

Application for Financial Assistance (towards your care charges) Community Health and Social Care

Customer Swift Number:

Customer Full Name:

Spouse/partner/civil partner Swift No:

Name of Spouse/partner/civil partner:

Customer Address:

If you need help completing this form, please contact:

Care Professional's Name

Team Name

Address

Telephone

Date form issued

Key Notes to Customers

Please complete this form. This will help us to work out exactly how much you can afford to contribute towards the cost of your care or support.

Information that we need

Throughout this form, we refer to the person receiving the services as 'You' or 'the customer'.

So that we can accurately financially assess how much you can afford to pay towards the cost of your care and support services please ensure you provide the following information. If you are unable to provide photocopies, we can arrange this for you.

Income and Savings

- Current bank statements (showing transactions) for **all** accounts you hold.
- Current savings accounts statements or passbooks.
- Current statements or passbooks for any ISA's or other investments you have.
- Documents detailing any income from a private pension(s) you may have.
- Letter from Department of Work and Pensions (DWP) with details of state pension or any other benefits you receive such as DLA or AA etc.

Property you owned/sold in the last 12 months.

- Documents showing the sale of the property and proceeds received.

Power of Attorney – If you have registered someone to have power of attorney over your financial affairs then we will need to see documentation to verify this.

Don't forget

Please send photocopies of details as requested.

If you require more space to give information, please use Page 14 and attach additional sheets of paper if necessary.

When you are happy the form is complete, please fill in the checklist on page 11, sign the declaration on page 12 and the customer consent on page 13.

This form should then be returned to the Care Professional at the address on the front page of this form.

Please note that failure to return a completed Application for Financial Assistance form with supporting evidence means you will not receive any financial assistance from Shetland Islands Council and you will be required to pay the full cost from the start date of your service.

PLEASE COMPLETE

If you do not wish to disclose your financial details and intend to pay the maximum charge for the services you receive, please complete Sections 1 to 4. You **do not** need to complete the rest of this form.

If you would like financial assistance towards the cost of services you receive, complete Sections 1 to 3 then go straight to section 5.

PERSONAL DETAILS

Guide Box No. If you have a partner or spouse, please provide their details at number 2 below

1 You

Title (Mr, Mrs, Ms, other)

First Names

Surname

Marital Status

Date of Birth

Address

National Insurance Number

2 Your Spouse/partner/civil partner

Title (Mr, Mrs, Ms, other)

First Names

Surname

Marital Status

Date of Birth

Address

National Insurance Number

3 Who deals with your financial affairs if not yourself?

Person dealing with your financial affairs

Title (Mr, Mrs, Ms, other)

First Names

Surname

Address

Daytime Telephone Number

Relationship

Email address

Please tick one of the following boxes to show who you are:

Holder of Power of Attorney

Appointee or Agent for DWP Benefits

Other (Please specify)

MAXIMUM CHARGE

4 I agree to pay the maximum charge for services I receive

If you do not wish to disclose your financial details and intend to pay the maximum charge for the services you receive, please sign below. You **do not** need to complete the rest of this form.

If you would like financial assistance towards the cost of services you receive, go straight to Section 5.

Customer

Signature (Customer)

Date

OR on behalf of the customer, please sign below

Signature (Representative)

Date

ABOUT YOU

5 Please tick the situation that applies to you.

If you are currently in a care home, please complete this section to reflect your circumstances **before** admission to the care home.

I own my own home (owned/mortgaged)

I rent my home/room

I live with my family in their home

I pay rent to a carer

Other (Please give details)

6 Do you live alone?

(Please tick yes/no) Yes Go straight to Section 8

No Please complete Section 7

7 Please tell us about who is living with you

Name

Date of Birth

Relationship

INCOME

Please tell us how much you are paid in the 'Amount' column and how often you are paid this amount in the 'Frequency' column i.e. "Weekly, Monthly" etc.

If you or your spouse/partner/civil partner are claiming a benefit that you have not yet received, please tell us by writing 'claiming' in the appropriate 'Frequency' column.

8 Income excluding earnings	You		Spouse/partner/civil partner	
	Amount	Frequency	Amount	Frequency
Adult Disability Payment	£		£	
Attendance Allowance	£		£	
Carers Allowance	£		£	
Child Tax Credit	£		£	
Jobseekers Allowance	£		£	
Disability Living Allowance - Care	£		£	
Disability Living Allowance – Mobility	£		£	
Disablement Benefit	£		£	
Gallantry Awards	£		£	
Incapacity Benefit / ESA	£		£	
Annuities	£		£	
Trusts	£		£	
Rent from your property	£		£	
Income Support	£		£	
Independent Living Fund	£		£	
Industrial Death Benefit	£		£	
Industrial Injuries Benefit	£		£	
Maternity Allowance	£		£	
Other Income (1)	£		£	
Other Income (2)	£		£	
Other Income (3)	£		£	
Other Income (4)	£		£	
Pension Credit	£		£	
Private/Occupational Pension's (1)	£		£	
Private/Occupational Pension's (2)	£		£	
Private/Occupational Pension's (3)	£		£	
Severe Disablement Allowance	£		£	
State Retirement Pension	£		£	
Statutory Maternity Pay	£		£	
Statutory Sick Pay	£		£	
Universal Credit	£		£	
Personal Independence Payment - Care	£		£	
Personal Independence Payment - Mobility	£		£	
Child Benefit	£		£	
Child Maintenance Payments	£		£	
War Pension(s)	£		£	
Widows Benefit	£		£	
Working Tax Credit	£		£	

INCOME (Continued)

9 Does anyone receive Carers Allowance for you?

(please tick yes / no)

Yes No

If yes, please provide

Name

Address

10 Earnings from Employment

You

Are you employed or self employed

What is your net income (amount after tax)

Please state if monthly or weekly etc.

Your partner or spouse

Are you employed or self employed

What is your net income (amount after tax)

Please state if monthly or weekly etc.

CAPITAL and SAVINGS

Savings, Capital, and Investments

Please provide details for you and your partner or spouse. This information will help us calculate how much you can afford to pay towards the cost of your care and support and will help us to do an accurate benefits check.

Please provide photocopies of statements, account books, and certificates.

11 Bank Accounts (current and savings accounts), Building Society Accounts Cooperative Share Accounts, Bonds, Trusts, ISAs

Account Holder	A/c No.	£ Amount	Bank Name	Joint A/c?

CAPITAL (Continued)**12 Stocks and Shares**

Account Holder	Number Held	Company Name

13 National Savings Certificates – Please state the value at purchase price

Account Holder(s)	Value	Date of Purchase	Joint A/c?

14 Trust Funds

Account Holder(s)	A/c No.	£ Amount	Bank/Company Name	Joint A/c?

15 Any other Capital, Savings, or Investments

Account Holder(s)	A/c No.	£ Amount	Bank/Company Name	Joint A/c?

16 Please provide details of any compensation received within the last 12 months

Account Holder(s)	£ Amount	Date of Payment	Joint A/c?

Please be aware we may require a copy of the compensation agreement.

PROPERTY / LAND

17 Do you own property or land?

(please tick yes/no) Yes No

If you answered Yes, please complete number 18.
If you answered No, please go to number 19.

18	Property 1	Property 2
Please give the address		
Give the property's approximate value?	£	£
Is the property Solely/Jointly owned or do you have a life interest in it? Please state		
Who lives in the property? Please state their relationship to you and give their date of birth.		
	/ /	/ /
Who is the mortgage lender for the property?		
How much mortgage is outstanding for payment?	£	£

Please provide proof of outstanding mortgage and payments

19 Have you previously owned any property which you have sold, transferred, or given away in the last 12 months?

(please tick yes/no) Yes No

If you answered Yes to number 19, please give the addresses of all properties sold

PROPERTY / LAND (Continued)

If you answered Yes to number 19, please give details of the month, year, and value of the sale(s)

Month:	Year:	Value: £
Month:	Year:	Value: £

20 Do you receive rent from the properties detailed in number 18?

(please tick yes/no) Yes No

If you answered Yes, please state the amount of rent received each month

£	per month
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21 Do you own property abroad?

(please tick yes/no) Yes No

If you answered Yes, what is the approximate value?

£

22 Other Assets	Yes/No	Amount
Have you given away or disposed of assets in the last 12 months?		£
Has your spouse/partner/civil partner given away or disposed of assets in the last 12 months?		£
Are you expecting to receive any money or assets in the next 12 months?	£	
Is your spouse/partner/civil partner expecting to receive any money or assets in the next 12 months?		£

EXPENDITURE

- 1 Please give details of your expenditure in the boxes below providing evidence of these items.
- 2 Please tell us how much your expenditure costs in the 'Net Amount' column, and how often you spend this amount in the 'Frequency of Payment' column, i.e. Weekly, Monthly etc.

23	£ Gross Amount	Housing Benefit Council Tax Relief	£ Net Amount	Frequency of payment
Rent (Excluding water rates)	£	£	£	
Council Tax (Including Sewage and Water)	£	£	£	
Mortgage Payments (Please remember to provide evidence)			£	
Insurance – Buildings and/or contents			£	
Expenditure because of Disability/Infirmity Evidence of spending is required. For further information about disability related expenditure please contact Care Professional named on the front of this form.				
			£	
			£	
			£	
			£	
			£	
			£	
			£	
			£	
			£	
			£	
			£	
			£	
Other Expenditure				
			£	
			£	
			£	
			£	
			£	
			£	

CHECKLIST

You are required to provide evidence to support the details you have entered on this form. Failure to return any relevant documents will mean your financial assessment cannot be completed and you will be charged the full cost of your services.

Please tick the boxes below that apply to you and enclose those documents with this form. If you are unable to obtain some or all of the evidence required, please contact our Financial Assessment Officer on 01595 743826.

If you are unable to provide photocopies, we can arrange this for you.

- Power of Attorney** – If you have registered someone to have power of attorney over your financial affairs, we will need to see documentation to verify this.

Income and Savings

- Current bank statements (showing 3 months transactions) for **all** accounts held.
- Current savings accounts statements or passbooks
- Current statements or passbooks for any ISA's or other investments you have
- Documents detailing any income from a private pension(s) you may have
- Letter from Department of Work and Pensions (DWP) with details of state pension or any other benefits you receive such as DLA or AA etc.

Property you owned/sold in the last 12 months.

- Documents showing the sale of the property and proceeds received

Expenditure

- Evidence of rent paid
- Copy of annual Council Tax Notice
- Copy of your most recent Mortgage Statement

Other Documents (please specify)

DECLARATION

I declare that the information given is true and complete to the best of my knowledge and belief.

I authorise Shetland Islands Council to make any necessary enquires in respect of the information I have provided. I understand that this will include the Department for Work and Pensions.

I agree to tell Shetland Islands Council if any of the information given here changes. I agree to Shetland Islands Council using the information on this form internally.

I understand that legal action may be taken if I knowingly give false information.

Signed (Customer or Representative)

Signature (Customer)

Date

OR If you have completed this form on behalf of the customer, please sign below

Signature (Representative)

Date

Please tick one of the following boxes to show who you are:

- Holder of Power of Attorney
- Receiver appointed by Court of Protection
- Appointee or Agent for DWP Benefits
- Next of Kin
- Other (Please specify)

CUSTOMER CONSENT

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

Customer's details

Title (Mr, Mrs, Ms, other)

First Names

Surname

National Insurance Number

Address

Postcode

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 Shetland Islands 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 Shetland Islands 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, the Financial Assessment Officer, Community Care Social Work, Community Health & Social Care, Grantfield, Lerwick, Shetland. ZE1 0NT.

Signed (Customer or legal representative)

Signature

Date

