



Financial Assessment Guidance

PLEASE READ THESE NOTES BEFORE YOU COMPLETE THIS FORM

You should complete this form if you are applying for council funding towards the cost of your care and support services. Please fill in each section that applies to you and if you need more space, continue on a separate sheet (please label it with the applicant's name and address).

For both community services and residential care services everyone is assessed based on their individual circumstances including their income, savings, other assets and any eligible expenses.

IMPORTANT - If you do not complete this form, or do not provide the evidence requested, you will be charged the full cost of your service.

You will be informed in writing of the outcome of your financial assessment and how to pay any amounts due.

We will complete your financial assessment in line with the Care and Support (Charging and Assessment of Resources) Regulations 2014 issued by the Department of Health and Social Care.

If you have savings above £23,250 in your own name, or you do not wish to tell us about your finances, you will be liable to pay the full cost of your services and need only to complete your personal details in Section 1 of the form and sign Section 11.

Community Services

For community services, if you own your home its value will not be included.

If you have savings and assets over £23,250 you will be required to pay the full cost rate set by the Council.

If you receive Attendance Allowance, Disability Living Allowance (Care Component) or Personal Independent Payment (Daily Living Component) we can make allowance in the financial assessment for additional expenses related to your disability, which we call these Disability Related Expenditure. You will be asked about this in Section 9.

If you intend to claim for any Disability Related Expenditure, we will ask you for receipts or invoices as proof of payment. We will look through the expenses you are claiming together with your Care and Support Plan and determine whether these costs are classed as normal daily living expenses, or additional costs due to your disability, which we may be able to allow in the financial assessment calculation.

Residential Care Services

For residential & nursing care services, if you have savings and assets over £23,250 you will be required to pay the full cost of your care. If your capital is just over the capital limit, please complete the form as it may be that you would soon be eligible for council funding.

For respite residential care the value of your home is not included.

If you own your own home and move into a care home permanently its value may be taken into account in your financial assessment, but this will depend on your individual circumstances. You will be asked about this in Section 6.

Benefit Entitlement Check

When we do our financial assessment, we will also check your benefit entitlement and advise if you could claim any other benefits. Entitlement to benefits depends on your circumstances and may be affected by your income and savings or the income and savings of your partner.

To help us complete the benefit entitlement check we will ask you to provide your partners details. You do not have to provide these, but without them we will not be able to complete the entitlement check and you may lose out on additional benefits.

Occupational Pension – Residential Care

For people in residential care the charging regulations allow you to pass half of your Occupational Pension to your spouse or civil partner. We will ask you if you wish to do this at Section 3.3.

Passing half of your Occupational Pension to your spouse or civil partner can affect both you and your partner's entitlement to benefits. We will advise you of the impact this may have on both you and your partner's income.

Evidence of Your Financial Circumstances

Throughout the financial assessment process, we will ask you for evidence of your income, savings and expenditure. Evidence should be your benefit notification letter, occupational pension advice slip, and six months of information relating to any savings and investments (bank statements, ISA's, savings/share certificates, copies of utility bills, receipts, etc.). Photocopies are acceptable.

Please enclose any evidence along with your completed form in the pre-paid envelope provided to the address below. Alternatively, you can scan this information and email it to us at customerfinanceofficers@sthelens.gov.uk.

Benefits

Please be aware that some benefits such as Attendance Allowance, Disability Living Allowance, Personal Independence Payment and Severe Disability Premium should cease after 4 weeks of either a hospital stay or stay in residential care.

We would therefore strongly recommend that you contact the Department for Work and Pensions or Job Centre Plus and advise them of any residential stays to prevent any benefit overpayment. You can contact the DWP on 0845 6060 265 or Job Centre Plus on 0345 6088 545. Failure to do this could result in you having to repay any money you have received for the period you are not entitled to receive it.

Capacity to Manage Finances and Financial Representatives

As part of the care assessment council staff are required to consider if a person can manage their own finances on their own or with support. For social care assessments we call the person who helps a Financial Representative. Often, they are voluntary representatives, the person can make their own decisions but may like help with forms and arrangements. If you want a voluntary financial representative to be your contact with the council for financial matters, you should sign at Section 10A.

In some cases, the Financial Representative has a more formal role and may be appointed by the Court of Protection as a Deputy, have an Enduring or Lasting Power of Attorney, or receive benefits on behalf of the person as their DWP Appointee. In this case the Financial Representative should complete Section 10B and provide evidence of your authority to act on behalf of the person.

The Financial Representative should provide their details at Section 10C and sign the declaration at Section 11.

Contact

If you have any queries about this form or require any help to complete it, please contact us on 01744 675351/ 675355/ 675356 / 675357 or email customerfinanceofficers@sthelens.gov.uk. Please return the completed form in the pre-paid envelope to:

Payments & Charges Team
Atlas House
2 Corporation Street
St Helens
WA9 1LD



Integrated Health & Social Care Services Department

Financial Assessment Form

1 Your personal details

This is the person applying for council funding towards the cost of their care and support.

Services:	Community Services Respite Care Permanent Residential/Nursing		IAS Number/s:
Title:	First name(s):	Surname:	
Address:			
Date of Birth:		National Insurance Number:	
Home Telephone Number:		Mobile Number:	
Marital Status (please mark with an X as appropriate)			
Single		Married	
Living with Partner		Divorced	
		Widow(er)	
		Separated	

If your savings are above £23,250, or you do not wish to tell us about your finances and agree to pay the full cost of your services, please complete the above Section and sign Page 11. If you are willing to disclose financial information complete the above Section and the rest of the form.

2 People living with you

This will help us understand your circumstances. Please write none if you live alone.

Name	Date of Birth	Relationship to you
If this person is your spouse or partner, please give their National Insurance Number		
National Insurance Number		

3 Income

3.1 Benefits

Type of Benefit	Customer Per Week	Partner Per Week	How often is this paid?	Evidence attached/ seen
Employment Support Allowance	£	£		
Income Support	£	£		
Industrial Injuries	£	£		
Job Seekers Allowance	£	£		
Pension Credit - Guarantee Credit	£	£		
Pension Credit - Savings Credit	£	£		
Severe Disablement Allowance	£	£		
State Retirement Pension	£	£		
Tax Credits	£	£		
Universal Credit	£	£		
War Pension	£	£		
War Widows Pension	£	£		
Attendance Allowance/DLA Care	£	£		
Personal Independence Payment – Daily Living	£	£		
Disability Living Allowance - Mobility	£	£		
Personal Independence Payment – Mobility	£	£		
Motability Vehicle?	Yes / No			
Other:	£	£		

Is Carers Allowance paid to anyone who looks after you? If yes who is this paid to	Yes / No
Are you or your partner in receipt of Housing Benefit? If yes, please give details of how much you or your partner receive	Yes / No
Are you or your partner in receipt of Council Tax Benefit? If yes, please give details of how much you or your partner receive	Yes / No

3.2 Private and Occupational Pensions

Names of payee	Amount paid (net after tax)	How often paid?	Company/Pension provider	Evidence attached/ seen
	£			
	£			
	£			
	£			

3.3 Occupational Pensions (Care Home residents only)

For care home residents the regulations allow for half of your Occupational Pensions to be disregarded and passed to your spouse/civil partner, do you wish to do this?	Yes / No
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3.4 Earnings

Names of payee	Amount paid (net after tax)	How often paid?	Employer	Evidence attached
	£			Yes / No
	£			Yes / No
	£			Yes / No

4 Capital and Savings

Please provide details of all your savings and investments

Name of account holder(s)	Name of Bank or Building Society. Shares/Bonds/Investments	Account No.	Amount	Evidence attached/ seen
			£	
			£	
			£	
			£	
			£	
			£	
			£	
Total capital and savings			£	

Have you gifted away or transferred any of your savings/capital?	Yes / No
If yes please provide details of the gift/transfer, including the amount, recipient and date of transfer.	

5 Will / Executor

Has a WILL been made by the Applicant? If yes, please give details of Executor(s)	Yes / No / Not Known
Name	Name
Address	Address
Where is a copy of your WILL held?	

6 Where you live

If you live at home, please give details of the property where you normally live.

6.1 Property Type

Please indicate the type of property where you live (mark with an x as appropriate).				
Bungalow		Flat		Detached
Terraced		Semi Detached		Registered Care Home
Other (please give details)				

Do you or your partner pay Council Tax for the property where you live?	Yes / No
If yes , what is the Annual amount of Council Tax you are liable to pay?	£

6.2 Where you live – Owner Occupier (If you own or jointly own the home you live in)

Property Details:		Evidence attached / seen
Are you the sole owner of this property?	Yes / No	
Are you the joint owner or tenant in common of this property?	Yes / No	
If yes please give details of the other owners, and their share of the property		
Is there a mortgage or loan secured against this property?	Yes / No	
If yes please attach details of this including mortgage provider, outstanding balance and monthly repayment amount		
Where are the Title Deeds to the property held?		

6.3 Where you live – Rented Accommodation

Property Details:		Evidence attached / seen
Does your partner or any other relative own the property where you live?	Yes / No	NA

If yes, please give details of their relationship to you		
Do you rent the property where you live from a private landlord?	Yes / No	NA
Do you rent the property where you live from a housing association?	Yes / No	NA
How much is your rent? Please provide evidence	£	
How often do you pay this? Please provide evidence	Weekly Monthly	
Does your rent include any service charges? Please provide evidence	Yes / No	

6.4 Other arrangements – If your living arrangements are not covered by 6.2 or 6.3 above, please provide details of your arrangements below:

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7 Details of any former homes

If you do not own the property you live in have you ever owned your own home?	Yes / No
What is the address of this property?	
When was the property sold or when did the ownership change?	

8 Details of any other property or land

Do you own or have an interest in any other land or property?		
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If **no**, please go to Section 9

If yes , please provide the address of the property/land:		
Is this property occupied?	Yes / No	NA
Do you receive any rental income from this property / land?	Yes / No	NA
How much rent do you receive?	£	

How often do you receive this?	Weekly Monthly	
Is there a mortgage secured against this property?	Yes / No	
If yes please give further details of this including mortgage provider, outstanding balance and monthly repayment amount		

9 Disability Related Expenditure

Only complete this if you live at home and incur extra costs directly related to your disability. To consider the expenditure you must provide evidence of the costs.

Type of cost directly related to your disability	Amount paid Weekly	How often paid?	Evidence attached/ seen
Careline/Community Alarm System	£		
Additional Continence products, not provided by NHS	£		
Specialist washing powders or laundry	£		
Chiropody	£		
Specialist clothing/footwear where this needs to be specially made or additional wear and tear caused by disability	£		
Additional costs of bedding because of incontinence	£		
Extra metered costs of water, above the average levels for the area and housing type	£		
Extra heating costs, above the average levels for the area and housing type	£		
Cleaning/domestic help (not provided by family)	£		
Basic garden maintenance (not provided by family)	£		
Hire or purchase, maintenance, and repair of disability-related equipment	£		

Privately arranged care to meet assessed needs	£		
Other	£		
Other	£		

10 FINANCIAL REPRESENTATIVE

If the person making this application (the applicant) is looking after their own financial affairs without any assistance you do not need to complete this section.

If someone is acting as the financial representative for the person either Section A or B must be completed together with the representatives, information at Section C.

Section A: Voluntary Representative

If you have no formal role, you can, with the applicant's consent, act as a voluntary financial representative on behalf of the service user in relation to their social care services. This includes assisting them to complete financial forms, making timely payment of their contribution and telling the council of any changes in their financial circumstances. You do not have the authority to make decisions on their behalf.

If you agree that someone can act as a Voluntary Representative on your behalf, you should sign below:

I agree to (insert name) dealing on my behalf with the Council in relation to financial matters for social care services.	
Signed (by the applicant):	Date:

Section B: Financial Representative	please tick ✓
I am the Court of Protection appointed Deputy for Property & Affairs for this person *	
I have a Power of Attorney for this person *	
I am the DWP Appointee for this person *	
*If you have ticked any of the above, please enclose a copy of your authorisation	

Section C Financial Representatives Details

Full Name: (Please Print)	
Address:	
Telephone Number:	Relationship to Applicant:

11 Personal Financial Statement – Declaration

The person responsible for making this application for Council funding towards the cost of care and support services should read this declaration carefully and sign to confirm their acceptance.

If the applicant has someone else acting on their behalf Section 10 must be completed.

- I have been told that all social care services provided by St Helens Council (other than short duration Intermediate Care Services) are chargeable and that I may have to make a financial contribution towards the cost of these services.
- I consent to St Helens Council carrying out a financial assessment for social care services to calculate my assessed contribution towards the care costs.
- I understand that I may withdraw my consent to the disclosure of such information at any time, by informing the Council.
- I agree to pay the assessed contribution.
- I agree that the Council may share personal and financial information with the Department for Work and Pensions (DWP) and the Housing / Council Tax Section to assess benefit entitlement.
- I agree to promptly inform the Council of any changes in my financial circumstances.
- I understand that misrepresentation or failure to disclose a material fact may result in action being taken to recover any overpaid money from the person completing this form.
- I understand that St Helens Council is under a duty to protect the public funds it administers, and to this end may use the information provided on this form within this Council for the prevention and detection of crime (including fraud).
- I agree that the information may also be shared with other bodies administering public funds solely for the prevention and detection of crime (including fraud).

❖ I am signing to certify that the details and information I have completed on this form are true, correct and accurate to the best of my knowledge or

❖ I am signing to agree to pay the full cost of my services

SIGNATURE:

(Either the applicant or their financial representative as detailed in Section 10 above)

DATE:

Privacy Notice

St Helens Council takes its obligations under the Data Protection legislation very seriously. When you apply for or receive local authority funding to help to pay for your care, we need to collect your personal information to set up, manage, review and monitor your financial circumstances and assessed charge against the outcomes specified in your care plan. Your information is also used to ensure that you are paying what you can afford to pay in line with the Care & Support (Charging & Assessment of Resources) Regulations 2014.

The information we collect from you is used by the Council to enable us to comply with a legal obligation, or because we are exercising a public task in our official authority related to the provision and monitoring of social care charges.

St Helens Council are the owner (data controller) for this information and therefore obliged to fully comply with the relevant Data Protection laws and regulations. Your personal information will be kept for 6 years in line with our retention schedule.

To ensure that your assessed weekly charge is correct, the Council will need to share some of your information with the following internal and external services, Social Care, Adult Operational Services, Financial Services, and our contracted care providers. The data shared will consist of your name, contact information and financial information about your care plan. In addition, there may be circumstances where we need to share your information without your agreement, as we are legally required to do so.

The legal bases from the UK General Data Protection Act (UK GDPR) that enable us to collect, use and share your information are:

Article 6 1 (c) processing is necessary for compliance with a legal obligation

Article 6 1 (e) Processing is necessary for the performance of a task carried out in the public interest. Should you object to St Helens Council using your information in this way, we would not be able to provide you with council funding towards the cost of your social care, and you would be required to pay the full cost of any social care you receive yourself.

You have rights in respect of the information we hold about you, details of these rights can be found on the St Helens Council Data Protection webpage. If you have any concerns about how the Council are handling your data or you wish to access any of your data protection rights, you can contact the Council's Data Protection Officer via dataprotection@Sthelens.gov.uk.

You also have the right to contact the Information Commissioner's Office, their contact details are: www.ico.org.uk which has an online contact form and live chat feature

0303 123 1113