



Adult Social Care

Working together to enable people to 'live well' and independently in
Telford and Wrekin

Completing the Financial Declaration Form and Documentary Evidence Required Guidance Notes

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Introduction and why you need to read this guidance

Please read through this document prior to completing your **Financial Declaration**.

Please return this completed form with relevant documents, using the pre-paid envelope provided within 2 weeks of receiving it. If you anticipate any delay in providing the information requested, have any enquiries or need help to fill in the form please contact the Financial Case Management Team.

The information you provide by completing the **Financial Declaration** form will be used to assess how much you will be required to contribute toward the cost of services provided to you through Adult Social Care.

We also use the information you provide to check if the benefits and income you receive are correct and if there is any additional benefits you could be eligible to receive.

This form is to be completed by or in respect of the person requiring services, if you are completing this form for somebody who is unable to do so themselves please complete it with their details. **PLEASE NOTE: Client's/Applicants signature is mandatory, except where the representative signing has Power of Attorney.**

If you need more space or wish to tell us about something not on the form please use the blank space in **Section 13** or continue on a separate piece of paper.

Section 1: Applicant Details

Please provide your basic personal details, your National Insurance number can be found on any benefit entitlement letter.

Please enter your home address, if you have recently moved into a care home please provide details of your residential address prior to entering care.

We need to know if you have a surviving spouse and if so where they are living, this can affect your potential benefit entitlement and the level of your contribution.

If you are currently in hospital or have recently been in hospital your benefits may be affected, we need to know the dates of any admission and discharge; if there has been more than one recent admission please provide all of the dates using the blank space in Section 13.

If you receive Attendance Allowance, Disability Living Allowance, or Personal Independence Payments it is important that you notify the Department for Work and Pensions of any time you spend in hospital and/or residential/nursing care, this is your legal responsibility as the benefit recipient or representative of the benefit recipient. We will not automatically notify the Department of Work and Pensions on your behalf.

Section 2: Self-Funding Declaration

We are asking you to complete a Financial Declaration form because you are either currently receiving care services or may be receiving services in the near future.

You have a right to opt out of this process, if you do not wish to provide the details we require then you should tick the box to indicate that you do not require funding from Telford & Wrekin Council then proceed to sign the form and return to us.

If you choose to opt out or if you fail to return the form within the prescribed time limits 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.

Section 3: Details of your representative

We need to know if the person to whom the form relates has capacity to handle their own affairs or whether somebody else is helping them or acting on their behalf in an official or unofficial capacity.

If you are helping somebody or acting on their behalf, please complete your details as the representative. **PLEASE NOTE: If you are acting in an unofficial capacity then the client will be required to sign in section 3.1 to give their permission for the council to share personal and financial information with yourself.**

You can request that we send all future correspondence including invoices to the representative. **PLEASE NOTE: If you wish to have future correspondence sent to the representative, formal representation (Power of Attorney, Appointeeship, Deputyship) must be in place and a copy of the official documentation enclosed with the completed Financial Declaration.**

Section 4: Financial Details (Income)

You need to tell us about **ANY** and **ALL** the income you receive, please tell us the exact amount and the frequency of payment.

Some benefits are combined when they are paid, for example the **guaranteed** and **savings** elements of **Pension Credit**, it is important that you try and provide a break down of these figures.

If the amount of income received varies please state this and use the blank space in **Section 13** to provide more details.

You need to tell us about **ANY** and **ALL** the income you and your partner receive jointly, please tell us the exact amount and the frequency of payment. Some benefits such as Pension Credit are awarded to both you and your partner although they are paid in one person's name.

Please tell us if your occupational/private pension increases each year and on what date.

Section 5: Savings & Investments

You need to tell us about **ANY** and **ALL** the capital and assets you own or have interest in, this could be money held in a joint account with your partner or somebody other than your partner.

Money held in a Trust is **not** automatically ignored; you still need to record it here.

We need to know who the money in the account belongs to. If money is held in an account that is held by more than one named signatory it is important that you tell us who the money actually belongs to, for instance you may have added your partner's, sibling's or children's name to a bank account for the sole purpose of making it easier for them to help you with your finances, this does not automatically confer ownership of any of the money held in that account.

If prior to filling in this form 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

This section asks for details about the property you are currently living in, you need to tell us how long you have lived at your current address and whether you own or share ownership of the property with someone else.

We also need to be informed of any other property or land in this country or abroad (Personally or jointly with someone else) including static caravan/mobile homes.

Section 7 & 8: About Your Partner's Finances

These sections are entirely voluntary, you do not have to tell us about your partner's capital, however without this information we cannot work out if you are missing out on any other benefits or income.

Section 9: Allowable Housing Expenses

We need to be informed of any housing costs that you are solely responsible for and the frequency in which these are paid.

If you live with somebody else as part of their household i.e. you live with your parents, we are still interested in their household costs.

If you receive assistance with mortgage interest through a means tested benefit we can only take into account any amount you pay to your mortgage lender which is over and above the amount paid through benefits.



Section 10: Additional Allowable Housing 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. We need to know the cost and frequency of payment for each expense.

Section 11: Disability Related Expenses for Home/Day care 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 and Signatures

Please ensure that you have read and understood the declaration before signing the form.

If you are signing on behalf of the person to whom the form relates then please tick YES to having Power of Attorney or Deputyship, ensuring that you have completed your details as the Primary Contact in **Section 3** and have enclosed a copy of the legal representation you hold.

Section 13: Further Additional Info and document checklist

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.