

# Adult Social Care – Financial Assessment Form

Some care services provided by Hillingdon Council, are subject to a charge. Based on the information provided in this form, we will calculate if you have to make a financial contribution towards this charge and advise you accordingly.

## **Why have I received this form?**

You are either currently, or are going to be, receiving a social care service from Hillingdon Council. There are charges associated with the majority of social care services. The amount you will be charged depends upon the outcome of your financial assessment. You will be expected to pay for any services received from the start of the service. The information you provide us with, in this form, will be used to assess how much you will need to pay.

## **Please complete this form and send it back to us within 14 days of receiving it.**

When sending the form back, please ensure that you have supplied the relevant supporting documents, such as bank statements, and proof of income and outgoings. Photocopies are acceptable. Details of the documents required can be found on page 11 of this form.

## **Can I complete this form online?**

Yes, you can complete the form and upload supporting documents on [www.hillingdon.gov.uk/financial-assessment](http://www.hillingdon.gov.uk/financial-assessment)

## **What if I don't want to complete this form and I don't return it to you?**

If you decide not to complete the form or provide the required documents needed to carry out your financial assessment, the council will charge you the full cost for any chargeable services that you receive. The charge will be from the start date of your service. If you choose to pay the full cost of your care, please complete section C on page 2 and return it to us at the address below.

## **What if my circumstances change?**

If, any of your financial circumstances change, such as the amount of money you have coming in, a change in your capital or a change in the number of people living in your household, you must contact us immediately. We can then reassess the contribution you make towards your care costs and ensure that you are being charged the correct amount.

## **What should I do if I need help completing the form?**

If you need help with completing the form please contact us without delay.

## **How can I contact the Financial Assessment Team?**

You can get help with the questions in this form by contacting the Financial Assessment Team by calling 01895 250882 emailing: [Financialassessment@hillington.gov.uk](mailto:Financialassessment@hillington.gov.uk) or writing to: Financial Assessment Team, Hillingdon Council, 4W/09 Civic Centre, High Street, Uxbridge, UB8 1UW.

## **How will you use the personal data that I share with you?**

Please view our privacy notice, which can be found online on: [www.hillingdon.gov.uk/privacy](http://www.hillingdon.gov.uk/privacy)



## Section 1A - Who is going to complete this form?

☐ I, the service user   ☐ Power of Attorney/Deputy   ☐ Other

If other, please provide the following details:

Name: .....

Relationship to you: .....

Contact telephone number: .....

## Section 1B - Management of your financial affairs

If you don't manage your own financial affairs, please provide details below of the person to receive correspondence from us and act on your behalf. The person signing will also need to read and sign the declaration on page 10 and 11 of this form.

Title: ..... First name: ..... Surname: .....

Address: .....

.....Postcode: .....

Telephone: ..... Email address: .....

Relationship to you: .....

Is this correspondent acting in the capacity of Enduring or Lasting power of Attorney for property and finance or are they your Deputy? ☐ YES\*   ☐ NO   ☐ PENDING

\* If yes, please provide evidence of the Attorney/Deputyship document when returning this form.

## Section 1C - Declaration of non-disclosure of your finances

If you do not wish to declare your finances or if you have capital above the upper limit, you can opt to pay the actual cost of the service you are receiving.

Details of the current capital limits can be found in our guidance booklets, paying contributions towards your care and support whilst living in your own home and choosing and paying for care in a residential home, nursing home or residential college.

You, or your authorised representative, must read the following statement then sign and date it:

**I am aware that I will have to pay towards the cost of services I receive/that are provided and/or bought on my behalf. However, I do not wish to provide my financial details. I accept full responsibility for the cost of the service/services and agree to pay the maximum charge notified to me.**

**I further agree to immediately notify Hillingdon Council, in writing, of any change in my personal and/or financial circumstances and that as a result, the amount I financially contribute towards my care may change.**

Signed: .....

(The person the care is being arranged for or their authorised representative must sign above)

Name in print: ..... Date: .....

**A witness should sign below if the person the care is being arranged for is unable to sign but has indicated their consent with an appropriate mark above. The witness cannot be the same person elected to be the financial correspondent.**

Signed: .....

Name in print: ..... Date: .....

If you or your representative has signed the declaration above, you do not need to complete the rest of this form. Please return it to: Hillingdon Council, Financial Assessment Team, 4W/09 Civic Centre, Uxbridge, UB8 1UW.

If you would like to receive a financial assessment to ensure that you are paying the correct amount towards your care, please complete the rest of the form and return.

## Section 1: Your personal details - The service user

Please tick the care service you need or are receiving:

☐ Residential/nursing home ☐ Respite ☐ Supported living ☐ Outreach ☐ Home care ☐ Other

Title: ..... Date of Birth: .....

First name: ..... Surname: .....

Include any previous names you have held: .....

Address: .....

..... Postcode: .....

Tel: ..... Email address: .....

National Insurance Number: .....

**IF YOU ARE NOW RESIDING IN A RESIDENTIAL OR NURSING HOME, PLEASE ENTER YOUR PREVIOUS ADDRESS ABOVE.**

Please provide details of your previous addresses over the past seven years.

Address: .....

Postcode: ..... Date you moved in: ..... Date you moved out: .....

Address: .....

Postcode: ..... Date you moved in: ..... Date you moved out: .....

Do you live:

☐ Alone ☐ with a partner ☐ with family ☐ other (please detail) .....

Are you:

☐ single ☐ married ☐ separated/divorced ☐ living with a partner ☐ widow/widower

If you live with someone, else please provide their details below - Not applicable, if you are living in a residential or nursing home.

Name: ..... Date of birth: ..... Relationship to you: .....

If you live with more than one person, please provide their details below:

Name: ..... Date of birth: ..... Relationship to you: .....

Name: ..... Date of birth: ..... Relationship to you: .....

Do you:

☐ Own your own property ☐ Rent your property ☐ Other (please details below)

.....

**The following (Section 2) is for residential or nursing care placements only.**

If you own/part own your property, the value of your main address will be included in your financial assessment except in certain circumstances.

If the value of your main address is included and your other capital is not above the limit stated, you may be eligible for the 12 week property disregard and the deferred payment scheme. Please ask your care manager for further details about these schemes.

Further information regarding the financial assessment process, including property inclusions and exclusions, can be found in the financial assessment policy booklet. Please visit our website for further details: [www.hillingdon.gov.uk/financial-assessment](http://www.hillingdon.gov.uk/financial-assessment)

## Section 2: Details of your main address

### a. Do you own or jointly own your own home?

☐ YES ☐ NO If NO, please go to section 2c

### b. This should only be completed if you answered Yes to question 2a

Will this property remain occupied after your admission to the care home? ☐ YES ☐ NO

If YES, please give the following details in respect of the person or persons continuing to live in the property:

#### First occupant

Surname: ..... First name: ..... Date of birth: .....

Relationship to you, the service user: .....

#### Second occupant

Surname: ..... First name: ..... Date of birth: .....

Relationship to you, the service user: .....

Do you have a financial interest in any property held in trust, in the UK or abroad? ☐ YES ☐ NO

Was your home bought under the Right to Buy scheme? ☐ YES ☐ NO

Do you own your property outright? ☐ YES ☐ NO

If no, please indicate what percentage you own: ..... %

What is the estimated value of your home? £ .....

Outstanding mortgage to be paid (if applicable)? £ .....

### c. This should only be completed if you answered no to question 2a

Have you ever owned your own home? ☐ YES ☐ NO

If yes, please detail what happened to it: .....

.....

.....

If no, did you rent your home? ☐ YES ☐ NO

If you did rent your home, from what date was the tenancy given up? .....

If you did not own or rent your home, please describe your housing arrangements:

.....

.....

.....

## Section 3: Housing costs and expenses – proof will be required

Mortgage: Monthly payment: £ .....

Rent: Gross rent: £ ..... every .....

Housing Benefit: £ ..... every .....

\* Services: £ ..... every .....

Rent paid: £ ..... every .....

\* What does the service charge cover? .....

Council Tax: Annual bill: £ .....

Annual paid: £ ..... every .....

Ground rent: £ ..... every .....

Other essential household expenses:

Building insurance:

£ ..... every .....

Is there anything else you think we should know about your finances?

You may want to tell us about debts or loans outstanding.

☐ YES ☐ NO

You may want to tell us about any registered debts or loans you have, not including credit card debt or 'buy now pay later' arrangements.

.....

.....

.....

.....

## Section 4: Income

<b>Type of benefit/income</b>	<b>Amount you receive weekly</b>	<b>If not weekly, how often</b>
Attendance Allowance	£.....	£.....
Disability Living Allowance – Care	£.....	£.....
Disability Living Allowance – Mobility	£.....	£.....
Employment and Support Allowance	£.....	£.....
Income Support	£.....	£.....
Severe Disablement Allowance	£.....	£.....
Incapacity Benefit	£.....	£.....
Industrial Injuries Benefit	£.....	£.....
Pension Credit – Guaranteed	£.....	£.....
Pension Credit – Savings	£.....	£.....
Personal Independence Payment – Daily Living	£.....	£.....
Personal Independence Payment – Mobility	£.....	£.....
State Retirement Pension	£.....	£.....
War Disablement Pension	£.....	£.....
War Widow's Pension – Basic	£.....	£.....
War Widow's Pension – Special	£.....	£.....
Widow's Pension	£.....	£.....
Jobseeker's Allowance	£.....	£.....
Child Benefit	£.....	£.....
Disabled Person's Tax Credit	£.....	£.....

Working Tax Credit	£.....	£.....
Child Tax Credit	£.....	£.....
Universal Credit	£.....	£.....
Any other benefits? (please state:)	£.....	£.....

If you do not receive Attendance Allowance, Disability Living Allowance (care component) or Personal Independence Payment (daily living component),  
have you made a claim for one of them?

☐ YES ☐ NO

Do you have a claim outstanding?

☐ YES ☐ NO

If you have answered yes to the above, please enter the date of your claim: .....

Does anyone receive Carer's Allowance for looking after you?

☐ YES ☐ NO

Do you have a claim outstanding?

☐ YES ☐ NO

If no, you can make a claim yourself via the following website:

[www.gov.uk/carers-allowance](http://www.gov.uk/carers-allowance)

☐ YES ☐ NO

Further information regarding the financial assessment process, including property inclusions and exclusions, can be found in the financial assessment policy booklet. Please visit our website for further details: [www.hillingdon.gov.uk/financial-assessment](http://www.hillingdon.gov.uk/financial-assessment)

### Other income:

Please include any regular amounts received from occupational or private pensions, superannuation, income from employment, income plans, rental income, trust income, annuity, dividends, maintenance payments by a former partner or any other regular income. Evidence will be required.

<b>Details of payer (name and address)</b>	<b>Amount you receive weekly</b>	<b>If not weekly, how often</b>
.....		
.....		
.....		
.....	£.....	£.....
.....		
.....		
.....	£.....	£.....
.....		
.....		
.....	£.....	£.....
.....		
.....		
.....	£.....	£.....

If you are receiving residential/nursing care, you can pass 50% of your occupational/private pension to your spouse/partner. If you would like to do this, please sign the following declaration:

**I would like to pass 50% of my occupational/private to my spouse:**

Signed: ..... Date: .....

The above must be signed by the person being financial assessed or their representative.

## Section 5: Savings, property and capital

Do you or your partner have any bank, building society, savings or Post Office accounts? You must declare all accounts that you have an interest in, including shared accounts and accounts held by an Appointee or Third Party. ☐ YES ☐ NO

If yes, please complete this section. If no, please tell us how you receive your State benefits:

.....

Where your spouse or partner holds capital in their name you should give details of your nominal share. A percentage of this capital may legally be assumed to be yours and you may be assessed, as though it is your capital.

### Bank, building society and post office accounts

Name of Bank, Building Society or Post Office	Type of account and account number	Amount you hold £	Amount your partner holds £
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

### PEPs/ISAs

Name of company	Account number	Amount you hold £	Amount your partner holds £
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

### National Savings

Issue number	Date purchased	Amount you hold £	Amount your partner holds £
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

### Stocks and shares

Name of Company	Number of shares held by you	Number of shares held by your partner	Current value £
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**Premium Bonds** – Please provide details held by you/your partner

.....

**Savings Bonds/Capital Bonds** – Please provide details held by you/your partner

.....

**Any other savings or investments held by you/your partner?**

.....

Do you or your partner own any property or land, other than your main home? This includes in the UK or abroad. This should include any time-share, in which you have an interest. ☐ YES ☐ NO

Address of property owned	Proportion share (e.g. half or a third)	Total value of that property £
.....	.....	.....
.....	.....	.....

## Disposal of property and/or assets

Have you disposed of any property and/or assets, within the last seven years? ☐ YES ☐ NO

If you have disposed of any property and/or assets, within the last seven years, please give details below. This could include, but is not exhaustive of all options, transferring of ownership of all or part of your property, gifting or disposal through a sale. You will need to provide appropriate evidence.

Details of property, land and businesses sold or disposed of:

.....  
.....

Sale/disposal price: £.....

Owned by (please state exact ownership)

.....

Disposal date: .....

Do you intend to sell any of your existing properties/assets? ☐ YES ☐ NO

If any of the property is leased to tenants, please provide details of the rental income and the frequency of payments you receive:

£ ..... Frequency: .....

If you rent a property and plan to terminate your tenancy, what is the termination date of your tenancy?

.....

Have you disposed of any money, including gifting of money, in the last seven years? ☐ YES ☐ NO

If yes, please provide details: .....

.....

If there is anything else you need to inform us of regarding any property, capital or assets that you have sold, transferred or gifted in the last seven years and it is not detailed above, please detail below:

.....

.....

## Section 6: Disability related expenses – non-residential only

You do not need to complete this section if your service is permanent residential or nursing care. Please go to section 7.

If you are in receipt of a disability related benefit, please use the following section to tell us about any additional expenditure you incur, which relates to your disability, illness or frailty. **Expenses will not be considered without evidence.**

Please do not include everyday spending, such as rent or food.

### Specialist washing powders or laundry

How many loads of washing do you do each week?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ More than 7 ☐

Do you do your washing at home?

☐ YES ☐ NO

Do you/does someone else take your washing to a launderette?

☐ YES ☐ NO

If yes, how many times each week? 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐

### Bedding

Do you have to purchase extra bedding due to your disability/frailty?

☐ YES ☐ NO



## Speciality dietary needs - we may require a letter from your GP to verify.

Please specify what your dietary needs are and the reason:

.....

.....

Please indicate the additional cost per week due to your dietary needs: £ .....

## Special clothing, footwear or excessive wear and tear due to disability/frailty

Please specify your special requirements:

.....

.....

Weekly amount: £ .....

## Additional heating costs

Are your heating costs above average due to your disability, illness or frailty?

☐ YES ☐ NO

If yes, please provide full electricity/gas bills covering the last 12 months.

## Other expenses

Do you incur costs to do basic gardening work such as mowing and tidying up because of your disability/frailty?

☐ YES ☐ NO

Weekly or annual amount – Please specify: £ ..... per week/year

Do you pay for a cleaner or domestic help because of your disability or frailty?

This could include shopping where you have to pay someone to do shopping for you.

☐ YES ☐ NO

Weekly amount: £ .....

Do you receive chiropody services?

☐ YES ☐ NO

Private chiropody services ☐ YES NHS chiropody services ☐ YES

How many times a year do you receive this service? 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

How much do you pay for each visit? £ .....

We can allow up to two weeks of privately arranged care, such as respite care, in a calendar year. Please give details and provide evidence:

.....

.....

Do you take a carer with you?

☐ YES ☐ NO

## Purchase of disability related equipment

We normally take into account items purchased within the last 12 months; however, if you have had to buy expensive disability related equipment in the past two to three years, we may be able to include this:

Please specify including amounts spent: .....

.....

## Transport costs

If you do not receive assistance with your mobility costs and you have to pay for regular transport, please provide details, amounts and frequency:

.....

If you would like to tell us about any additional disability related expenditure, please do so on the blank page of this form, page 12.

## Section 7: Declaration

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. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

Further details regarding how we may use your personal data can be found at: [www.hillingdon.gov.uk/privacy](http://www.hillingdon.gov.uk/privacy)

### **I understand and agree to the following:**

I understand that from 1 April 2015, my financial assessment is calculated using the following legislation and guidance: The Care Act 2014, Care and Support (Charging and Assessment of Resources) Regulations 2014 and Care and Support Statutory Guidance 2014

I am aware that I will have to pay an assessed financial contribution towards the cost of services provided to me or brokered on my behalf. I understand that the detailed figure, including the method of calculation, will be notified to me separately. I understand that legal action may be taken against me to recover any unpaid charge(s).

I agree to help Hillingdon Council to maximise my income by applying for all available welfare benefits to which I am entitled to.

If I give information that is incorrect or incomplete, Hillingdon Council may take action against me. This will include charging the full cost of services that the Hillingdon Council provides and could include court action.

I will immediately inform Hillingdon Council of any changes in my circumstances. I am aware that a financial reassessment may be required because of the change.

If the council identify any undeclared assets including property, land, income, capital, or backdated awards of benefits, I am aware that my financial assessment will be reassessed, and I may be liable to pay backdated client contributions. I agree to pay any backdated charges due and understand that failure to do so may result in legal action being taken against me or my representative.

I have not deprived myself of any assets or transferred either capital or property to avoid care charges within the last seven years that have not been disclosed on this form. I understand that Hillingdon Council will use the provisions set out in the Care Act 2014, Care and Support (Charging and Assessment of Resources) Regulations 2014 and Care and Support Statutory Guidance 2014, should any issues of deprivation of capital arise.

For residential/nursing placements: In acceptance of my residential/nursing home accommodation provided under the Care Act 2014, I accept that I am required to pay towards the board charges from my income and capital. I accept and undertake to pay my assessed contribution, as it falls due.

I understand that if the value of my property is disregarded in my financial assessment because my spouse or partner lives in the property, as their main home, this disregard will end if their personal circumstances change resulting in the home no longer being their main residence.

I certify that the information that I have provided on this form is correct and to the best of my knowledge and belief.

I understand that the information on this form will be stored securely and will be used in accordance with the UK General Data Protection Regulation and the Data Protection Act 2018.

I hereby give consent for the London Borough of Hillingdon, to request information in relation to my financial assessment. The Council conducts additional checks and acquires further information for the prevention and detection of crime to protect public funds and for the collection of debt. The information will be used to determine eligibility for financial assistance and/or for the collection of debt.

I hereby give consent to the London Borough of Hillingdon to make enquiries with but not limited to:

- |                                |  |
|--------------------------------|--|
| • Credit Reference Agencies    | • National Fraud Initiative/Cabinet Office |
| • HMRC                         | • Home Office                              |
| • Land Registry                | • LoCTA                                    |
| • Other Government Departments | • Financial Institutions                   |

I also understand that if I fail to declare any changes, give false or misleading information or I omit information for the purpose of obtaining Financial Assistance, it may be regarded as a criminal offence and action could be taken against me, including court action and prosecution.

Signed by the person receiving or requesting care: .....

Name in print: .....

Date: .....

Signed by the authorised legal representative or financial correspondent, if applicable:

Name in print: ..... Date: .....

The person in receipt of the care service or planned care service must sign the declaration above unless someone looks after your finances under a Power of Attorney or Court of Protection Order; in which case they can sign on your behalf and submit evidence of their legal authority to act on your behalf. We will accept copies of original documentation.

A witness should sign below if the person the care is being arranged for is unable to sign but has indicated their consent with an appropriate mark above. The witness cannot be the same person elected to be the financial correspondent.

Signed: .....

Name in print: ..... Date: .....

### Internal Use only:

Tick this box if the client has been read the above declaration and consented to the above. ☐

Tick this box if the Advocate/Deputy/Power of Attorney (for Property & Financial Affairs) has been read the above declaration and consented to the above. ☐

Tick this box if Client/Advocate/Deputy/Power of Attorney (for Property & Financial Affairs) has **Declined** to agree to the above declaration. ☐

Officer: ..... Date & Time: .....

## Information needed to financially assess your contribution towards adult social care services

☐ Evidence of your identification

In relation to your finances, please provide the following proof for your financial assessment. Copies rather than originals are acceptable:

Evidence of the last three months prior to the start date of your care package or planned care package starting, is required.

- ☐ Rent payments
- ☐ Council Tax payments
- ☐ Any other expenses
- ☐ Bank statements (last three months prior to the start date of your care package or planned care package starting.)
- ☐ If your benefit or any other regular income is paid into someone else's bank account, the last three months bank statements relating to that account must be provided.
- ☐ Savings account statement
- ☐ PEPs
- ☐ ISAs

- ☐ National Savings
- ☐ Stocks and Shares
- ☐ Premium Bonds
- ☐ Savings Bonds
- ☐ Capital Bonds
- ☐ Any other savings or investments
- ☐ Information if you own another property
- ☐ Benefit letters
- ☐ Occupational Pension letters
- ☐ Disability related expenditure –  
**non residential only**

**If you do not supply the information required you may be assessed to pay the full cost of your service.**

If you have legal capacity to deal with the finances, please provide proof of one of the following:

- ☐ Enduring Power of Attorney - The original full document must be provided or certified copy.
- ☐ Lasting Power of Attorney - The original full document must be provided or certified copy.
- ☐ Deputyship Order - The original full document must be provided or certified copy.

