Telford & Wrekin Co-operative Council

Protect, care and invest to create a better borough

Adult Social Care

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

Financial Assessment Form

If you need help to complete this form, contact the Financial Case Management Team.

Telephone: 01952 383820

Email: fcmteam@telford.gov.uk

About this form

We use this form to understand what you can afford to pay towards your care. This helps make sure you are charged the right amount.

Please complete it and return it within 17 days, along with copies of the documents we ask for. If you choose not to complete this form, you will need to pay the full cost of your care from the date your service starts.

If your circumstances change (for example, your income or savings), please tell us straight away so we can reassess. We also review all financial assessments each April.

How we use your information (Privacy summary)

We collect this information to work out your care charges and check that you are receiving the right benefits. We keep your information safe and only share it with organisations when the law allows (such as DWP, HMRC, care providers or other Council services)

We keep information in line with our retention schedule. You can read the full privacy notice on the Council website or request a printed copy.

Please ensure that all information provided refers to the person who is currently receiving, or is anticipated to receive, care services.

Section 1: About you

Please provide details of the person who is receiving, or may receive, care. If you are filling in this form for someone else, enter their details here.

Title (Mr, Mrs, Miss, Ms, Mr):	
First name:	
Surname:	
Date of birth (DD/MM/YYYY):	
Phone number:	
Email address:	
National Insurance number:	
Address (this is where you currently live), if you are in hospital, please put the address of your main home)	
Preferred contact method (e.g. phone, email, letters)	
Relationship status (tick one): Married Single Living as a couple	
Do you have children under 18 living with you?	

Does someone else deal with or manage your financial affairs? ☐ Yes ☐ No
If yes, please tell us their name, relationship to you and contact details:
Name:
Address:
Relationship:
Phone / Email:
Preferred method of contact (phone, email, letter)
Do they have legal authority (e.g., Power of Attorney or Court of Protection or Appointeeship with the DWP)? ☐ Yes ☐ No
If you want this person to sign the form and/or receive invoices, please provide a copy of the full legal authority document such as Power of Attorney or Appointeeship document.

Section 2: Paying the full cost of your care.

This section is optional. Only complete it if you do ***not*** want the council to work out your contribution.

If you do ***not*** want to give your financial information, you can choose to pay the full cost of your care. If you select this option, please tick the statement below, sign and date, then go to Section 9 to sign the declaration.

☐ I do ***not*** want financial help from the Council, and I understand that I will pay the full cost of my care or support package.

Signed: ……. Date: ……

Section 3: Property ownership

Please provide details of the person who is receiving, or may receive, care. If you are filling in this form for someone else, enter their details here.

Do you own any property (in the UK or abroad) Yes ☐ No ☐
☐ Sole ownership
☐ Joint ownership
Full address of the property:
In the last 7 years, have you sold, gifted, transferred ownership of, or set up a trust for any property? ☐ Yes ☐ No
If yes, please give the address and details:

Section 4: Your income and earnings

Tell us about all the money you receive. Please provide details of the person who is receiving, or may receive, care. If you are filling in this form for someone else, enter their details here.

Benefit income	Sole or Joint	Amount (£)	How often (e.g., weekly)
Universal Credit (UC)			
Employment and Support Allowance (ESA)			
State Pension			
Income Support			
Jobseeker's Allowance (JSA)			
Working Tax Credit			
Child Tax Credit			
Pension Credit – Guarantee Credit			

Benefit income	Sole or Joint	Amount (£)	How often (e.g., weekly)
Pension Credit – Savings Credit			
Attendance Allowance (AA)			
Disability Living Allowance (DLA) – Mobility			
Personal Independence Payment (PIP) – Daily Living			
Personal Independence Payment (PIP) – Mobility			
Severe Disablement Allowance			
Carer's Allowance			
Industrial Injuries Disablement Benefit			
Widow's Pension / Bereavement Allowance / Bereavement Support Payment			
War Pension / War Disablement Pension			

Other income

Please provide details of the person who is receiving, or may receive, care. If you are filling in this form for someone else, enter their details here.

Income type	Amount (£)	How often (e.g., monthly)
Salary / Wages		
Work / Private Pension 1		
Work / Private Pension 2		
Rental income		
Annuity income		
Income from a trust		
Maintenance received		
Boarders / Lodgers		
Any other income (please describe)		

Section 5: Savings, investments, and capital

Please provide details of the person who is receiving, or may receive, care. If you are filling in this form for someone else, enter their details here.

Include all accounts and capital in the UK and overseas. List joint accounts as joint.

Type of capital	Sole or Joint	Balance / Value (£)
Cash		
Bank / Building Society – Current account (you need to add all bank/ building society current accounts here)		
Bank / Building Society – Savings account. (you need to add all bank/ building society savings accounts here)		
Post Office account		
Premium Bonds (e.g. NS&I Income Bonds)		
ISA (Cash / Stocks & Shares)		
Shares / Unit trusts / OEICs		
Trust fund		
Other financial bonds / investments		
Other capital (please describe)		

Section 6: Household Expenses

Please provide details of the person who is receiving, or may receive, care. If you are filling in this form for someone else, enter their details here.

Please provide copies of recent statements or bills. Photocopies are fine.

Cost type	Amount (£)	How often
Rent What we mean by this: • This is the rent you pay for the home you live in. You can include rent paid to: • A landlord • The council • A housing association • A family member (for example, a parent), if living in a family home		
Gas & Electricity		
Water		
Council Tax		
Mortgage payments		
Building insurance (not contents)		
Ground rent		
Service charges (not included in rent)		
Internet		

Cost type	Amount (£)	How often
Maintenance/Child support payments		
Any other household bills		

Section 7: Documents to send.

☐ Proof of legal authority (if someone is acting for you): Power of Attorney / Appointeeship
☐ Proof of income (e.g., award letters, pension pay slips, P60 where relevant)
☐ Bank or building society statements for the last 3 months
☐ Proof of property or assets held in trust
☐ Evidence of bonds, investments, or other savings
☐ Proof of housing costs (e.g., tenancy agreement, mortgage statement, service charge invoices)
☐ Completed Direct Debit form (preferred payment method)

Section 8: Additional information

Use this space to tell us anything else you think we should know:

Section 9: Declaration and consent

“I understand that:

- the information I’ve given must be true
- I must tell you straight away if my circumstances change
- I may be charged the full cost if I do not provide the correct information
- the council may check my information with organisations like DWP or HMRC (only where the law allows)”

Name (print): Date:

Signature:

If you are signing on behalf of the person receiving care, tell us why and send proof of your authority (e.g., Appointee, Deputy, or Attorney).

Section 11: How you want to pay

If you need to pay towards your care, Direct Debit is our preferred method. Please complete the attached Direct Debit form. Other payment methods will be listed on your invoices.

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DIRECT Debit

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					

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
Darby House
Lawn Central
Telford
TF3 4JA

Name(s) of account holder(s)

Bank/Building Society Account Number

Branch Sort Code

		-			-		

Originators Identification Number

9	8	2	8	0	4

Reference Number
(For Telford & Wrekin Council Official Use Only)

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

DIRECT Debit

- 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