

Sample Financial Assessment Form

## CALCULATION OF CARE CHARGE FORM

**This form should be used for everyone receiving assistance from the Local Authority including Non-Residential care and Residential placements.**

## SECTION 1 – SERVICE USER'S PERSONAL DETAILS

Title: Mr / Mrs / Miss / Ms / Other (please specify) _____			
Marital Status: Married / Single / Widowed / Divorced / Living Together			
Name		Client ID No:	
Date of Birth		National Insurance No.	
Address			
Telephone Numbers		Email address	

## SECTION 2 – PARTNER'S DETAILS

Does the Service User have a partner?	Yes		No	
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*(If yes please give details below)*

Title: Mr / Mrs / Miss / Ms / Other (please specify) _____			
Marital Status: Married / Single / Widowed / Divorced / Living Together			

Forenames:		Surname	
Date of Birth		National Insurance No.	
Address		Telephone No.	

### **SECTION 3 – REPRESENTATIVE DETAILS**

Is the Service User dealing with his/her own financial affairs?      Yes:       No:

*(If No please give details below)*

Title: Mr / Mrs / Miss / Ms / Other (please specify)			
Forenames		Surnames	
Address			
Postcode		Telephone No	
		Email address	
Relationship to Service User: Relative, Friend, Power of Attorney, DWP Appointee or Deputyship held.			
<b>Please provide copies of any Power of Attorney, Court Order appointing deputy or DWP correspondence confirming appointeeship.</b>			

### SECTION 4 – IDENTITY Check – only for use by Care Finance Officer

	List Evidence of Identity Documents Sighted
Service User as per section 1 – if present	
Representative as per section 3 – if present	

### SECTION 5 – WHICH SERVICE IS THIS APPLICATION IN RESPECT OF?

Is the service user receiving a Non-Residential care service from the Local Authority?	Yes		No	
If yes, is the service user's partner also receiving a care service from the Local Authority?	Yes		No	
Is the service user in or going into a Residential/Nursing Home?	Yes		No	
Is the service user in or moving to Extra Care Housing?	Yes		No	
Is the service user receiving Respite Care?	Yes		No	
Is this a Capital Drop Financial Assessment?	Yes*		No	
*Please provide evidence of self-funding care fees				
Name of person arranging service (i.e. – Social worker/care coordinator)				

**Please be aware that it is essential that you answer all the questions as accurately as you can in order to ensure we can make a full and comprehensive care charge calculation.**

### SECTION 6 – SERVICES RECEIVED

Does the package of care received from the Local Authority include overnight services between the hours of 10.00pm & 7.00am?	Yes		No	
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### SECTION 7 – DETAILS OF RESIDENTIAL/NURSING HOME

Name of Home:	
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Address of Home:							
		Postcode					
Local Authority owned	YES/NO	Independent/ Voluntary.			YES/NO		
Date of Admission	/ /	Was this an emergency		Yes		No	
Type of Admission:	Respite				Permanent (incl. trial period)		
If Respite please give dates.		From	/ /	To	/ /		

### **SECTION 8 – INCOME DETAILS**

Please give details of the Service User's income below.

Income	Amount £	Frequency (weekly, monthly, annually)	Notes
State Retirement Pension			
Pension Guaranteed Credit			
Pension Savings Credit			
Private / Occupational Pension			
Private / Occupational Pension			
Income Support			
Statutory Maternity/Sick Pay			
Employment & Support Allowance			
Severe Disablement Allowance			
Universal Credit – Personal Allowance			
Universal Credit – Housing Allowance			

Universal Credit – Health Allowance			
Attendance Allowance Higher Rate Lower Rate			
Disability Living Allowance –Care Personal Independence Payment			
Disability Living Allowance – Mobility Personal Independence Payment			
Working Tax Credit			
Industrial Injury Benefit			
War Widows Pension			
War Disability Pension			
War Pension			
Maintenance Payments			
Earnings			
Other Income ( <i>please specify</i> ) for <i>example: rent from a tenant</i>			
Does the service user either receive Carer’s allowance or have the underlying entitlement to Carer’s Allowance for caring for somebody?			Yes/No
Does your partner receive Carer’s allowance or have the underlying entitlement to Carer’s Allowance?			Yes/No

### SECTION 9 – ACCOUNTS AND SAVINGS

Please list all bank accounts, post office accounts, savings passbooks, ISAs, bonds, investments, stocks and shares, and any other accounts into which the service user’s income, capital or savings are paid.

(In all cases, capital belonging to the service user should be included as well any joint

accounts/investments). **You must state in whose name the account/investment is held.**

**If savings and capital are in excess of £23,250.00 the service user will be self-funding, please complete the form and sign section 18.**

**Please provide copies of all bank statements, investments, capital etc.**

Name of Bank/ Post Office/ Building Society etc.	Sort Code/Account Number	A/C Balance and date	Joint Account /Service User name

Does the service user have any Stock & Shares/ National Savings Certificates/Premium Bonds or other investments?		Yes / No (If yes give details below)	
Nature of Investment	Number of Shares	Value	Joint Account /Own name

Does the service user have any other savings, investments or capital?		Yes / No (If yes give details below)
Nature of Savings	Amount	Joint Account /Own name

***Bank a/c, Investments & Capital notes***

*Please continue on a separate sheet if necessary*

**SECTION 10 – EXPENDITURE**

Please provide details of expenditure and submit copies of applicable expenditures: -

Expenditure Details	Non Res	Respite	Perm No property	Perm No property (Renting 4wks only)	Property 12 wk disregard	Frequency (wkly, mthly, annually)
Rent <i>(less housing benefit)</i>						
Ground Rent						
Property Service Charge						
Council Tax <i>(less council tax support)</i>						
Mortgage Payments						
Buildings Insurance						
Contents Insurance						
Water & Sewerage – <b>standing charge only</b>						
Electricity – <b>standing charge only</b>						
Gas – <b>standing charge only</b>						

Board & Lodgings (£60 max) <i>LD &amp; Autism only</i>						
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SECTION 11 – DEPENDANT CHILDREN DETAILS Does the service user have any dependent children living with them? Yes:  No

(If yes please provide details below)

Number of dependent children	
Names of each dependent child	Date of birth of each dependent child

SECTION 12 – NON-DEPENDANTS DETAILS

Does the service user have any non-dependants living with them? Yes:  No:

(If yes please provide details below)

Total number of non-dependants in household			
Name	Date of Birth	Relationship to you	Any benefit they receive

***For ALL service users please complete Section 13***

**SECTION 13- INFORMATION ABOUT THE SERVICE USER'S HOME ADDRESS, PREVIOUS ADDRESS & OTHER PROPERTY**

**Current property address details:**

Address of Normal Residence								
Type of occupancy	Solely Owned		Jointly Owned		Rented		Other	

If jointly owned or other please give details.									
Please provide a copy of all documents setting up these joint ownership arrangements including all and any relevant wills/ trust documents and or Land Registry documents.									
If owned give brief description of property									
Detached		Semi		Terraced		Bungalow			
Flat		Number of Storeys		Number of bedrooms					
Is there an outstanding mortgage/equity release on the property?						Yes		No	
If yes please confirm amount outstanding and submit a copy of the mortgage statement or a copy of the equity release account statement.						£			
If owned is the property a former Council House?						Yes		No	
How long has the service user lived at this address?									

**If less than 2 years please complete the section below:**

Previous Address	Postcode:
Was the property owned or rented?	
How long lived at this property?	

**Other land or property information:**

Does the service user own any other land or property?	Yes		No	
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If yes please give details							
Has the service user ever owned any other land or property?				Yes		No	
If yes please give full details of all land or property previously owned including dates of sale. <i>(Please add additional sheets to back of this form if necessary)</i>							
Detached		Semi		Terraced		Bungalow	
Flat		Number of Storeys		Number of bedrooms			
<b>Were any previous properties purchased under the right to buy?</b>				Yes		No	
If tenant, who is the landlord?							

Any other property information
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### **SECTION 14 – OTHER DEBTS OR REGULAR EXPENDITURE**

Other expenditure of this nature cannot be taken into account in relation to the calculation of the care charge. However, it will help us to support to manage the payment of the care charge and existing commitments.

Personal loans	Yes		No		Cost per month	£
Store/ Credit Card	Yes		No		Balance outstanding	£
Any other debt information						

**SECTION 15 – WILLS & EXECUTORS**

Has the service user completed a will?	Yes		No	
If Yes - who is the executor?				
Where is the will held?				
If no will held, who is next of kin?				

**SECTION 16 – DISABILITY RELATED EXPENDITURE**

Does the service user have specific additional costs relating to a disability?	Yes		No	
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Reasonable disability related expenditure will be assessed where any of the following disability benefits are in payment: in respect of Non-Residential care services only.

The Severe Disability Premium included in payments of Income Related Employment and Support Allowance, Health allowance in Universal Credit, Pension Guarantee Credit or Attendance Allowance, Disability Living Allowance Care Component, Constant Attendance Allowance, Personal Independence Payment Daily Living Component and Severe Disablement Allowance

**You must submit evidence of expenditure for it to be considered**

**These do not include payments for services already provided for by this Authority.**

Item	Social Worker/Care Coordinator	Verified by Care Finance Officer
<b>Dispersed Community Alarm</b> Does not apply to sheltered housing tenants with fixed alarms or if funded through Supporting People. Actual cost paid unless included in Housing Benefit award. <i>Appropriate confirmation of cost must be submitted to the Client Finance Team</i>		
<b>Privately Arranged Domestic Help</b> Actual cost paid up to <b>£24.00</b> per week for single person household, or cost proportionately divided by the number of other		

adult household members		
<p><b>Additional Laundry Costs</b></p> <p>For example, due to incontinence, personal hygiene problems, skin conditions. A maximum amount of <b>£6.00</b> per week.</p>		
<p><b>Special and additional wear and tear of clothing, footwear and bedding</b></p> <p>This only applies in exceptional circumstances where people have clothes especially made because of an established illness or disability. Reasonable amount based on the care plan and subject to the discretion of the Council.</p>		
<p><b>Additional Gas and Electricity Costs</b></p> <p>Actual gas and electricity paid over one year minus the average amount annually</p> <p>Fuel amounts<sup>96</sup></p> <p><b>Flat/Terrace</b></p> <p>Single occupancy £2,761.73 Couple/shared occupancy £3,643.68</p> <p><b>Semi-detached</b></p> <p>Single occupancy £2,933.32 Couple/shared occupancy £3,872.45</p> <p><b>Detached</b></p> <p>Single occupancy £3,568.76 Couple/shared occupancy £4,704.40</p>		
<p><b>Maintenance or Repair of Equipment</b></p> <p>Where possible equipment should be sourced from B&amp;NES Community Equipment Service via Sirona. A reasonable additional amount may be included, calculated as a weekly amount. At the discretion of Adult Client Finance and with confirmation by Occupational health.</p>		
<p><b>Approved Exceptional Allowance</b></p> <p>Any allowance request here must be approved by the Social Care Team Manager and Bath &amp; North East Somerset Councils Principal Social Worker</p>		

<sup>1</sup> Average annual amounts based on good practice guide issued by the National Association of Financial Assessment Officers

## **SECTION 17 ADDITIONAL INFORMATION/NOTES**

Has the notes section (after the declaration) been completed with additional information?

YES/NO

## **SECTION 18 - REFUSING A CARE CHARGE FINANCIAL ASSESSMENT AND / OR AGREEING TO PAY THE FULL CHARGE**

If you do not agree to complete this financial calculation charge form and wish to pay the full charge for the services provided or have savings and capital (section 9) in excess of £23,250.00 please sign below. Please note that in signing this section it will mean that the package of care with the Local Authority may have to end and you may have to arrange your care privately. There may be clients in certain services this does not apply to, i.e. client paying full cost in an extra care establishment.

<b>I do not agree to a care charge financial assessment and wish to pay the full cost.</b>  <b>I understand this may mean I have to arrange my care privately</b>	Signature:	
	Date:	

<b>I understand that I am not entitled to local authority funded care as I have capital over £23,250.00</b>	Service User Signature:	
	Date:	

<b>I understand that the service user is not entitled to local authority funded care as they have capital over £23,250.00</b>	Financial Representative/ Partner Signature:	
	Date:	

In keeping with the EU's new General Data Protection Regulation (GDPR), we have recently updated our Privacy Policy to clarify how we protect your personal information.

Our updated policy provides more details on:

The information that we collect;  
 How we use this information, why we store, and why we retain it; and  
 How you can request that your information is updated, corrected, or deleted.

Details on the policy can be found here:

<http://www.bathnes.gov.uk/services/your-council-and-democracy/data-protection-and-freedom-information/council-privacy-notice-0>

Alternatively a paper copy can be made available upon request.

**SECTION 19– DECLARATION**

**I understand that the information I have provided on this form will be used to determine the level of the charge I have to make for services arranged by Bath & North East Somerset Council. The exact figure will be notified to me in writing.**

I understand that I should notify Bath & North East Somerset Council of any change in my circumstances as this may affect the level of my charge.

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud.

I declare the information given above is correct to the best of my knowledge and belief and I have no objections to relevant enquiries being made.

**Signature** ..... Service User **Date**.....  
 ..... Partner  
 ..... Financial Representative

**Signature** ..... Care Finance Officer **Date**.....

**Please return the completed Calculation of Financial Charge Form with supporting documents to the Client Finance Team, Bath & North East Somerset Council, Lewis House, Manvers Street, Bath BA1 1JG**

Please complete below any addition information/notes giving more detail in relation to any section completed in the calculation of charge form

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<b>Signature</b> .....	Service User	<b>Date</b> .....
.....	Partner	
.....	Financial Representative	

<b>Signature</b> .....	Care Finance Officer	<b>Date</b> .....
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**This copy of the signed Declaration is to be retained by the Service User and/or the Financial Representative.**

**PLEASE RETAIN FOR YOUR OWN RECORDS**