

FINANCIAL ASSESSMENT FORM

RESIDENTIAL CARE

Mosaic ID

Office use only

FINANCIAL ASSESSMENT FORM

COMMUNITY SUPPORT SERVICES

We will use the information provided on this form to calculate your contribution towards the cost of your care and support needs. It is in your best interests to complete this form so that we can take your financial circumstances into account.

If you choose not to complete this form we will assume you are willing to pay the full cost and not receive any subsidy towards the amount.

Do you need help with this form?

- We can answer your questions on the telephone
- We can send you a copy of the form in large print
- We can visit you at home and help you fill in the form

FREEPHONE NUMBER 0800 358 0228

Are you completing this form for yourself? (if you are go to section 2 below), Or

Are you completing this form on behalf of someone else? (please complete section 1 first)

1. I AM COMPLETING THIS FORM ON BEHALF OF SOMEONE ELSE

My relationship to the client

Lasting/enduring power of attorney

Appointee

Deputy

Please provide evidence if you

have one of these legal positions

If your position is not one of the above please give details

Surname

First name

Title Mr Mrs Ms Other

(please tick one)

Address

Postcode

Tel no.

Email

You should now complete the rest of this form answering the questions as if you are the client.

2. ABOUT YOU (THE SERVICE USER)

Surname First name

Title Mr Mrs Ms Other Date of birth

(please tick one) (day/month/year)

National Insurance Number

Address

Postcode Tel no.

Email

Some people do not have to pay a contribution because of the type of illness/disability they have

Do you suffer from Creutzfeldt Jacob Disease (CJD)? Yes No

Are any services being provided under Section 117 of the Mental Health Act? Yes No

Do you live alone? Yes No

If you don't live alone, please tell us who you live with

Name Relationship to you
 (e.g. partner, son, daughter)

We may need to contact you for further information

3. ABOUT YOUR INCOME

3a. IF YOU DO NOT WANT TO DECLARE YOUR INCOME

Please fill in this section if you do not want to give details of your income and assets and so you agree to pay the full cost of the service. If you choose to sign below you will not have to give us your details but you may lose out financially as your contribution will not be based on your own circumstances.

Your signature Date

Witness signature Date

If you have signed above you do not need to fill in the rest of this form and please return it now to;

Charging Team
Adult Social Care
PO BOX 10906
Nottingham, NG6 6EN Email: ChargingTeam.AdultSocialCare@southwark.gov.uk

3b. YOUR INCOME AND STATE BENEFITS

Please let us know about any of the state benefits listed below that you receive. If you receive any benefit as a couple (for example Pension Credit), halve the amount and write it in the space below. For example if you and your partner get £130 per week, put £65 in each of the spaces headed "How much?" and then put "1" in the "How often" space.

Type of Benefit	How Much		How Often
	Yours	Your Partner	Every week/month/year
Pension Credit Guarantee Credit	£	£	Every
Pension Credit Savings Credit	£	£	Every
Severe Disability Premium	£	£	Every
State Retirement Pension	£	£	Every
Income Support	£	£	Every
Unemployment Benefit	£	£	Every
Incapacity Benefit	£	£	Every
Employment Support Allowance	£	£	Every
Attendance Allowance	£	£	Every
Industrial Injury Benefit	£	£	Every
Reduced Earnings Allowance	£	£	Every
Industrial Diseases Benefit	£	£	Every
Disabled Persons Tax Credit	£	£	Every
Disability Living Allowance (Care Component)	£	£	Every
Disability Living Allowance (Mobility Component)	£	£	Every
Invalid Care Allowance	£	£	Every
Industrial Injuries Disablement	£	£	Every
Personal Independence Payment	£	£	Every
Fostering Payments	£	£	Every
War Widows Pension	£	£	Every
Statutory Maternity Pay	£	£	Every
Maternity Allowance	£	£	Every
Guardian's Allowance	£	£	Every
Child Benefit	£	£	Every
One Parent Benefit	£	£	Every
Housing Benefit	£	£	Every

3b. YOUR INCOME AND STATE BENEFITS (CONTINUED)

Type of Benefit	How Much		How Often
	Yours	Your Partner	Every week/month/year
Council Tax Benefit	£	£	Every
Widows Benefit	£	£	Every
Working Families Tax Credit	£	£	Every
War Pension	£	£	Every
Community Care Trust	£	£	Every
Social Fund	£	£	Every
Other	£	£	Every

If you have applied for any of these benefits recently, but are not receiving them, please tell us about this below

Are any debts or loans deducted from your benefits before you get them?

(e.g. court order, debts, loan repayment, previous over payment) Yes No

If yes tell us about them and how much is deducted and how often

3c. OTHER INCOME

Please let us know about any other income you have

If you receive income in both you and your partner's name, halve the amount and write in the space below.

If you have a job you do not need to tell us about income from your job. This is because we do not take it into account.

Type of income	How Much		How Often
	Yours	Your Partner	Every week/month/year
Income from an insurance policy	£	£	Every
Income from renting rooms or a property or land you own	£	£	Every
Income from a personal or company pension	£	£	Every
Income from a trust	£	£	Every
Income from the independent living fund	£	£	Every
Other income			
<input type="text"/>	£	£	Every
<input type="text"/>	£	£	Every
<input type="text"/>	£	£	Every

4. YOUR CAPITAL AND SAVINGS

Savings include any cash you have; any savings kept, for example, in a bank, a building society or post office account as well as money held in premium bonds, National Savings certificates, stocks and shares.

4a. BANK/POST OFFICE/BUILDING SOCIETY/SAVINGS

Name of bank, building society etc	Amount	Held in your name only or jointly
<input type="text"/>	£	Own / Joint
<input type="text"/>	£	Own / Joint
<input type="text"/>	£	Own / Joint
<input type="text"/>	£	Own / Joint

We may need to contact you about this at a later date to obtain further information

4b. PROPERTY

The value of your home will not affect your contribution. However if you own other land or property we need to know about this.

Do you own any land or property in this country or abroad other than the home you live in?

Yes No

If yes address of the property

Value £ Held in your name only or jointly

4c. OTHER SAVINGS, INVESTMENTS AND CAPITAL INCLUDING MONEY HELD IN TRUST

Description	Value	Held in your name only or jointly
<input type="text"/>	£	Own / Joint
<input type="text"/>	£	Own / Joint
<input type="text"/>	£	Own / Joint
<input type="text"/>	£	Own / Joint

(attach sheet if necessary)

5. YOUR SPENDING

5a. YOUR RENT OR MORTGAGE

If you rent your home	How much	How often Every week/month/year
Your total rent	£	Every
Less housing benefit you receive	£	Every
Amount you have to pay	£	Every

If you are buying your home	How much	How often Every week/month/year
Your total mortgage and service charges	£	Every
Less income support you receive towards your mortgage and service charges	£	Every
Amount you have to pay	£	Every

5b. YOUR COUNCIL TAX

	How much	How often Every week/month/year
Your council tax	£	Every
Less council tax benefit you receive	£	Every
Amount you have to pay	£	Every

5c. THE EXTRA COST OF BEING DISABLED

Please supply evidence or receipts for these expenses

Extra costs you have to pay because of your disability	How much	How often Every week/month/year
Medicines or treatment	£	Every
Special foods / diet	£	Every
Laundry costs (inc costs of any special washing powders)	£	Every
Bedding (for example because of incontinence)	£	Every
Clothing or footwear (for example items that need to be specially made or costs of additional wear and tear)	£	Every
Extra heating costs	£	Every
Privately arranged cleaning, domestic or personal help (inc window cleaning)	£	Every
Purchases, maintenance or repair of any special equipment or aids	£	Every
Help with the garden	£	Every
Respite care	£	Every
Transport costs (over and above the amount of any mobility component of Disability Living Allowance you receive)	£	Every
Other – please explain		

5d. SPECIAL CIRCUMSTANCES

If you have any special circumstances that might affect your contribution, or your ability to pay it, please tell us below about them. Tell us for example about any debts that affect how much money you have at your disposal.



6. PAYING FOR YOUR CARE

Once your financial assessment form has been processed you may be required to contribute towards the cost of your care. If this is the case we will notify you in writing.

We can offer a variety of payment methods to suit your circumstances.

To discuss payment options further, you can phone 020 7525 1111

Please turn the page and sign the form

7. DECLARATION

The details supplied on this form will be used to calculate your contribution and will be kept on file. You may wish to keep a copy for your records. Please read carefully and sign the declaration below.

- I understand why I have completed this form and do not want an advocate to further assist.
- I declare having read this form or having had this form read to me, that the information is true to the best of my knowledge and belief.
- I authorise the council to make any necessary enquiries to verify the information on this form. I authorise the council to verify the information I have given with other sections within the council, other councils and Benefits Authorities.
- I authorise the council to approach the Benefits Authorities on my behalf to obtain information as an ongoing arrangement.
- I will let Southwark Council Adult Social Care know if my financial circumstances change and I understand that I may be asked for more information from time to time.
- I will pay the Southwark Council the amount I am assessed as owing. If I cannot afford to pay I will inform the council who will consider my circumstances.

It is important that you are aware that Southwark Council undertakes local data matching on a regular basis and additionally participates in the Audit Commission's National Fraud Initiative. This means we may use the information you have provided, and also share this with the Audit Commission and credit reference agencies for the purpose of the prevention and detection of fraud. For further information please see <https://www.southwark.gov.uk/council-and-democracy/anti-fraud-work-including-anti-tax-evasion-and-national-fraud-initiative>

Your signature

Date

The information you provide will be used fairly and lawfully and Southwark Council will not knowingly do anything which may lead to a breach of the Data Protection Act 1998.

Please return this signed and completed form to

Charging Team
Southwark Council
PO Box 10906
Nottingham, NG6 6EN

Email: ChargingTeam.AdultSocialCare@southwark.gov.uk

CHECKLIST

Please use this checklist to ensure you have filled out the form and to remind you to return evidence to support your claim for funding from the council.

- 1) I have completed all relevant sections
- 2) I have provided copies of all relevant documents to support my claim
- 3) I have included full information of income and capital, including shares, NS&I investments (including Premium Bonds), etc.
- 4) The form has been duly signed and witnessed
- 5) I have enclosed my Power of Attorney or Deputyship (if applicable)
- 6) I have saved a copy of this form for my own records

INFORMATION FOR SERVICE USERS

Financial Advice

We frequently ask our clients to seek independent financial or legal advice. Some organisations provide free, impartial advice, whereas others charge. If you need advice, here are some organisations you can approach.

Citizens Advice Bureau (free advice)

<https://www.citizensadvice.org.uk/>

Telephone - 0344 499 4134

Age UK (free advice)

<https://www.ageuk.org.uk/lewishamandsouthwark/>

Telephone - 0800 678 1602

Open Monday to Friday 9:30am to 5pm

Step Change (for free debt advice)

<https://www.stepchange.org/>

Telephone – 0800 138 1111

Society for Later Life Advisors

(Charges may apply)

<https://societyoflaterlifeadvisers.co.uk/>

Telephone - 0333 2020 454

Further information is available in our Charging Leaflet. If you have not received a copy, please request one by calling 0800 358 0228.

