

Residential Financial Assessment Form

This form will be used to work out how much you will be required to pay towards the cost of your stay in care home. It will also help us identify any additional state benefits that you might be entitled to claim.

If we have not been able to calculate your charge before you go into the care home, we will apply a standard provisional charge which will be reviewed once this form has been processed.

Once we have reviewed the information, will write to you and explain how much you need to pay and how the charge was worked out. You will have the opportunity to let us know if you feel the charge is incorrect and to request a review of the calculations. If you have over £23,250 in savings you will be required to pay the full cost of the care home.

Charges will start from the day you go into the care home and you will normally be asked to pay the charge directly to the care home.

We may need to discuss your information with you in more detail or to verify some of the details you provide us such as your savings or other income. If this is necessary we will contact you to talk about how this can be completed.

You should have already been given a leaflet entitled xxxxxxx by your care co-ordinator which gives some basic information regarding care home charges and they should have explained the reasons why you are being asked to complete this form. However, if you need any additional information or guidance or want assistance to complete the form, please contact the Financial Assessment and Charging Team on xxxxxxxxx

Section 1 - Basic Information

Surname:

First Name:

Date of Birth:

Telephone:

National Insurance Number:

Permanent Address:

Postcode:

Section 2 – Household details

a) Do you have a Partner Yes No

By partner - we mean your husband, wife or someone you live with as if you are married/civil partnership.

Surname:

First Name:

National Insurance Number:

Date of Birth:

Permanent Address (If different to you):

Postcode:

Telephone (If different to you):

Relationship to client:

b) About the place you are living in. If you are already in the care home, please complete this section in relation to where you lived before moving to the care home **Please tick.**

I own/jointly own the property (please also complete part c)

Do you get Council Tax Benefit or any discount? Yes No

I rent my property

Do you get Housing Benefit? Yes No

I don't rent or own the place I live in (for example - living with family/parents/friends/carer)

Please give details

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If your stay in the care home is permanent and the value of your property is not disregarded it will be treated as capital when we work out how much you have to pay. If the value of your share of the property is worth more than £23,250 this means that you will have to pay the full cost of your care home.

You do not have to sell your home to fund your care. The Council can arrange for a deferred payment agreement to be arranged which means that you will only pay what you can afford from your income and available capital each week, as determined by our financial assessment and the balance of the charge will be held back until you either sell the property and funds to clear the balance or you are no longer resident in the care home.

You don't have to make your decision immediately. We will ignore the value of your property for 12 weeks from the date we arrange or care home placement to give you time to think about your plans.

We will contact you again once we have completed your financial assessment to discuss these arrangements and we will send you additional information to help you make your decision. You should also seek independent advice if required.

Section 3 – Domestic Outgoings

We may be able to take account of some outgoings you remain responsible for whilst you are in the care home. These will be considered on a case by case basis and we will only meet any expenses which are not covered by a state benefit payment. If you have any continuing expenditure, please include the details below.

Income		Amount £	Please state frequency	Verified by
Mortgage Payments				
Loans for repairs or improvements				
Rent (after any housing benefit)				
Council Tax (after any benefit)				
Service charges				
Ground rent				
Buildings Insurance				
Heating costs	Gas			
	Electric			

Section 4 - Hospital Dates

Certain benefits are affected by a stay in hospital and we may mis-calculate your charge if we do not have details of recent hospital admissions. Please give details of your last hospital stay if you were admitted in the last 3 months

Hospital	Date of Admission	Date of Discharge (if known)

Section 5 – Other Details

This form should provide us with enough information to make a decision as to how much you will have to pay towards the cost of your care. However, if you say yes to any of the following questions then we will need to contact you for further information. Put a ✓ against any of the following that apply.

- I own, or jointly own a property which I do not currently live in
- I receive income from insurance policies/ annuities/ investment bonds
- I have business assets which I am currently disposing of
- I have Home income plan or equity release schemes
- I have received Personal injury compensation or receive income or one off payments from a Personal injury trust fund

Section 6 – Benefits & Other Income

Please complete details for any benefits and other income that you receive. You do; not have to provide details of your partner’s income or savings but these details will help us to identify any additional benefits you may be entitled to. Leave the box blank if it doesn’t apply. If you need more space, please use the additional comments at section 9

Income	Amount Self per month	Amount Partner per month	Name of company/provider	Office use only Verified by
Occupational Company Pension or Private Pensions				
Income from renting out a property	Amount Self per month	Amount Partner per month	Address of Property	Office use only Verified by
Any other income – please give details				

Some benefits are sometimes paid together such as Pension Credit and Attendance Allowance or State Pensions and Pension Credit. It is important that you try to separate out the different benefits you receive on the following table to make sure we calculate your charge correctly.

You may need to look at letters from the Department of Works and Pensions to check the details if you are unsure of the exact breakdown. If you are unsure about the benefits you receive just write down what you know on the form and we will contact you about this.

If you have applied for benefits and have not received a decision yet, please show this on the form, and let us know when you have been awarded that benefit/s.

Social Security Benefit	Amount Self	Amount Partner	How Often <u>weekly</u> or <u>4 weekly</u>	Office use only Verified by
Attendance Allowance				
Disability Living Allowance (mobility component)				
Disability Living Allowance (care component)				
Income Support				
Jobseekers Allowance				
Pension Credit Guarantee Credit				
Pension Credit Savings Credit.				

Social Security Benefit	Amount Self	Amount Partner	How Often <u>weekly</u> or <u>4 weekly</u>	Office use only Verified by
State Retirement Pension				
Employment Support Allowance				
Incapacity Benefit				
Severe Disablement Allowance				
Any other social security benefits please give details if you need more space, please use Section 8 - Additional Details				

Section 7 – Capital and Savings

If you need more space, please use Section 9 – Additional Details

	Bank name	Names of any Joint account holders (leave blank if in your name only)	Date of balance	Balance Amount	Office Use Only Verified By
Bank current Accounts, savings Account, Building Society and post office savings Accounts					
ISA/TESSA/PEP					

National Saving Certificates	Name of share /Unit Trust	Reference Number	Value	Are these yours or your partners	Office Use Only Verified By
Shares Don't worry if you don't know what your shares are worth, we will work out for you what shares and national savings certificates are currently worth.	Number of shares	Share with	Share value (£)	Are these yours or your partners	Office Use Only Verified By

Section 8 - People who act on your behalf

You may have someone who is helping you with your financial affairs. This could be an informal arrangement or be supported by legal documentation. An explanation of the different types of ways that someone can legally help with financial affairs is attached at the back of this form.

1 Do you have a friend, relative or representative who deals with your financial affairs?

Yes No If no, please go to Section 8

2 Does the person act on your behalf as an:

- Appointee (benefits only): Yes No
- Receiver appointed by the Court of Protection: Yes No
- Attorney by virtue of a Power of Attorney: Yes No
- Lasting power of attorney (LPA) Yes No
- Attorney by virtue of an Enduring Power of Attorney: (“EPA”) Yes No

3 Please give their details below:

Name:

Address:

Telephone number:

Relationship to you:

Do you want all your correspondence and invoices from the London Borough of Newham to be sent to this person?

Yes No

Section 10 - Data Protection Information

The Data Controller is the London Borough of Newham and we are responsible for the collection and processing of your personal information. Processing includes the organisation, retrieval, consultation, use and deletion or destruction of information and its disclosure to other agencies.

The information you provide will be processed mainly in connection with the administration charges for Adult Social Care Services.

Your personal information may however, be processed by other Council services where appropriate to facilitate the provision of services in respect of any of the Council's activities including (but not limited to) benefits, to verify data accuracy, housing, environmental health and care services.

There may be a need to share with external partners and organisations e.g. health and other local authorities or information may be used in the prevention and detection of fraud and crime.

A full list of what information we control and process and for what purposes is set out in the Council's data protection notifications filed annually with the Information Commissioner.

All information collected will be processed and held securely under the principles of the Data Protection Act 1998. For further information on data protection, the Council's use of information sharing, please contact the Information Governance Team on 020 8430 3737 or information.governance@newham.gov.uk.

Section 11 - Declaration

I certify that the information I have given is a full and true statement of my income and capital assets. I understand that I may be asked to provide further evidence of these details to the London Borough of Newham. I understand that I may be liable to criminal prosecution if I have misrepresented my financial situation.

I will notify the London Borough of Newham of any changes in my income or capital/savings

I have completed this form as a record of my finances, because I either current receive or intend to take up a service provided by the London Borough of Newham.

I agree that, if assessed as liable to pay, I must make regular and prompt payments to the London Borough of Newham or the care home as requested.

Signed:

Print Name:

Date:

Please note that the client named at section 1 should sign the form unless someone has legal authority to act on their behalf. If signed by a relative, agent, Attorney or appointee, please ensure that your details are shown at Section 8

Types of Financial Representatives

An Appointee

This is a person appointed by the Department for Work and Pensions to act on your behalf. The person acting on your behalf will deal with issues to do with claiming and making payments of benefit.

An Attorney under a Power of Attorney

A power of attorney is a legal document in which you appoint a person to act on your behalf and in your name. The person who acts on your behalf is known as your “attorney”. A power of attorney must be executed as a deed. If you would like someone to be able to act on your behalf in this way you should consult a solicitor.

A power of attorney automatically ceases to be effective if either you or your attorney loses mental capacity.

Lasting power of attorney - (LPA) Replaced enduring power of attorney under the Mental Capacity; Act

An Attorney under an Enduring Power of Attorney

An enduring power of attorney is a legal document in which you appoint a person to act on your behalf and in your name. If you lose mental capacity, the enduring power of attorney must be registered with the Court of Protection. This will allow your attorney to continue to act on your behalf under the supervision of the Court of Protection.

If you would like someone to act on your behalf in this way, you should consult a solicitor.

A Receiver

A person nominated by the Court of Protection to act on your behalf. The person will need to be registered by the Court of Protection as Receiver.