

# Financial Assessment Form

Adult Social Services

(Amended for January 2025)

**Please complete this page providing information / tick where necessary and take note of the GDPR information as detailed below. This form can be completed online at <https://www.croydon.gov.uk/adult-health-and-social-care/paying-adult-social-care/financial>**

Service User Reference Number

Service User full name:

Spouse/partner/civil partner Number:

Name of Spouse/partner/civil partner:

**Please indicate what type of financial assessment is required**

A new financial assessment ☐

A re-assessment ☐

Direct Payment

## Care Professional Information

Case Worker

Team Name

Date form sent

## Do you have a visual impairment?

(Please tick yes/no) Yes ☐ No ☐

## GDPR and Data Protection -

**Croydon Council is committed to protecting your privacy when you use our services**

The GDPR and Data Protection Act 2018 give you a number of rights to control what personal information is used by us and how it is used by us. Information about your individual data rights is listed in the Council's Corporate Privacy Notice on our website at [www.croydon.gov.uk/privacy](http://www.croydon.gov.uk/privacy)

If you have any questions or concerns about the way we collect, store or use your personal information, please contact us in the first instance on 020 8726 6000.

For advice about data protection issues, you can contact the Information Commissioner's Office (ICO) at [www.ico.org.uk](http://www.ico.org.uk)

We reserve the right to amend this Privacy Notice at any time and will keep it under review. If we do make any changes, we will post the current version to our website at this address.

For details relating to our adult social care fair processing notice please visit our website at <https://www.croydon.gov.uk/democracy/data-protection-freedom-information/croydon-adult-social-care-fair-processing-notice>

# GUIDE TO CHARGES FOR COMMUNITY BASED SERVICES

This form can be completed online at <https://www.croydon.gov.uk/adult-health-and-social-care/paying-adult-social-care/financial>

This leaflet details the financial assessment used to determine your ability to contribute to the cost of your community based services. It shows how the assessment is undertaken and how your income, savings and personal expenditure are taken into account.

This leaflet is for people who need support to help them live independently at home. We need to financially assess you to see if you are able to contribute towards the cost of your care and support.

## WHEN WILL I HAVE A FINANCIAL ASSESSMENT?

As soon as we know you have been assessed by your Social Worker and are eligible for support we will contact you to assess your contribution towards the cost of your care and support.

A Financial assessment officer will work out how much your assessed contribution will be and will make sure you are receiving all the benefits you are entitled to. It is important you know who your financial assessment officer is as soon as possible. If you are not sure, please call 020 8760 5676.

## WHAT HAPPENS DURING THE FINANCIAL ASSESSMENT?

You will need to complete a financial assessment form and answer questions to confirm your financial circumstances. You will need to sign the form and provide us with any documentation we have asked for to help verify your financial circumstances.

This will tell us whether you can afford to contribute anything towards the cost of your care

## WORKING OUT YOUR CONTRIBUTION

The contribution you actually make will be the lowest amount from the following:

- The actual cost of your care
- The maximum assessed contribution based on your ability to pay
- Charges will apply from the start of chargeable service

For example; if the financial assessment determines that your maximum assessed contribution is £20.00 per week and the total cost of your care is £80.00 per week, we will ask you to contribute £20.00 and the council will fund the difference of £60.00

## HOW IS THE FINANCIAL ASSESSMENT CALCULATED?

We look at three things when calculating your contribution:

- Your income
- Your savings and assets
- Any allowances that can be made

### Types of income you may have:

- Pensions
- Benefits
- Earnings

Using the Department of Health guidelines we will make allowances from the income you receive to ensure you have sufficient funds to meet your basic living costs.

### Types of savings you may have:

- Savings in a building society
- Post Office savings
- Premium Bonds
- Shares
- Trust Funds

We will not take into account any savings you have below £14,250.

If you have savings of more than £23,250 you will have to pay the full cost of your care package. As a self-funding customer, we can provide you with advice and information to help signpost you to help you arrange your own care. If you ask us to help you arrange your non-residential care for you, we will charge you £318.32 per annum (subject to change) for this service. For more information about this charge please speak to your financial assessment officer.

## GUIDE TO CHARGES FOR COMMUNITY BASED SERVICES (Continued)

If your savings fall between £14,250 and £23,250 you will be asked to make a contribution to your charge from these savings. £1 for every £250 above £14,250 will be treated as income and included in your assessment.

### Couples

We will only assess you on the income and savings that you have. We will include your share of any joint savings or income. If as a couple you would like us to look at your partner's details, we can do this to ensure that as a couple you have the correct benefits in payment and also to ensure you are left with sufficient funds to meet your basic living costs.

### Types of expenses you may have:

- Mortgage payments
- Rent
- Council Tax

### Types of disability expenses you may have:

- Help with cleaning
- Special diet
- Extra laundry
- Extra bedding
- Special clothing
- Extra heating costs
- Transport
- Special equipment

We can make allowances for extra costs which you have to pay because of your disability or long-term condition. For more information please refer to our guide on Disability Related Expenditure.

### PAYING YOUR CONTRIBUTION

Depending on how you arrange your care and when your care commences we will have notified you of your assessed contribution.

If you choose to have the council arrange services for you we will send you an invoice for the amount which you need to pay at the end of every four weeks.

The invoice will show how much you need to pay and how you can arrange to pay it.

If you choose to take a personal budget as a Direct Payment and arrange your own services the amount of your assessed contribution will be deducted from the payments you receive from the Council. For more information please visit our website at <https://www.croydon.gov.uk/adult-health-and-social-care/paying-adult-social-care/direct-payments-adults>.

Contact 020 8726 6000 ext. 44080 or email: [swiftpaymentteam@croydon.gov.uk](mailto:swiftpaymentteam@croydon.gov.uk)

Collecting a customer's contribution is an important role the council undertakes as the contributions are used to protect services, extend access and promote the independence and wellbeing of all our customers. Where a customer fails to pay their contribution the council will pursue enforcement options to collect the amount owing.

You can speak to your Financial Assessment Officer and ask for your contribution to be reviewed. For more information please refer to our guide on Review and Appeals.

If you have any questions, please call our charging helpline on 020 8760 5676. The charging helpline is open between 9am to 12pm and 2pm to 5pm on Monday, Tuesday, Wednesdays and Fridays however, there is also an in built answer machine facility available for you to leave your views should you wish to do so.

Once we have calculated your assessable income you will be told if you are required to pay a contribution towards the cost of your care package. We will give you a copy of your assessment.

If you are assessed as paying a contribution this will be applied from the date when your service starts.

## Key Notes to Service User

- 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. Failure to sign and complete the form will result in you paying for the maximum cost towards services received.

## 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 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.
- 4 So that we can accurately financially assess how much you can afford to pay towards the cost of your care and support please ensure you have the following information available for a member of staff to verify.

### Income and Savings

- Bank statements / Post Office Accounts for all accounts you hold dating back to the last 6 months
- Savings accounts statements or passbooks for the last 6 months
- Statements or passbooks for an ISA's or other investments you have, including Post Office accounts
- Documents detailing all income including from a private pension (s) you may have etc.
- Letter from Department of Work and Pensions (DWP) with details of state pension or any other benefits you receive such as DLA or AA etc

### Property you owned/sold in the last 5 years

Documents showing the sale of the property and proceeds received. Please provide documents to verify how much you spend on the following items:

- Gas and electricity bills for your home
- Rent / Mortgage repayments
- Council tax
- Extra costs related to disability or infirmity e.g.

### Travel

## If you need help

- 5 If you need help completing this form you should first contact the financial assessment team on 020 8726 6000 ext 44145. Alternatively, please call the Charging Helpline on 020 8760 5676 or refer to <https://www.croydon.gov.uk/adult-health-and-social-care/paying-adult-social-care/financial>

## Don't forget

- 6 Please send photocopies of details as requested throughout this form.
- 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 emailed to **Socialservices.SSFAT@croydon.gov.uk** or posted to: **Financial Assessment Team, Bernard Weatherill House, 8 Mint Walk, 2nd Floor, Zone D, CR0 1EA**. Please note that failure to return a completed Financial Assessment Form will result in you being charged the FULL COST from the start of your service. If you are a full cost payer and ask us to help you arrange for your non-residential care, a charge of £318.32 per annum\*(subject to change) will be applied. For more information about this charge please call the Charging Helpline on 020 8760 5676.
- 10

## PLEASE COMPLETE SECTION - 1 PERSONAL DETAILS

### GUIDANCE NOTES

- 1** If you do not wish to disclose your financial circumstances and intend to pay the maximum charge for your services you receive, please complete Sections 1 & 2. By accepting the FULL COST, you will be charged £318.32 per annum\*(subject to change) if you ask us to arrange your non-residential care. For more information about this charge please call the Charging Helpline on 020 8760 5676. If you wish to be financially assessed complete Section 1 then go straight to section 3.

## SECTION 1 - PERSONAL DETAILS

**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**

**Email Address**

### **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**

**Email Address**

### **3** Who deals with your financial affairs if not yourself?

#### **3.1** Person to receive invoices

**Title** (Mr, Mrs, Ms, other)

**First Names**

**Surname**

**Address**

Postcode

**Daytime Telephone Number**

**Relationship**

**Email Address**

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. A £318.32 charge per annum\*(subject to change) will be applied if you ask us to arrange your non-residential care. 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 8 on page 9 of this form.

### Service User

**Signature**

**Date**

**OR on behalf of the service user,  
please sign below**

**Date**

### Guidance notes

Please tell us when your savings fall below the capital limit. The capital limit may 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 both adults and children

**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 house / room

☐

I live with my family in their own 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 receive joint income or you would like us to carry out a welfare benefits check as detailed on page 9 of this form.

### 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 / PiP - Care Component Higher/Middle /Lower rate	£		£	
Disability Living Allowance - PiP - Mobility Component Higher/Lower rate	£		£	
Disablement Benefit	£		£	
Gallantry Awards	£		£	
Guaranteed Credit	£		£	
Incapacity Benefit / ESA	£		£	
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 / Pension Credit	£		£	
Severe Disablement Allowance	£		£	
State Retirement Pension	£		£	
Statutory Maternity Pay	£		£	
Statutory Sick Pay	£		£	
Universal Credit	£		£	
War Pension(s)	£		£	
Widows Benefit / War 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.

#### 10 You

Are you employed or self employed

What is your net Income (amount after tax)

Please state if monthly or weekly etc.

## 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 You should tell us if the account is yours or your spouse/partner/civil partners' in the column marked Account Holder and indicate if it is joint savings, capital and investments.
- 3 Please provide photocopies of statements, account books, Post Office book and certificates.
- ( Please tell us about savings and assets held in the UK and abroad

#### 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

#### 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

Name	£ Amount	Date of Payment	Joint

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

## 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?

Yes ☐ No ☐

Address of former property?



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

T [ ] o@	Y^æ:	Xæ^ ^k^ Å
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**21** Do you receive rent from the properties detailed in 19?

Yes ☐ No ☐

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

£	] ^!Á [ ] o@
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22	Yes/No	Amount
Pæ^Á [ ^ Á æ^ } Å æ Á ! Å ã ] [ • ^ á Á - Á æ • ^ o Å Å @ Å æ Å Å ^ æ • Ñ		£
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## SECTION 7 - EXPENDITURE

### Guidance notes:

**1** Please give details of your expenditure in the boxes below providing proof of these items.

**2** Please tell us how often you incur your expenses in the column, 'Frequency of Payment', ie. Weekly, Monthly etc.

	£ Gross	Housing Benefit Council Tax Relief	£ Net	Frequency of Payment
Rent (Excluding water rates)	£	£	£	
Council Tax	£	£	£	
Service Charge			£	
Mortgage Payments (Please remember to send proof)			£	
Ground Rent			£	
			£	
Expenditure because of Disability / Infirmary. <b>Please provide receipts/invoices as proof of these expenses.</b> For further information about disability related expenditure please visit <a href="http://www.croydon.gov.uk/healthsocial/adult-care/asc-money/charges-intro">www.croydon.gov.uk/healthsocial/adult-care/asc-money/charges-intro</a> or call 0208 760 5676 for details			£	
			£	
			£	
			£	
			£	
			£	
			£	
			£	
			£	
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.

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/We, the undersigned, declare that the information provided in this form is true and correct to the best of my/our knowledge and belief. I/We understand that providing false information is a criminal offence and may result in prosecution and/or imprisonment. I/We understand that providing false information may also result in the revocation of my/our passport and/or other documents. I/We understand that providing false information may also result in the revocation of my/our visa and/or other documents. I/We understand that providing false information may also result in the revocation of my/our citizenship and/or other documents. I/We understand that providing false information may also result in the revocation of my/our passport and/or other documents. I/We understand that providing false information may also result in the revocation of my/our visa and/or other documents. I/We understand that providing false information may also result in the revocation of my/our citizenship and/or other documents.

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:-**

Financial Assessment Team, Bernard  
Weatherill House (BWH), 8 Mint Walk,  
2nd Floor, Zone D, Croydon CR0 1EA

or email to us at:  
Socialservices.SSFAT@croydon.gov.uk



## Additional Information

**If you have additional information you wish to provide, please use this page. If you run out of space, please attach additional notes to this page.**

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