

Financial Circumstances Form

Residential or nursing care placements

Valid from April 2019

Introduction

Who should fill in this form

This form is used to tell the Personalised Financial Services Team about the financial circumstances of a person who receives residential or nursing care.

The form can be filled in by the service user, or by someone else who is helping them. When reading the form, 'you' means the person who is using the services.

If this form is being filled in on behalf of the service user, there is a space for that person to sign the declaration at the end of the form. There is also a space in Section 3 'Agree to pay the full charge', if this section is applicable.

The information in this form will help us work out how much of your own money you need to spend on your care.

Information on how we work this out is in the Charges for Care Homes services booklet. If you would like a copy of this booklet, please contact the Financial Assessment & INcome Recovery Team on 020 7527 2178 or email incometeam@islington.gov.uk.

If you want to pay for your own care

Everyone receiving residential or nursing care services needs to fill in this form and sign the declaration in Section 10.

However, you don't have to answer the questions in Sections 4-9 if you want pay the full cost of the care yourself.

Additional Information

We will require verification of the information you supply with the financial circumstances form. Please attach photocopies of any documents you have that can be used to verify the information supplied ie. bank statement, letter from DWP or Job Centre Plus.

This form should be returned to:
Financial Assessment & INcome Recovery Team
1st Floor, 7 Newington Barrow Way,
N7 7EP

Please note that failure to return a completed financial circumstances form will result in you being charged the full cost from the start date of your service.

For office use only

Form sent by

Team

Date

Help to fill in this form

If you need help to fill in this form, please contact the Personalised Finance Services Team on:

Telephone: 020 7527 2178
E-mail: incometeam@islington.gov.uk
Address: Financial Assessment & INcome Recovery Team
1st Floor,
7 Newington Barrow Way, N7 7EP

If you require assistance to complete the Financial Circumstances form, one of our finance officers can make an appointment to visit you at your home or arrange a meeting in the office. We can also answer any questions you have over the telephone on the number above.

For independent advice please contact:

Islington's Citizen's Advice Bureau

Telephone: 0844 4111 444
Address: 222 Upper Street, N1 1XR

Disability Action Islington

Telephone: 020 7226 0137
Address: 90-92 Upper Street, Islington, London, N1 ONP

Centre 404

Telephone: 020 7607 8762
Address: 464 Camden Road, London, N7 0SJ

Further advice contacts can be found in the Charges for Care Homes Services booklet and on the back page of this booklet.

Once you have filled in the form, please send it to:

Financial Assessment & INcome Recovery Team
1st Floor, 7 Newington Barrow Way,
N7 7EP

If your financial circumstances change

If your income or benefits change please contact the Personalised Financial Services Team in order to complete a reassessment.

Important information

- If the Personalised Financial Services Team does not get a filled in form about your financial circumstances, you will be charged the full cost of your support.
- You must make sure that you or the person who is filling this form in for you has signed the declaration on the last page of this form.
- Please remember to send us copies of any of the documents we ask for in the form.

Please complete this form in full using black ink.
Before you complete it, you should read the 'Charges for Care Homes' booklet.
If you need assistance please contact the Adult Social Services Finance Team on 020 7527 2178.

Section 1: Service user information

Title: Mr / Mrs / Ms /Miss First name(s):

Surname: Are you: Male Female

National Insurance Number: Date of birth:

Home address:
(Prior to residential placement)

Telephone: Postcode:

Email address:

Do you have a hearing impairment? Yes No Do you have a visual impairment? Yes No

Your partner

Title: Mr / Mrs / Ms /Miss First name(s):

Surname:

National Insurance Number: Date of birth:

Section 2: Financial management

Do you manage your own money (eg pay your bills using your own money)? Yes No

If you answered 'No', please tell us who does in the section below.

They need to have the legal right to manage your money. Please tick the option below that describes the legal right this person has.

You will need to send in a copy of the document that proves they have the legal right to manage your money.

The person who manages my money

First name: Title:

Last name:

Address:
 Postcode:

Telephone: Relationship to you:

Email address:

Who would you like us to contact if we have questions about your money?

Me Contact person

Telephone Letter Email Other

Their legal right to manage my money

What legal right does this person have to manage your money?

Power of attorney Department for Work and Pensions appointee Deputy

Informal representative

Other (please explain)

You must send us a copy of the document proving this person has the legal right to manage your money.

Section 3: Agree to pay the full charge

Only complete the following section if you agree to pay the full charge for your services. You do not need to fill in Sections 4-8 of this form. Please go to Section 10 and Page 10 of the form and sign the declaration.

I agree to pay the full charge for my care.

Name of service user:

Signature of service user:

Date:

OR, I agree that the service user will pay the full cost of the placement.

Name of person signing on behalf of the service user

Signature

Date

Guidance note: Please tell us when your savings fall below the capital limit. The limit may change each year.

Please call the Personalised Financial Services Team on 020 7527 2178 for details of the current limits. We can then reassess your charge(s) to make sure you are only paying what you can afford.

Section 4: Your income

Please provide evidence of your different income types e.g. letters or bank statements.

Income	Weekly amount you receive
Attendance allowance	£
Disability living allowance (care component)	£
Disability living allowance (mobility component)	£
Employment Support Allowance	£
Incapacity benefit	£
Income from an insurance policy	£
Income support	£
Income from trusts/annuities	£
Income from work	£
Job seekers allowance	£
Other (please give details)	£
Pension credit (Guarantee credit)	£
Pension credit (Savings credit)	£
Personal independence payment	£
Personal Independence Payment Daily	£
Personal Independence Payment	£
Private/occupational pension (1) Name of pension provider:	£
Private/occupational pension (2) Name of pension provider	£
State retirement pension	£
Severe disability premium	£
Severe disablement allowance	£
War disability pension	£

If you receive universal credit, please provide the breakdown in the box below:

Income support	£
Jobseekers Allowance	£
Employment and Support Allowance	£
Housing Benefit	£
Child Tax Credit	£
Working Tax Credit	£

If you have applied for additional benefits please give details in the box below:

Benefit applied for	
Date of application	

Section 5: Capital

Savings (Please note we require the most recent monthly bank statement for all accounts listed.)

Bank/Building Society	Account number	Balance	Joint account?	Seen by council staff

Stocks shares/investments

Company	Number of units	Joint investment?	Seen by council staff

Other

Please supply full details of any other savings / investments you have. If you do not have an account, please tell us where your income/benefits are paid to.

Gifts

Have you given any cash gifts over £500 to relatives, friends etc. in the last six months? Yes
No

If YES, please tell us who you gave money to, when, how much and why.

Section 6: Your accommodation

Do you own, or have you ever owned a property or land? (Including any properties you may own outside the UK)

Yes No If No go to Section 6: Rented accommodation

If YES, please state address:

Post code:

Approximate Value

£

Are you the sole owner? Yes No

If NO, who are the co-owners:

Who is the mortgage lender for the property?

How much mortgage is outstanding for the property?

£

Please provide proof of outstanding mortgage and payments

Do you receive any rental payments for the property listed above? Yes No

Please provide details: £ Weekly/ 4 weekly/ Monthly (Please circle)

Does anyone else live in the property? Yes No

If YES what are their names, relationship to you and dates of birth.

Name	Relationship to you	Date of birth	Time living at your property

Are any of the people named above disabled or registered blind? Yes No

If YES please tell us their disability:

Are you in the process of selling the property? Yes No

If YES, who is dealing with the sale? e.g. solicitors

Contact address

Postcode

Telephone Number

Do you own any other properties other than the one mentioned above? Yes No

If yes please provide details below:

Section 7: Rented accommodation

Was your accommodation prior to the care home rented? Yes No

Who owns the property if rented?

Name:

Address:

Postcode:

Date tenancy ended:

The council may require proof eg. sight of rent book

If your property is neither rented, nor owned by you, what are the circumstances:

Section 8: Your spending

Property expenses (please provide evidence)

	Amount		Week / month / year Seen / initialled by assessor
Mortgage	£	per	
Rent	£	per	
Council Tax	£	per	
Buildings Insurance	£	per	
Other (please specify)	£	per	
Other (please specify)	£	per	
Other (please specify)	£	per	

You will need to make provision for your other property expenses as your income (inc. DWP benefits) will be needed to meet your contribution to the cost of your care.

Section 9: Checklist

Please tick the boxes to indicate all your supported documents are included:

Bank / Building Society / Post Office Statements	
DWP letter	
Private / Occupational Pension (if relevant)	
Proof of your spending (if relevant)	
All sections are completed in full	
Lasting Power of Attorney / Deputyship Order (if relevant)	

Section 10: Declaration

- As far as I know, the information that I have given on this form is true and complete and I understand that if my financial circumstances change I must notify the council immediately.
- I hereby confirm that the personal and financial information that I have provided to Islington Council has been freely given.
- I hereby acknowledge that I fully understand that this information has been given for the purpose of undertaking a financial assessment in order to establish the level of relevant financial contribution (if any) towards charges for social care services.
- The Financial Assessment & Income Recovery Team may request or disclose information on me to the Department of Work and Pensions, other council departments, statutory bodies and relevant financial institutions in order to verify information provided by you and for fraud prevention purposes.
- I, or the person filling in this form on my behalf have completed the form giving full details of the service users financial circumstances.
- I have read and understood the Charging for Care Homes booklet.
- I understand that I am required to pay such amount as the Council may determine, having regards to the financial circumstances declared, from the monies that I receive and hold for the service user.
- I give consent for any information supplied to the Housing Benefits and Council Tax Service to be shared with the Financial Assessment & Income Recovery Team. Please note: information about you obtained from the Housing Benefits Council Tax Service will be used to accurately calculate your contribution towards any social care services you require.
- I understand that it is a criminal offence to give false information or not disclose information when there is a duty to do so and that the council may seek prosecution in such cases.
- I understand that if I do not pay the amount due the council may take legal action, and charge interest and costs to recover the amount due.

Service user name:

Representative name:

Signature of servicer user:

Representative signature:

Date:

Date:

Customer Consent

By completing the customer consent details below you will allow the Department for Work and Pensions to share information with Islington Council. This will reduce duplication of work between the departments and help to 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 Islington Council for financial assessment purposes.

Customer's details

Title (Mr, Mrs, Ms, other):	<input type="text"/>
First Names:	<input type="text"/>
Surname:	<input type="text"/>
National Insurance Number:	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>
	Postcode: <input type="text"/>

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 Islington 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 Islington 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: please state legal title eg appointee/LPA/Deputy)

Signature:	<input type="text"/>
Date:	<input type="text"/>

The completed form should be returned to:

Financial Assessment & INcome Recovery Team
1st Floor, 7 Newington Barrow Way,
N7 7EP

If you would like this document in large print or Braille, audiotape or in another language, please contact 020 7527 2178.

Additional Contacts and Advice

Please find below a list of contacts and information services

For independent advice and information:

Counsel & Care

Twyman House, 16 Bonny Street
London NW1 9PG
T 0845 300 7585
F 020 7267 6877
E advice@counselandcare.org.uk
W www.counselandcare.org.uk

Carers UK

20 Great Dover Street, London SE1 4LX
T 0808 808 7777
E advice@carersuk.org
W www.carersuk.org

Age UK Islington

6-9 Manor Gardens, London N7 6LA
T 020 7281 6018
E admin@ageukslinton.org.uk

The voluntary sector also provides support with legal advice, benefits appeals and representation:

For free and confidential advice, call the **Islington Advice Line** on **0203 475 5080** or email **admin@rcjadvice.org.uk**. This advice line has advice and support provided by Islington's Citizen Advice Bureau, Islington's Law Centre, Islington People's Rights and Disability Action in Islington.

Income Maximisation

Residents should also make sure they are receiving all the benefits they are entitled to. To receive a benefits check you can contact the council's Income Maximisation for **020 7527 8600** **clamit@islington.gov.uk**

Information and advice about debt

The **National Debt line** for free confidential and independent debt advice go to **www.nationaldebtline.co.uk** or call **0808 808 4000**.

The **Money Advice Service** provides a national online service offering advice and financial health checks. Visit **www.moneyadviceservice.org.uk/yourmoney** or call **0300 500 5000**.

Support for victims of loan sharks: Loan sharks are criminals who are not licensed to issue loans, so borrowers do not have to pay them back. For support or to confidentially report a loan shark, contact the illegal Money Lending Team on **0300 555 2222** or **reportaloanshark@stoploansharks.gov.uk**.