

Adult Social Care**Financial Declaration for
Home/Day Care and Residential Care**Working together to enable people to 'live
well and independently in Telford and
Wrekin

LAS (For office use only)

Please return this completed form with relevant documents, using the pre-paid envelope provided within 2 weeks of receiving it. If you do not return the completed form within 2 weeks, you will be charged the full cost of your care. If you anticipate any delay in providing the information requested, have any enquiries or need help to fill in the form please contact us on 01952 383820.

Section 1 Applicant (Client) Details**1.1**Title e.g. Miss, Mr, Mrs, MS Surname: Firstname(s): Date of Birth: / / National Insurance no: Do you live alone? Yes No Are you in full time education? Yes NoAddress: Postcode: Telephone No: Mobile No: **1.2 Spouse/Partner and those living with you**

Full Name	Date of Birth	Relationship to you
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

1.3 Hospital admissions datesAre you in hospital at the moment? Yes NoDate of admission: / / Have you been in hospital in the last 3 months? Yes NoDate of admission: / / Date discharged: / /

Section 2 Self-Funding Declaration

Telford and Wrekin council require this form to be completed so that we can calculate how much you are reasonably able to contribute to the cost of any services/care you require.

If you do not wish to provide this information please tick that you agree to the following statement and then go to **Section 12**, where you can sign and date the form. We will then accept that as an undertaking that you are self-funding and responsible for the entire cost of any services/care you require.

If you choose to opt out or if you fail to return the form within the prescribed time limits of 2 weeks then we will assume that you have capital in excess of our upper funding limit of £23,250 and will treat you as being Self-Funding and responsible for meeting the full cost of any services/care you require.

**I DO NOT REQUIRE FINANCIAL ASSISTANCE FROM TELFORD & WREKIN COUNCIL
AND UNDERSTAND THAT I AM RESPONSIBLE FOR MEETING THE ENTIRE COST
OF MY CARE/SERVICE PACKAGE**

Client/Applicant Signature:

Date:

WARNING

Telford and Wrekin Council has a legal duty to protect the public funds for which it is responsible. The information you provide on this form will be used to administer your application and make decisions on the services you may receive. In order to provide these services it is necessary for your information to be shared between other government organisations (e.g. the Department for Work and Pensions) and departments within the council (e.g. Council Tax Benefit Section).

Your information may be shared for the prevention or detection of fraud and any false information you provide with the intention of claiming benefit or avoiding making payments is a criminal offence.

At all times your personal information will be dealt with in accordance with the Data Protection Act 2018. If you wish to read about how we handle personal information in more detail, please go to our website www.telford.gov.uk/foi, email ig@telford.gov.uk or call Information Governance on 01952 382537.

If you, for the purpose of obtaining a benefit or avoiding or reducing any liability in accordance with The Care and Support (Charging and Assessment of Resources) Regulations 2014 make a statement or representation which you know to be false, you may be liable to prosecution.

Section 3 Details of your representative

3.1

Do you wish to nominate a representative to share details of your care and financial information with Telford & Wrekin Council? Yes, please sign and give details below No, please go to section 4

Client/Applicant Signature:

Date:

 / /

Title e.g. Miss, Mr, Mrs, Ms

Surname:

First name(s):

Address:

Post Code:

Telephone No:

Mobile No:

Relationship (e.g. partner, relative, friend):

Please note: Details of formal representation (POA/Appointeeship) is required for the nominated representative to receive invoices relating to client care.

IF NO EVIDENCE OF ANY OF THE BELOW IS PROVIDED, ALL INVOICES WILL BE SENT TO THE CLIENT.

- Lasting Power of Attorney for Personal welfare - Registered with The Office of the Public Guardian
- Lasting Power of Attorney for Property and Affairs - Registered with The Office of the Public Guardian
- Enduring Power of Attorney - Registered with The Office of the Public Guardian
- Enduring Power of Attorney - Not Registered with The Office of the Public Guardian
- Your Appointee with the Department for Work and Pensions (DWP)
- Your Deputy appointed by The Office of the Public Guardian

Section 4 Financial Details

Please provide us with financial information (e.g. pensions, benefits and funding you receive)

4.1 State Benefits

When (e.g. week, month)

Attendance Allowance	£	every
Bereavement Benefits/Widows Benefit	£	every
Carers Allowance	£	every
Disability Living Allowance (DLA) / PIP - Care	£	every
Disability Living Allowance (DLA) / PIP - Mobility	£	every
State Retirement Pension	£	every
War Pension/War Disablement Pension	£	every
War Widow/Widowers Benefit	£	every
Other	£	every

IMPORTANT PLEASE NOTE

If you are claiming Pension Credit, Income Support, Employment Support Allowance (ESA) or have a partner/spouse and either you or they are claiming any of these benefits as a couple please enter below the full amount being paid:

Please indicate who claims Pension Credit	<input type="checkbox"/> You	<input type="checkbox"/> Your partner	<input type="checkbox"/> Not claimed
Pension Credit (Guarantee Credit)	£	every	
Pension Credit (Savings Credit)	£	every	
Please indicate who claims Income Support, ESA or Universal credit	<input type="checkbox"/> You	<input type="checkbox"/> Your partner	<input type="checkbox"/> Not claimed
	£	every	
Does anyone receive 'Carers Allowance' for looking after you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has your carer been informed by DWP that they have underlying entitlement to Carers Allowance for looking after you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If you are under 20 years old, does a parent or guardian still receive Child Benefit for you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

4.2 Other Income

Name of Work/Pension Provider

When (e.g. week, month)

Amount of Work/Private Pension received

£	every
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Name of Work/Private Pension Provider

Amount of Work/Private Pension received

£	every
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Annuity income

£	every
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Money from a Trust Fund

£	every
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Other Income, please specify below

<input type="text"/>	£	every
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<input type="text"/>	£	every
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Section 5 Your Savings & Investments

IMPORTANT PLEASE NOTE

We require you to supply documentary evidence of all investments and savings, e.g. bank statements, before funding can be agreed.

	Yes	No	Amount
Cash	<input type="checkbox"/>	<input type="checkbox"/>	£
Bank/Building Society Current Account			£
Bank/Building Society Savings Account			£
Post Office Accounts			£
National Savings Bank Accounts	<input type="checkbox"/>	<input type="checkbox"/>	£
Premium Bonds	<input type="checkbox"/>	<input type="checkbox"/>	£
Unit Trusts, ISAs, PEPs	<input type="checkbox"/>	<input type="checkbox"/>	£
Money or Property held in Trust			£
Income Bonds or Capital Bonds	<input type="checkbox"/>	<input type="checkbox"/>	£
Other			£

Details of all Shares owned

Number of Shares

Name of Shares	<input type="text"/>	<input type="text"/>
Name of Shares	<input type="text"/>	<input type="text"/>
Name of Shares	<input type="text"/>	<input type="text"/>

Any other savings or investments (not listed previously)

	Description	Amount
Investment Type	<input type="text"/>	£
Investment Type	<input type="text"/>	£
Investment Type	<input type="text"/>	£

DEPRIVATION OF CAPITAL

This means if you knowingly give away any of your assets or savings to avoid or reduce your liability to pay, these amounts may be taken into account as if they were still yours.

Section 6 Property Information

6.1

Do you own the house you are living in?

Yes No

Do you jointly own the house you are living in?

Yes No

If you do not own your property please give details of the owners below

Is the house you live in owned by a company or housing trust?

Yes No

Name of company or housing trust

Is the house you live in privately owned by one or more individuals?

Yes No

If yes please give details of owner/s

Title e.g. Miss, Mr, Mrs, Ms

Title e.g. Miss, Mr, Mrs, Ms

Surname:

Surname:

First names:

First names:

Address:

Address:

Postcode:

Postcode:

If there are more than two other owners please list further owners overleaf

Section 6 Property Information continued

Other owners continued:

Title e.g. Miss, Mr, Mrs, Ms

Surname:

First names:

Address:

Postcode:

6.2

Is there a mortgage/loan outstanding on this property?

How much is outstanding?

Have you taken out an equity release or annuity income plan secured against your property? If yes please provide full details.

6.3

Do you own any other property or land in this country or abroad (Personally or jointly with someone else) including static caravan/mobile home? If yes, please provide full details.

Do you receive any rental income from property you own? If yes, please provide details

Title e.g. Miss, Mr, Mrs, Ms

Surname:

First names:

Address:

Postcode:

Yes No

£

Yes No

Yes No

Yes No

£ every

6.4

Have you sold or transferred any property that you have owned within the last 10 years?

Yes No

If so please give date of sale or transfer

Value of property at above date

Full address of property

IMPORTANT PLEASE NOTE

If property has been sold or transferred to a trust Telford & Wrekin Council will require sight of a copy of the deed of trust.

The council will require evidence of how the proceeds from any sale of property were spent. A solicitor's letter giving details of how the monies were spent showing disbursements is sufficient.

Section 7 About Your Partner's Finances

A 'partner' means someone you are married to or have a civil partnership with, or a person you live with as if you are their husband, wife or civil partner.

ANY INFORMATION CONCERNING YOUR PARTNER IS GIVEN VOLUNTARILY

Details about your spouse/partner's financial affairs are confidential and are not required for the purposes of your contribution towards any care costs, other than benefits paid to you as a couple. Any information given below will help us ensure your joint income does not fall below the limits set by Government that a couple needs to live on.

Do you have a partner? Yes No, please go to section 9

Partner's Details

Title e.g. Miss, Mr, Mrs, Ms Surname:

First names:

Date of Birth: National Insurance:

7.1 State Benefits Your Partner Receives

When (e.g. week, month)

Attendance Allowance	£	every
Bereavement Benefits/Widows Benefit	£	every
Carers Allowance	£	every
Disability Living Allowance (DLA) / PIP - Care	£	every
Disability Living Allowance (DLA) / PIP - Mobility	£	every
State Retirement Pension	£	every
War Pension/War Disablement Pension	£	every
War Widow/Widowers Benefit	£	every
Other	£	every

IMPORTANT PLEASE NOTE

Details of any Pension Credit, Income Support, or Employment Support Allowance (ESA) paid to you or your partner/spouse as a couple must be entered in Section 4.1

7.2 Other Income Your Partner Receives

When (e.g. week, month)

Name of Work/Private Pension Provider		
Amount of Work/Private Pension received	£	every
Name of Work/Private Pension Provider		
Amount of Work/Private Pension received	£	every
Annuity income	£	every
Money from a Trust Fund	£	every
Other Income, please specify below		
	£	every
	£	every
	£	every

Section 8 Your Partner's Savings & Investments

	Yes	No	Amount
Cash	<input type="checkbox"/>	<input type="checkbox"/>	£
Bank/Building Society Current Account	<input type="checkbox"/>	<input type="checkbox"/>	£
Bank/Building Society Savings Account	<input type="checkbox"/>	<input type="checkbox"/>	£
Bank/Building Society Savings Account	<input type="checkbox"/>	<input type="checkbox"/>	£
Bank/Building Society Savings Account	<input type="checkbox"/>	<input type="checkbox"/>	£
Post Office Accounts	<input type="checkbox"/>	<input type="checkbox"/>	£
National Savings Bank Accounts	<input type="checkbox"/>	<input type="checkbox"/>	£
Premium Bonds	<input type="checkbox"/>	<input type="checkbox"/>	£
Unit Trusts, ISAs, PEPs	<input type="checkbox"/>	<input type="checkbox"/>	£
Money or Property held in trust	<input type="checkbox"/>	<input type="checkbox"/>	£
Income Bonds or Capital Bonds	<input type="checkbox"/>	<input type="checkbox"/>	£

Details of all Shares owned

Number of Shares

Name of Shares	<input type="text"/>	<input type="text"/>
Name of Shares	<input type="text"/>	<input type="text"/>
Name of Shares	<input type="text"/>	<input type="text"/>

Any other savings or investments (not listed previously)

	Description	Amount
Investment Type	<input type="text"/>	£
Investment Type	<input type="text"/>	£
Investment Type	<input type="text"/>	£

Section 9 Allowable Housing Expenses

	When (e.g. week, month)	
The rent you pay (Less Housing Benefit – include full amount if in receipt of Universal Credit)	£	every
Mortgage Payments - Owner Occupiers Only	£	every
The Council Tax you pay (Less Council Tax Benefit)	£	every
Service Charges	£	every
Buildings Insurance - Owner Occupiers only	£	every

Section 10 Additional Allowable Household Expenses For Temporary/Respite Residential Care Only

If you are having temporary residential care we can allow additional reasonable household expenses. By temporary we mean that you will be returning to your home and are not permanently in residential care.

Please provide details below.

	When (e.g. week, month)	
House contents insurance	£	every
Electricity	£	every
Gas	£	every
Other fuel payments	£	every
Water rates/meter charge	£	every
Phone/Cable/Satellite	£	every
Other <input type="text"/>	£	every
Other <input type="text"/>	£	every

Section 11 Disability Related Expenses For Home/Daycare Only

You may incur extra household expenses because of your disabilities. Your social worker will discuss with you the cost of any additional disability related expenses you are incurring on a regular basis, that are not covered by your standard personal living expenses allowance. The social worker will discuss with you the details of these expenses during your review, and agreed additional Disability Related Expenses will be included in the financial assessment towards your care contribution. Please be aware that only essential expenses required to meet your care needs will be allowed.

Section 12 Declaration - Please read carefully before signing

WARNING

Telford and Wrekin Council has a legal duty to protect the public funds for which it is responsible. The information you provide on this form will be used to administer your application and make decisions on the services you may receive. In order to provide these services it is necessary for your information to be shared between other government organisations (e.g. the Department for Work and Pensions) and departments within the council (e.g. Council Tax Benefit Section).

Your information may be shared for the prevention or detection of fraud and any false information you provide with the intention of claiming benefit or avoiding making payments is a criminal offence.

At all times your personal information will be dealt with in accordance with the Data Protection Act 2018. If you wish to read about how we handle personal information in more detail, please go to our website www.telford.gov.uk/foi, email ig@telford.gov.uk or call Information Governance on 01952 382537.

If you, for the purpose of obtaining a benefit or avoiding or reducing any liability in accordance with The Care and Support (Charging and Assessment of Resources) Regulations 2014 make a statement or representation which you know to be false, you may be liable to prosecution.

I have read or have had read to me the details that I have given on this form. I declare that the information I have given in this form is true and complete. I understand that if I give information that is incorrect or incomplete, action may be taken against me. In the event of my financial circumstances changing I promise to inform Telford & Wrekin Council Social Care Financial Case Management department in writing.

I authorise The Department for Work and Pensions (DWP) to provide the Social Care Finance department of Telford & Wrekin Council details of my current benefit entitlement.

I also acknowledge that I, or my representative, have received explanatory notes on the package of care and the charging policy relating to it. I understand that I will be assessed to contribute monies towards my care.

PLEASE NOTE: Client's/Applicant's signature is mandatory, except where the representative signing below has Power of Attorney. If the client/applicant is unable to sign, please provide the reason why and give full details in Section 13, as this may have implications under the Mental Capacity Act 2005.

Client/Applicant Signature:

Date:

 / /

Representative
Signature: (if
applicable)

Date:

 / /

Please return the completed form and accompanying documentation within 2 weeks to:

Financial Case Management
Telford & Wrekin Council
Darby House
Lawn Central
Telford
TF3 4JA

If you do not return the completed form within 2 weeks, you will be charged the full cost of your care.

If you anticipate any delay in providing the information requested, have any enquiries or need help to fill in the form please contact us on 01952 383820 or via e-mail FCMteam@telford.gov.uk

Section 13 Further Additional Information and document checklist

Use this section to provide any further details that you feel may affect your assessed contribution towards the cost of your care:

Continue on a separate sheet if necessary

Checklist of Documents Required

- Proof of Legal Representation** If you have asked for someone to act on your behalf, you must provide evidence of their legal representation.
- Proof of Income** Please provide a P60 or letter showing future payments and bank statements showing money being paid into an account.
- Proof of Capital** Please provide up to date statements covering the last 3-6 months for each account. Photocopies are accepted. Also proof of property held in trusts, bond documents and any other capital you hold.
- Proof of Household Expenditure** We are able to verify Housing Benefit and Council Tax support, please provide proof of any other cost, mortgage statement, tenancy agreement, service charge invoice etc.
- Completed Direct Debit form** (optional) if you are assessed a needing to contribute financially towards your care, a completed Direct Debit form will enable your regular contribution to be set up without delay so that you do not fall into arrears.



Instruction to your Bank or Building Society to pay by Direct Debit

(For Telford & Wrekin Council Official Use Only)
This is not part of the instruction to your Bank or Building Society

Sales Ledger Account Reference Number:

2						
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Please fill in the whole form, including the official use box above, using a ball point pen, then send it to:

Telford & Wrekin Council
Revenues Service
PO Box 249
Addenbrooke House
Telford
TF3 4LP

Name(s) of account holder(s)

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Bank/Building Society Account Number

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Branch Sort Code

--	--	--	--	--	--

Originators Identification Number

9	8	2	8	0	4
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Reference Number
(For Telford & Wrekin Council Official Use Only)

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Name and full postal address of your Bank or Building Society

To: The Manager	Bank/Building Society
Address	
Post Code	

Instruction to your Bank or Building Society

Please pay Borough of Telford & Wrekin Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Telford & Wrekin Council and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)
Date
Contact Telephone Number

The Direct Debit Guarantee

- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change, Telford & Wrekin Council will notify you at least 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Telford & Wrekin Council or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to Telford & Wrekin Council.



Banks & Building Societies may not accept Direct Debit Instructions for some types of account.

This guarantee should be detached and retained by the payer