**Access to Work Claim for travel to work costs**

# We have many different 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**](http://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**](http://www.gov.uk/)

## Customer details

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | |  |
| **01** | Title |  |  | 05 | Email address | |  |
|  | For example, Mr, Mrs, Miss, Ms, other |  |  |  |  | |  |
|  |  |  |  |  |  | |  |
|  |  |  |  | 06 | The full address where you live | |  |
| **02** | **Surname or family name** |  |  |  |  | |  |
|  |  |  |  |  |  | |  |
|  |  |  |  |  |  | |  |
| **03** | **All other names in full** |  |  |  | Postcode |  |  |
|  |  |  |  |  |  | |  |
|  |  |  |  |  |  | |  |
| **04** | **Access to Work reference number** |  |  |  |  | |  |
|  |  |  |  |  |  | |  |
|  |  |  |  |  |  | |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | |
| Claim Details A | | | | | | | | |
| Use this form to claim for journeys or mileage covering one calendar month only.  Tell us the dates with the number of journeys or mileage being claimed for each date. Then tell us the total journeys or mileage being claimed. | | | | | | | | |
|  |  | |  |  |  |  |  |  |
| 07 | What dates do you want to claim for and how many journeys or mileage on each date? | |  |  |  | Date  DD/MM/YYYY | Number of journeys or mileage each day |  |
|  |  |  |  |
|  | **Date**  **DD/MM/YYYY** | **Number of journeys or mileage each day** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Claim Details B | | | | | | | | |
| Please complete all boxes in this section. We will send you your claim form back to you if you miss out any information in this section. This will delay payment | | | | | | | | |
|  |  |  |  |  |  | | |  |
| 08 | What is the total number of journeys or total mileage claimed? |  |  | **11** | What is your contribution? | | |  |
|  |  |  |  | Public transport cost or standard mileage rate agreed with your Access to Work adviser. | | |  |
|  | Total number of journeys or total mileage in **Question 07** |  |  |
|  |  |  |  |  |  | | |  |
|  |  |  |  |  |  | | |  |
| 09 | What is the cost of each journey or cost for each mile? |  |  | **12** | What are other contributions? | | |  |
|  |  |  | Contributions from your employer and anyone who shared your taxi. | | |  |
|  |  |  |  |
|  |  |  |  | | |  |
|  |  |  |  |
|  | Please attach original receipts or invoices. If you do not have the originals, please attach certified copies.  Receipts must show:   * amount paid * person or company who provided transport * dates they provided transport * start and end point of each journey with full addresses or postcodes |  |  |
|  |  |  |  |  | | |  |
|  |  |  | 13 | What amount are you claiming from Access to Work for your travel and mileage? | | |  |
|  |  |  |  |  |
|  |  | Deduct all contributions in **question 11** and **12** from the total amount paid in **question 10.** | | |  |
|  |  |  | | |  |
|  |  |  |  |  |  | | |  |
| **10** | What is the total cost for this period? |  |  |  |  | | |  |
|  |  |  |  |  | |  |  |
|  | Cost for each journey multiplied by the number of journeys or cost for each mile multiplied by the total mileage. |  |  |  |  | | |  |
|  |  |  |  |  |  |  | |  |
|  |  |  |  |  |  |  | |  |

|  |
| --- |
| Employer Declaration |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I Certify that the person named in this form has been to work for all the dates shown  in **question 07**. | | | |  |  |  | | | |
|  | | | | |  |  | | | |
|  | Signature | | |  |  |  |  | |  |
|  |  | | |  |  |  |  | |  |
|  | Name | | |  |  |  |  | |  |
|  |  | | |  |  | |  |
|  | Date | | |  |  |  |  | |  |
|  | DD/MM/YYYY | | |  |  |  |  | |  |
|  |  | |  |  |  |  |  | |  |
|  |  | | |  |  |  |  | |  |
|  | Position | | |  |  |  |  | |  |
|  |  | | |  |  |  |  | |  |
|  | Email Address | | |  |  |  |  | |  |
|  |  | | |  |  |  |  | |  |
|  | Name and address of company | | |  |  |  |  | |  |
|  |  | | |  |  |  |  | |  |
|  |  | | |  |  |  |  | |  |
|  |  | | |  |  |  |  | |  |
|  | Postcode |  | |  |  |  |  | |  |
|  |  | | |  |  |  |  |  |  |

|  |
| --- |
| 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 |  |  | Who do you want 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. |  |
| I understand |  |  | Please sign to confirm |  |
| * 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 have read and accept the terms and conditions in my Award Letter (ATW01CL. I confirm that this declaration is correct. |  |
|  | Signature |  |
|  |
|  |  |  |
| 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 any changes in my circumstances |  |  | Name |  |
|  |  |  |  |
| I understand if I give wrong or incomplete information, or I do not report changes as they happen, I may: |  |  | Date |  |
|  |  | DD/MM/YYYY |  |
| * be prosecuted * need to pay a financial penalty * have my Access to Work reduced or stopped |  |  |  |  |
|  |  | | |
|  | | | | |
| Return Details |  |  |  |  |
| 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   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**](file:///\\Fhqfile001\BBLKDATA\PD4PD\Disability%20Support\%23%20RAMP\RAMP%20-%20TVP\NEW%20RAMP%20-%20TVP%20Guides\Access%20to%20Work%20Guidance\AtW%20Claim%20forms\NEW%20-%20Support%20Worker%20Form\www.gov.uk\dwp\personal-information-charter) |  |