

Financial Assessment Form

Adult Social Services

(Amended April 2008)

Staff should complete this page

Service User Swift No:

Service User full name:

Name of Spouse/partner/civil partner:

Spouse/partner/civil partner Swift No:

If the service user is living with a spouse/partner/civil partner and wishes to take advantage of the joint assessment option*, please tick this box

Service supplied

New Re-assessment
(Please tick)

Home Care

Number of hours per wk

Day Care

No. of days per wk

SSH

Intimate Care

Number of hours per wk

Laundry Service

No. of visits per wk

Sheltered Housing

Community Support

Cost of placement

Direct Payments

Start date

Self Directed Support

Community Alarm / Telecare

Cost of package

Respite Care

Temporary Care Home
(Short term placement)

Start date of placement

Cost of placement

Permanent Care Home
(Trial leading to
Permanent placement)

Start date of placement

Cost of placement

Are services received during the day and/or the night?
(Night = Night time sleeping hours)

Please tick Day Night

Care Professional Information

Care Manager Name

Team Name

Work Address

* Please refer to note 3 on the next page for clarification

Key Notes to Service Users

- 1 Please complete this form. This will help us to work out exactly how much you can afford to pay towards the cost of your care or support.

Information that we need

- 2 Financial Assessment for Adult services: Financial information about the person receiving the service is all we need. Throughout this form, we refer to the service user as 'You'.
- 3 Joint Financial Assessments for non-residential social services only: If you live with a spouse/partner/civil partner, you may ask us to assess your charge using both your financial information and that of your spouse/partner/civil partner. So that we can do this, please provide information about your spouse/partner/civil partner where requested in this form.
- 4 Benefits Check: If you would like us to check that you are getting all the benefit you are entitled to please ensure you provide information about your spouse/partner/civil partner where requested throughout this form.

If you need help

- 5 If you need help completing this form you should first contact the member of staff who gave you this form. Their contact details are on the front page of the form. Alternatively please call the Charging Helpline on: **020 8760 5676**.

Don't forget

- 6 Some areas of the form require staff verification of information. If you are unable to get a member of staff to verify information, please send photocopies of details as requested.
- 7 If you require more space to give information, please use Page 12 and attach additional sheets of paper if necessary.
- 8 When you are happy the form is complete, please sign the declaration on page 10 and the customer consent on page 11.
- 9 This form should then be returned to: **Financial Assessment Section,
12th Floor North, Taberner House
Park Lane,
CROYDON, CR9 2BA**
- 10 Please note that failure to return a completed Financial Assessment Form will result in you being charged the full cost from the start date of your service. See insert for full cost rates.

PLEASE COMPLETE SECTION 1 - PERSONAL DETAILS

Guidance notes:

- 1 If you do not wish to disclose your financial details and intend to pay the maximum charge for the services you receive, please complete Sections 1 & 2 on pages 1 & 2. You DO NOT need to complete the rest of this form.
- 2 If you wish to be financially assessed complete Section 1 then go straight to section 3 on page 2.

SECTION 1 - PERSONAL DETAILS (Continued)

Guide Box No. If you have a partner or spouse, please give details in number 2 below

1 You

Title (Mr, Mrs, Ms, other)

First Names

Surname

Marital Status

Date of Birth

Daytime Telephone No.

Address

Postcode

National Insurance Number

2 Your Spouse/partner/civil partner

Title (Mr, Mrs, Ms, other)

First Names

Surname

Marital Status

Date of Birth

Daytime Telephone No.

Address

Postcode

National Insurance Number

3 3.1 Who deals with your financial affairs if not yourself?

3.2 Who should we send all correspondence to if not yourself?

3.1 Person dealing with financial affairs

Title (Mr, Mrs, Ms, other)

First Names

Surname

Address

Postcode

Daytime Telephone Number

Relationship

3.2 Person to receive correspondence

Title (Mr, Mrs, Ms, other)

First Names

Surname

Address

Postcode

Daytime Telephone Number

Relationship

Please tick one of the following boxes to show who you are:

Holder of Power of Attorney* Appointee or Agent for DWP Benefits Other (Please specify)

**You will need to provide a copy of Power of Attorney.*

SECTION 2 - MAXIMUM CHARGE

4 I agree to pay the maximum charge for services I receive. Please tick

You may be entitled to receive certain benefits that are not means tested.
If you would like us to check for you please complete Section 7 on page 9 of this form.

Service User

Signature

Date

OR on behalf of a service user, please sign below

Signed

Date

Guidance notes:

- 1 Please tell us when your savings fall below the capital limit. The capital limit may change each year. Please call the Charging Helpline on: **020 8760 5676** for details of the current limits. We can then re-assess your charge(s) to make sure you are only paying what you can afford.

SECTION 3 - ABOUT YOU

5 Please tell us about who is living with you.

Name

Date of Birth

Relationship

Name

Date of Birth

Relationship

Name

Date of Birth

Relationship

Name

Date of Birth

Relationship

6 Please tick the situation that applies to you.

I own my home (owned/mortgaged)

I rent my home/room

I live with my family in their home

I pay rent to a carer

I live in a residential / nursing home

7 Do you live alone?

(Please tick yes/no)

Yes No

SECTION 4 - INCOME

Guidance notes:

- 1 If you or your spouse/partner/civil partner are claiming a benefit that you have not yet received, please tell us by writing 'claiming' in the appropriate 'frequency' column.
- 2 Please tell us how often you are paid each benefit i.e. "Weekly, Monthly" etc.
- 3 Your spouse/partner/civil partner only need give this information if you would like to have a joint financial assessment or you would like us to carry out a benefits check.

4a Benefits and Pensions

8	You		spouse/partner/civil partner	
	Amount	Frequency	Amount	Frequency
Attendance Allowance Higher / Lower rate	£		£	
Carers Allowance	£		£	
Child Tax Credit	£		£	
Jobseekers Allowance	£		£	
Disability Living Allowance - Care Component Higher/Middle /Lower rate	£		£	
Disability Living Allowance - Mobility Component Higher/Lower rate	£		£	
Disablement Benefit	£		£	
Gallantry Awards	£		£	
Incapacity Benefit	£		£	
Annuities	£		£	
Trusts	£		£	
Rent from your property	£		£	
Income Support	£		£	
Independent Living Fund	£		£	
Industrial Death Benefit	£		£	
Industrial Injuries Benefit	£		£	
Maternity Allowance	£		£	
Other Income	£		£	
Pension Credit	£		£	
Private/Occupational Pension's	£		£	
(2) Private/Occupational Pension's	£		£	
(3) Private/Occupational Pension's	£		£	
Savings Credit	£		£	
Severe Disablement Allowance	£		£	
State Retirement Pension	£		£	
Statutory Maternity Pay	£		£	
Statutory Sick Pay	£		£	
War Pension(s)	£		£	
Widows Benefit	£		£	
Working Tax Credit	£		£	

9 Does anyone receive carers allowance for you?

(Please tick yes/no)

Yes No

SECTION 4 - INCOME (Continued)

4b Earnings from Employment

- 1 We only need details of your earnings if you would like us to check that you are in receipt of all the benefits you are entitled to or if you are being assessed to pay towards a care home placement.
- 2 If you would like us to carry out a joint assessment, please give your spouse/partner/civil partner information too.

10 You

Are you employed or self employed

What is your net Income (amount after tax)

Please state if monthly or weekly etc.

Your partner or spouse

Are you employed or self employed

What is your net Income (amount after tax)

Please state if monthly or weekly etc.

Staff verification or photocopies of information are required

Please tick this box if you are providing photocopies

Staff signature

SECTION 5 - CAPITAL

5a Savings, Capital and Investments

- 1 Please give details of your savings. This information will help us work out exactly what you should pay and will help us to do an accurate benefits check.
- 2 If you would like us to carry out a joint assessment or a benefit check, please also provide details for your spouse/partner/civil partner. You should tell us if the account is yours or your spouse/partner/civil partners' in the column marked Account Holder.
- 3 Please provide photocopies of statements, account books and certificates.

11 Bank Accounts, Building Society Accounts and Cooperative Share Accounts

Account Holder	A/c No.	£ Amount	Bank Name	Joint A/c?

12 Did you receive a £10,000 war payment for Far East Prisoners of war?

(Please tick yes/no) Yes No

SECTION 5 - CAPITAL (Continued)

5b Bonds, Trusts, ISAs Stocks, Shares or National Savings Certificates

Guidance notes:

- 1 You only need to tell us about your spouse/partner/civil partner's details if you would like us to carry out a joint assessment or a benefits check.

13 Do you have any Bonds, Trusts, ISAs, Stocks, Shares or National Savings Certificates?

(Please tick yes/no)

Yes No

Guidance notes:

- 1 If you answered No to this question, please go to number 17 on page 6.
- 2 If you answered YES please give details in the columns below. If your investments are held jointly, please tick the column marked Joint.
- 3 Please indicate if the information refers to you or your spouse/partner/civil partner in the Account Holder(s) column.

14 Premium and Savings Bonds/Unit Trusts/PEPS/TESSA'S/ISA

Account Holder(s)	A/c No.	£ Amount	Bank/Company Name	Joint

15 Stocks and Shares

Account Holder(s)	Number Held	Company Name

16 National Savings Certificates - Please state the value at purchase price

Account Holder(s)	Value		Date of Purchase	Joint

SECTION 5 - CAPITAL (Continued)

17 Please provide details of any compensation received within the last 12 months

Name	£ Amount	Date of Payment	Joint

Please be aware we may require a copy of the compensation agreement.

Staff verification or Photocopies of information are required

Please tick this box if you are providing photocopies

Staff signature

SECTION 6 - PROPERTY

6a Property/Land

18 Do you own property or land?

(Please tick yes/no) Yes No

Guidance notes:

- If you answered Yes, please complete number 19 Below.
If you answered No, please go to number 20 on page 7.

19	Property 1	Property 2
Please give the address		
What is the properties approx. value?	£	£
Is the property Solely/Jointly owned or do you have a life interest in it? Please state		
Who lives in the property? Please state their relationship to you and give their date of birth.		
	/ /	/ /
Who is the mortgage lender for the property?		
How much mortgage is outstanding for payment?	£	£

Please provide proof of outstanding mortgage and payments.

SECTION 6 - PROPERTY (Continued)

20 Have you previously owned a property which you have sold, transferred or given away?

(Please tick yes/no) Yes No

Address of former property?

Postcode

If 'Yes', please give details of the month and year of the sale

Month:	Year:
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21 Do you receive rent from the properties detailed in 19?

(Please tick yes/no) Yes No

If Yes, please state the amount of rent received each month

£		per month
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22 Do you own property abroad?

(Please tick yes/no) Yes No

If you answered Yes, what is the approximate value?

£	
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6b Other

	Yes/No	Amount
23 Have you given away or disposed of assets in the last 2 years?		£
Has your spouse/partner/civil partner given away or disposed of assets in the last 2 years?		£
Are you expecting to receive any money or assets in the next 12 months?		£
Is your spouse/partner/civil partner expecting to receive any money or assets in the next 12 months?		£

SECTION 7 - EXPENDITURE

Guidance notes:

- 1 Please give details of your expenditure in the boxes below providing proof of items you claim.
- 2 Please tell us how often you incur your expenses in the column, 'Frequency of Payment', ie. Weekly, Monthly etc.
- 3 If you would like us to carry out a **joint assessment**, please ensure you include your spouse/partner/civil partner's expenditure by giving a joint total. Please use and attach additional paper if necessary.

	£ Gross	Housing Benefit Council Tax Relief	£ Net	Frequency of Payment
24 Rent (Excluding water rates)	£	£	£	
Council Tax	£	£	£	
Service Charge			£	
Mortgage Payments (Please remember to send proof)			£	
Sewage Charge			£	
Water Rates			£	
Insurance - Buildings			£	
			£	
Expenditure because of Disability/Infirmity			£	
			£	
			£	
			£	
			£	
			£	
			£	
			£	
			£	
Other Expenditure			£	
			£	
			£	
			£	
			£	

SECTION 8 - BENEFIT CHECK

Are you missing out on money?

Many people do not realise that they may be entitled to extra money from the DWP (Department for Work and Pensions) if they have an illness or disability these benefits are often paid on top of your existing income and may not affect what you already get.

The Council have a specialist team of benefit advisers who can arrange a home visit and help complete any forms that need to be filled out. The service is free and in many cases will not take long.

A benefit check will be completed on receipt of your financial assessment form. To assist with this can you please complete the following questions.

1 Do you live alone? (Please tick yes/no) Yes No

2 If no, please say who lives with you and if possible tell us if they work or get benefits. Please indicate the frequency of benefit/income (weekly/monthly).

Full Name	Relationship	D.O.B.	Net amount	Benefit/income name	Frequency
		/ /	£		
		/ /	£		
		/ /	£		
		/ /	£		
		/ /	£		
		/ /	£		

3 What is your disability or illness?

4 Does your disability affect your walking or make it difficult to do certain activities at home? (Please tick yes/no) Yes No

5 Please state if there is anyone else in the household who has an illness or disability.

6 Does your spouse/partner/civil partner work - If so how many hours do they do and roughly how much do they earn?

No. of hours:	Earnings are: £
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7 If you have dependent children do you pay child care costs or after school fees? (Please tick yes/no) Yes No

Please ensure your spouse/partner/civil partner has completed number 2 on page 1 and Section 4 on page 3 of this form.

SECTION 9 - DECLARATION

I declare that the information given is true and complete to the best of my knowledge and belief. I authorise Croydon Council to make any necessary enquiries in respect of the information I have provided. I understand that this will include the Department for Work and Pensions.

I agree to tell Croydon Council if any of the information given here changes. I agree to Croydon Council using the information on this form internally.

I understand that legal action may be taken if I knowingly give false information.

I agree to pay the charge assessed by Croydon Council, and to pay any backdated amount should I be awarded a relevant benefit retrospectively.

Signed (Service User)

Signature

Date

OR If you have completed this form on behalf of a service user, please sign below

Signed

Date

Please tick one of the following boxes to show who you are

Holder of Power of Attorney*

Receiver appointed by Court of Protection

Appointee or Agent for DWP Benefits

Next of Kin

Other (Please specify)

**You will need to provide a copy of Power of Attorney.*

SECTION 10 – CUSTOMER CONSENT

By completing the customer consent details below you will allow the Department for Work and Pensions to share information with Croydon Council. This will reduce duplication of work between the departments and help ensure that you receive your full benefit entitlement.

Customer Consent to the Department for Work and Pensions to disclose relevant personal information provided for social security purposes to Croydon Council for financial assessment purposes.

Customer's details

Title (Mr, Mrs, Ms, other)

First Names

Surname

National Insurance Number

Address

Postcode

Customer's consent

I agree that personal and financial information I have provided to the Department for Work and Pensions for the purpose of claiming social security benefit may be passed by them to Croydon Council, for the purpose of assessing charges for the cost of my Social Services care.

I also agree that such information may be passed to Croydon Council by the Department for Work and Pensions on a continuing basis.

I understand that I may withdraw my consent to the disclosure of such information by notifying, in writing, my local pension centre or Jobcentre Plus office.

Signed (Customer or legal representative)

Signature

Date

You have completed this form. Please return to:-

Social Services
Financial Assessment Section
12th Floor North, Taberner House
Park Lane, CROYDON
CR9 2BA

OFFICE USE ONLY

Checklist: Non Residential

Does the Service user own a property? (Please tick yes/no) Yes No

Please pass reviews & appeals to debt management officer

Expenses allowed:

Details	Amount £
Total	

Referral to DWP: Yes No Benefits to be claimed

Backdated Benefits if necessary: Yes No

Reasons/comments

Officer:

Date

/ / /

Checklist: Residential

Does the Service user own a property? (Please tick yes/no) Yes No

Temporary Placement? Yes

Permanent Placement? Yes

Is the client full cost? Yes No

Interim funding: Yes No

Deferred payment: Yes No

12 weeks property dis.: Yes No

Checked land registry: Yes No

Capital Calculation Estimation Date / /

Please put your comments in the box

Capital Verified? ie: bank statement	
POA certified?	
If 2 POA's both have to sign deferred P. Agreement	
Appropriate letter for charging use?	
Property disregard reason	

Reasons/comments

Officer:

Date

/ / /

