act 2010 to assist me in making a claim. Please also confirm my date of claim.

I give authority for you to provide RNIB with details of the support you will provide and ask that you send a copy of your response to me and to the RNIB Legal Rights service, The Grimaldi Building, 154a Pentonville Road, London, N1 9JE.

Yours faithfully,

**[insert name]**

**[insert address]**

**[insert contact details and preferred format]**