

Part 1 About you and your partner - continued

	You	Your partner
18. Are you or your partner in hospital at the moment?	No <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> When did you go in? <div style="border: 1px solid black; width: 100px; height: 15px; margin: 2px 0;"></div>	Yes <input type="checkbox"/> When did they go in? <div style="border: 1px solid black; width: 100px; height: 15px; margin: 2px 0;"></div>
	When will you come out (if you know this)? <div style="border: 1px solid black; width: 100px; height: 15px; margin: 2px 0;"></div>	When will they come out (if they know this)? <div style="border: 1px solid black; width: 100px; height: 15px; margin: 2px 0;"></div>
19. Do you or your partner get Disability Living Allowance?	No <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> How much? <div style="border: 1px solid black; width: 100px; height: 15px; margin: 2px 0;">Care: £</div> <div style="border: 1px solid black; width: 100px; height: 15px; margin: 2px 0;">Mobility: £</div>	Yes <input type="checkbox"/> How much? <div style="border: 1px solid black; width: 100px; height: 15px; margin: 2px 0;">Care: £</div> <div style="border: 1px solid black; width: 100px; height: 15px; margin: 2px 0;">Mobility: £</div>
20. Do you or your partner get Attendance Allowance?	No <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
21. How much Attendance Allowance do you receive?	£ <div style="border: 1px solid black; width: 100px; height: 15px;"></div>	£ <div style="border: 1px solid black; width: 100px; height: 15px;"></div>
22. Does anyone get Carer's Allowance for looking after you or your partner?	No <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
23. Have you or your partner ever claimed Carer's Allowance?	No <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Still tick 'Yes' if you were not paid any Carer's Allowance. This could have been because you were better off getting another social security benefit.	
24. Do you or your partner pay towards the upkeep of a student?	No <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> How much do you pay? <div style="border: 1px solid black; width: 100px; height: 15px; margin: 2px 0;">£</div>	Yes <input type="checkbox"/> How much do they pay? <div style="border: 1px solid black; width: 100px; height: 15px; margin: 2px 0;">£</div>
	How often? <div style="border: 1px solid black; width: 100px; height: 15px; margin: 2px 0;">Every</div>	How often? <div style="border: 1px solid black; width: 100px; height: 15px; margin: 2px 0;">Every</div>
25. Are you or your partner student?	No <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Do you study full time or part time? Full time <input type="checkbox"/> Part time <input type="checkbox"/>	Do they study full time or part time? Full time <input type="checkbox"/> Part time <input type="checkbox"/>
	How much of your income is taken into account when working out your grant? <div style="border: 1px solid black; width: 100px; height: 15px; margin: 2px 0;">£</div> a year	How much of their income is taken into account when working out their grant? <div style="border: 1px solid black; width: 100px; height: 15px; margin: 2px 0;">£</div> a year
26. Do you or your partner have a vehicle from a Mobility scheme?	No <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>