

Community Care Contribution Financial Declaration Form

Part 1. Personal Details

Title	Name	Surname	Date of Birth
Tel. No.		National Insurance No.	
Address:			
Postcode:			

Opting to pay the full cost of your care:

If you decide not to complete this form please tick the box and sign the declaration below:

I do not wish to disclose my financial details and therefore agree to pay the full charge / contribution for the services arranged / provided by Barnet Council. I understand that there will also be an annual charge of £1,851 by the Council for the administrative costs of arranging my care.

Signed: Date:

PLEASE RETURN COMPLETED FORM TO:

Financial Assessment Team
Adults and Health
London Borough of Barnet
2 Bristol Avenue, Colindale
London NW9 4EW

Tel: 020 8359 2238

Email: financial.assessments@barnet.gov.uk

INTRODUCTION

Please complete this form if you are receiving a service funded by Barnet Adult Social Care. This form must be completed if you are receiving non-residential care services.

Local authorities are allowed to assess contributions for the care services they provide and these contributions are assessed on a person's ability to pay.

We will use this form to assess the contribution which you will make towards the costs of these services provided or arranged by Barnet Council.

You are required to complete the relevant sections as fully as possible, including the Direct Debit mandate. There are notes at the end of the form to assist you.

If you are completing this form on behalf of a relative or friend:

- If your relative or friend has full mental capacity, he/she must sign or place his/her mark at the end of the form to indicate that the content of the form is complete and accurate.
- If your relative or friend does not have full mental capacity, you will need to indicate the legal capacity in which you act at the end of this form, e.g. enduring power of attorney; please provide documentary evidence.
- If your relative or friend does not have full mental capacity and you do not have legal capacity to act on his/her behalf, please indicate at the end of this form that your relative or friend does not have mental capacity to complete the form and has not legally appointed a person to deal with his/her affairs.

If you cannot complete the form and have no one to do this for you, we can arrange for one of our officers to visit you and help you to complete this form. The visiting officer will also check you are receiving all of your benefits and will help you apply for any unclaimed benefits that you may be eligible for.

If you would like assistance to complete this form, please contact the Financial Assessment Team on **0208 359 2238**.

If you are completing this form on behalf of a friend or relative, please refer to the notes section.

1.1 PEOPLE LIVING WITH YOU

Do you live with a partner? (this includes husband and wife and civil partnerships)

Yes

No

If **YES** please tell us their details

Title	Name	Surname	Date of Birth

Does your partner also receive social care services from Barnet

Yes

No

If **YES**, please tell us which service?

Does anyone else live with you?

Yes

No

If **YES**, please tell us their:

Name	Relationship	Date of Birth

1.2 Does someone else deal with your financial affairs?

Yes

No

If YES, please give us their details

Title	Name	Surname	
Tel. No.		Email	
Address:			
Postcode:			

What is this person's relationship to you?

Do you want all your correspondence from barnet council to be sent to this person?

Yes

No

In what capacity do they act on your behalf?

Deputy appointed by the Court of Protection

Appointee (benefits only)

Attorney by virtue of a Power of Attorney/ Enduring Power of Attorney/
Lasting Power of Attorney

Other

Part 2. FINANCIAL DETAILS

You **must** provide us with proof of all the information you declare in this section. We will accept photocopies of documents such as bank statements, benefit books, letter from the Department of Works and Pensions, private pension advice slips/letters, etc.

2.1. INCOME - Income is money coming in on a regular basis.

You do not have to give us information on your husband/wife/partner, but by giving us this information we may be able to give you advice on benefits you may be entitled to. Please provide details of all of your income in the table below.

TYPE OF INCOME		YOU £	PARTNER £	How Often?	Evidence sent Y/N?
State Retirement Pension					
Former Employments Pension (Please give name of company)					
Income Support including Jobseekers Allowance					
Employments Support Allowance					
Incapacity Benefit/Severe Disablement Allowance					
Pension Credit	Savings credit				
	Guarantee Credit				
Attendance Allowance / Disability Living Allowance (care)					
Disability Living Allowance (mobility)					
Earned Income					
Carers Allowance					
War Pension/ War Widows /War Disablement Pension					

Restitution Pension from Germany or Austria				
Any other benefits (Please specify)				
Any other pensions or annuities (please say where from)				
Any other Income (Please specify)				
Any other Income (Please specify)				

2.2. SAVINGS AND INVESTMENT ACCOUNTS

Please list any savings and investments that you have. You **must** provide details of **ALL** the accounts in your name or joint names showing total amounts. We need to see up to date proof of savings, capital or investment. Proof may be photocopies of your savings books, bank statements, advice slips, dividend slips, certificates, etc. Please note we **do not** need the sort codes of accounts

If we assess you as having savings or capital above the Upper Capital Threshold (currently £23,250), you will be asked to pay the full cost of your care. There will also be an annual charge of £1,851 by the Council for the administrative costs of arranging your care.

TYPE OF CAPITAL	ACCOUNT NUMBER	VALUE £	Is it Joint Account?	Evidence sent Y/N?
Bank Current/ Savings Account (s)				
Building Society Account (s)				
Post Office Account				
ISA/ National Savings certificate				
Income/Capital Bond(s)				
Premium Bonds,				
Stocks & Shares				
Money held or invested abroad				
Capital held by the Court of Protection				

Properties / land – (other than your main home) address needed				
Any other savings				
Any other capital				
Any other Investment				

Please provide proof showing details of the accounts over the last THREE months.

Have you given away, transferred or otherwise disposed of any capital assets in the last **five** years? (for example, savings or property)

(This question must be answered) **YES** **NO**

If **YES** please give the details (you may continue on a separate sheet if required)

Part 3. HOUSING AND PROPERTY DETAILS

3.1 Please say what type of accommodation you live in or did live in (if applicable - before you moved to residential/nursing care). This question must be answered

Rented Privately

Owned

Council/ housing Association

Other (please specify)

With Family/friends

If you are renting, is your rent paid by Housing Benefit

Yes

No

3.2 Do you own any other property?

(If **YES**, please provide details)

Yes

No

Address

Valuation (approx.)

Do you receive any income from the property?

(If **YES**, please provide details)

Yes

No

Details

3.3 Have you made gifts worth more than £500 to relatives, friends etc. in the last five years?

Yes

No

If YES please tell us the details, such as who, the amount and the dates

You may be asked to provide more details of any gifts and provide supporting evidence.

3.4. Have you given away, loaned, transferred or otherwise disposed any capital or assets, including any property within the last 5 years?

Yes

No

If YES please tell us the details, such as who, the amounts and the dates

You may be asked to provide more details of any gifts and provide supporting evidence.

Part 4. ALLOWABLE EXPENSES

When calculating the contributions, you need to make towards the cost of your care (mainly for non-residential care services), we may allow for some of the expenses you contribute. Please give details and show frequency of payment.

4.1 Disability Related Expenses (DRE)

When working out the costs of any contributions towards the cost of care we allow for expenses related to your disability. Please only record the cost of expenses directly related to your disability and send us evidence of the payment for these expenses (if you do not have any expenses, leave it blank). Evidence can include receipts, invoices and letters.

Type of DRE	Amount You Pay	How often	What can be included/allowed	
Diet			Only the cost of special diet due to your disability (not your normal shopping)	
Laundry			Only the cost of laundry due to your disability (e.g. if you use launderette due to your disability)	
Footwear			Only the cost of special footwear due to your disability	
Assistance with Tasks paid privately please tick the box if the payments are made to a close relative				
Personal Care			<input type="checkbox"/>	Only if you pay someone to do these tasks which you have <u>privately arranged</u> and are included on your care plan
Cleaning			<input type="checkbox"/>	
Gardening			<input type="checkbox"/>	
Heating Costs				
Gas			Only the cost over and above the normal utility bills (nationwide average), which is attributed to your disability	
Electricity			will be allowed.	
Disability Equipment(s)			The cost of equipment(s) purchased due to your Disability (e.g. cost of wheelchair, scooters, etc.). please provide details including date purchased	
Health related costs			e.g. payments you make to physiotherapist, chiropodist, etc.	
Additional Transport costs			Only payments for transport attributed to your disability not covered by DLA mobility, dial-a-ride, taxi cards etc.	
Any other (please state)			Please record any other payments that you make which are related directly to your disability. Please state what	

			they are and the amount you contribute e.g. hearing aids, complex lenses, incontinence pads (only if you contribute for them), etc.

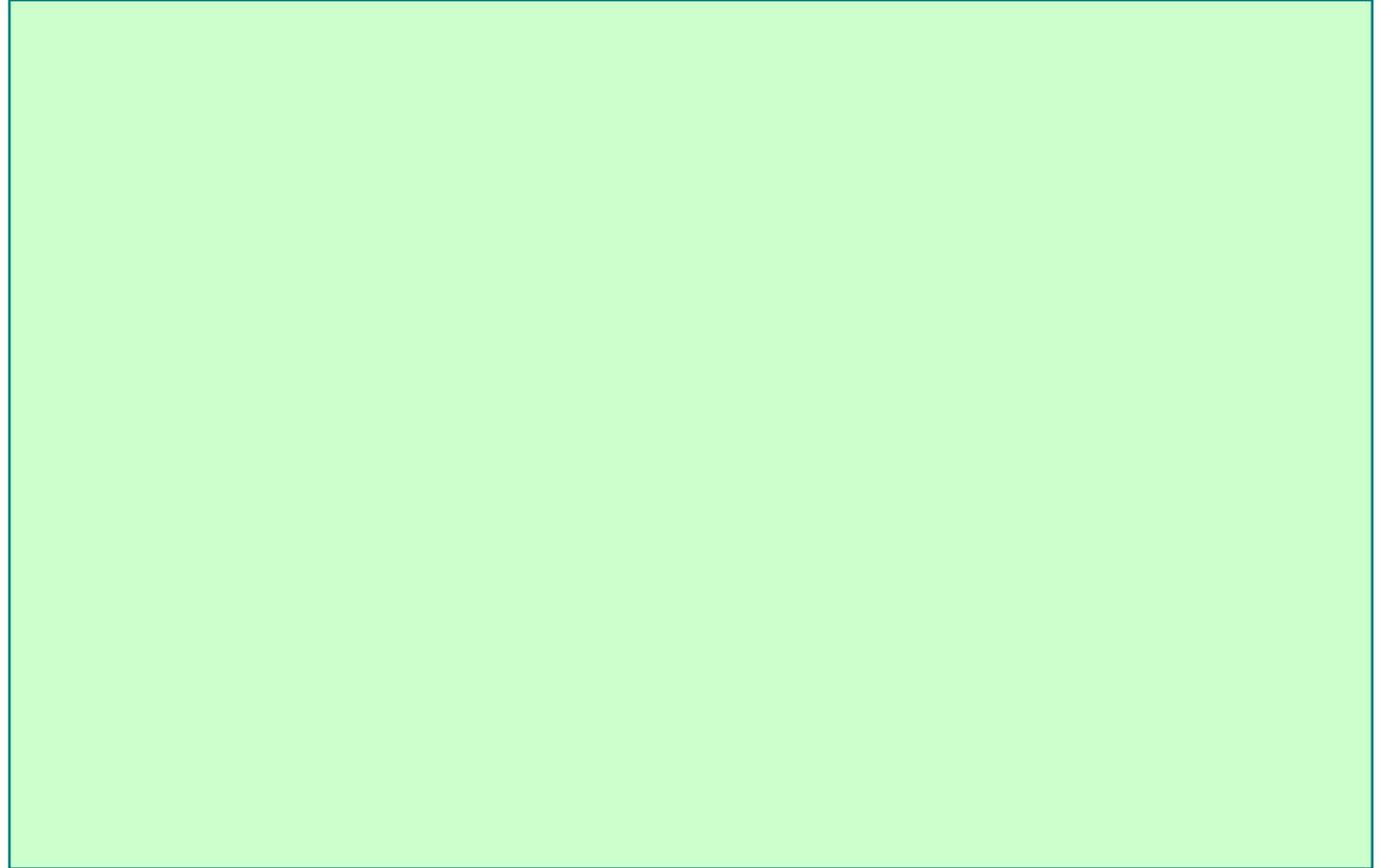
4.2. Property and Housing costs

Please give details of your housing costs. If you receive Housing Benefit or Council Tax Benefit, enter the amount you contribute after your benefit has been deducted.

Example: If your weekly rent is £100, but you receive housing benefit of £90 per week, your housing cost amount is £10 per week.

Type of housing cost	Amount Paid £	How often	Is this covered by:	Amount you receive (£)
Rent			Housing Benefit	
Council Tax			Council Tax benefit	
Service Charges			Any other (please state)	
Ground Rent				
Mortgage				
Bank Loan				
Insurance				
Other				

4.3. Any other relevant information about your finances



Part 5. Signature and Declaration

Please read this declaration carefully before you sign and date it.

This Authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

By signing this form, you declare that you agree and understand the following:

- If I knowingly give information that is incorrect, incomplete or misrepresented my financial situation, I may be liable to criminal prosecution.
- Barnet Adults and Communities will use the information I have provided to process my financial assessment and I may be asked to provide further clarification or evidence of my income, expenses and capital assets.
- If I do not fully complete this form or I do not provide information requested then I will be liable to contribute/pay the full charge for the services received. Contributions will apply from the first date of care being delivered.
- I note that should any undeclared income or assets be discovered later; the Council has the right to reassess and backdate any charges and take action as necessary to recover the debt.
- Barnet Adults and Communities may check some of the information with other sources within the Council or other Councils, Department for Works and Pensions etc.
- I agree that Barnet Council may make enquiries, which it considers necessary in order to verify the accuracy of the information and Barnet Council may give some information to other government organisations, if the law allows this.
- If assessed as liable to contribute I must make regular and prompt payments to Barnet Council and/or my support provider for the service I receive. Payment will be made by Direct Debit, unless
- I must let the Council know straight away if my capital increases to more than the Upper Capital Threshold (currently £23,250) and/or about any changes in my circumstances which might affect my financial assessment.
- I authorise the Department of Works and Pensions/The Pensions Service/Job Centre Plus to disclose details of my benefits to the London Borough of Barnet.

I certify that the information I have given is correct, complete and reflects a true statement of my income, expenses and capital assets.

Signed:

Date:

5.1 Representative's declaration

If signed by a relative, agent or appointee, please state your full name and your relationship to the applicant/resident.

I declare that, to the best of my knowledge, the information contained in this form is accurate and represents a full and true statement of the income and savings of the resident names above

Representative's Name (block capitals)

Representative's Signature

Date

Data Protection Act 1998 – Information Agreement

Please note that your personal details supplied on this form and from other sources may be held and used by Barnet Council to assess your needs and where necessary to provide you with services and to carry out a financial assessment.

These details may be disclosed to other agencies and individuals for these purposes and it may be necessary to obtain confidential information from other agencies. This includes health information e.g. from your GP or hospital.

I understand that I have a statutory right to have access to my records under most circumstances.

I do agree to information about me being shared.

Name.....

Address.....

Tel No.....

Signed..... **Date**.....

Barnet Council is a Data Controller for the purposes of the Data Protection Act 1998.

Note: Under the Data Protection Act Barnet Council will safeguard your personal details and they will not be divulged to other individuals or organisations for any other purpose than for which they were given. We may disclose information under the Data Protection Act without your consent if it is considered necessary and in your best interest.

Note 1 : Why have I been given this form?

This form needs to be completed in order to assess your contribution towards the costs of care received either in residential care or non-residential care. The amount you will be asked to contribute will depend on your financial circumstances.

Note 2: Completing the form

You can of course complete the form yourself or perhaps with the help of a friend or relative.

Please fill in all sections of the form that apply to you as fully as possible. Please enclose proof of all current income and capital. We will need you to provide copies of documents, including:

- Bank/Building Society accounts
- Pension books or letter from the Department for Work and Pension
- Proof of occupational or any other pension
- Proof of savings bonds, annuities, savings plans, shares, etc.

You do not have to provide us with original documents, photocopies are acceptable. You should not place valuable original documents, such as Pension Books, in the post. Barnet Council cannot accept responsibility for any documents lost in the post.

If you are claiming Disability Related Expenses, we will also need to see proof of receipts and invoices for your outgoings.

Note 3: How can you get help with completing this form?

We have a team of Visiting Officers who can help you complete this form and advise you about any extra benefits you may be entitled to claim. Please contact us if you need help and advice from a Visiting Officer.

Note 4: Who should sign this form?

You should sign the form unless someone has legal authority to act on your behalf e.g. appointee, power of attorney, a deputy, etc.

Note 5: Types of representatives

An Appointee

A person appointed by the Department for Work and Pensions to act on your behalf. The person acting on your behalf will deal with issues concerning the claiming and payments of benefit.

An Attorney under a Power of Attorney

A Power of Attorney is a legal document in which you appoint a person to act on your behalf and in your name. The person who acts on your behalf is known as your “attorney”. A power of attorney must be executed as a deed. If you would like someone to be able to act on your behalf in this way you may want to consult a solicitor.

A power of attorney automatically ceases to be effective if either you or your attorney loses mental capacity.

Lasting Power of Attorney

Lasting Power of Attorney replaced Enduring Power of attorney in October 2007. It is the legal document which states that a third party is able to have control over someone’s affairs, including decisions about finances, care and welfare, once the person lacks the capacity. Lasting Power of Attorney must be set up whilst a person still has capacity to make the decision about who they would like to have this control. It is important that the person you choose to have Lasting Power of Attorney is someone you trust to act in your best interests once you are unable to make informed decisions.

An Attorney under an Enduring Power of Attorney

An enduring power of attorney is a legal document in which you appoint a person to act on your behalf and in your name. In the event that you lose mental capacity the enduring power of attorney must be registered with the Court of Protection. This will allow your attorney to continue to act on your behalf under the supervision of the Court of Protection.

If you would like someone to act on your behalf in this way, you should consult a solicitor.

A Deputy

A person nominated by the Court of Protection to act on your behalf. The person will need to be registered by the Court of Protection as Deputy.

A Representative

A person you have asked to deal with your finances. A representative is not acting in accordance with a formal agreement.

Note 6: About your partner

Do I have to provide details of my partner’s income and savings?

We follow legislation and guidance set down by government which tells us if your partners income and savings should be taken into account when we assess how much you have to contribute for services.

If you receive residential/nursing care, you do not need to provide details about your partner’s income.

Note 7: Income and Benefits

You should provide details of all income/benefits you currently receive.

What if I am unsure about the benefits I receive?

Just write what you know on the form, we will contact you about this.

What if I have applied for benefits and have not received a decision yet?

Please indicate this on the form. Do not delay sending the form back if you are waiting for a decision. Please let us know if you are awarded benefits.

Note 8: Pensions

If you are in a care home, you can choose to give half of your occupational personal pension to your husband or wife. If you do this it will be ignored when calculating your charge but may affect the benefits your partner/spouse receives.

Note 9: Pension Credits

If you are aged 60 or over you may be entitled to the Guarantee Credit. This guarantees a minimum income by topping up your weekly income to a set rate.

Savings Credit is for those aged 65 or over. You may get the Savings Credit on its own or with the Guarantee Credit.

You can enquire whether you are entitled to or to apply for Pension Credit, by contacting the Pension Service on **0800 99 1234** or text phone on **0800 1690133**.

Note 10: Capital and investments

You should provide details of all your capital, including bank accounts, savings accounts, shares, investments, etc.

What if I do not know what my shares are worth?

You will need to provide the details of your holdings such as share certificates or number of shares you hold and the name of the company. We will calculate for you the current value of your shares and national savings certificates.

What if some accounts are in joint names?

Please state whether the accounts/savings are in joint or personal names. We need total amounts and details of who the account is jointly held with.

Note 11: Compensation payments

Some payments are ignored in the financial assessment. Please tell us if you have received a compensation payment and what it is paid for. We may need to contact you for further details. If you are expecting a compensation payment, please let us know when the payment is made, how much it is for and where it is lodged i.e. with the Court of Protection

Note 12: Property details

We need to know details of your property or any other land/property own or have previously owned. For non-residential care services the value of the property you live in is disregarded but we still need to know details of ownership.

Expenses to maintain your home:

We need to know details of:

- ◆ Your rent and council tax after any discounts or benefits
- ◆ Any rent-free weeks
- ◆ Any support services you receive and how much you contribute towards them.

Note 13: Disability Related Expenses (DRE)

You only need to complete the section dealing with disability related expenses if you receive non-residential care services.

Disability related expenses are **additional cost** to your normal everyday expense that costs you more because of impairment or a disability.

You can only claim if you get a disability related benefit such as the care component of Disability Living Allowance or Attendance Allowance. You need to provide proof of these expenses and receipts are normally required before a claim can be considered.

If you have disability related expenses, please give us as much information as possible.

Note 14: What is Attendance Allowance/Disability Living Allowance?

These are non-means tested awards paid to people with disabilities and/or care needs to help them contribute towards the additional cost due to their disability.

Attendance Allowance is a tax-free benefit for people aged 65 or over who have personal care needs because they have a physical disability or mental health problems.

Disability Living Allowance is sometimes referred to as DLA - is a tax-free benefit for people aged under 65 who have personal care needs or walking problems because they have a physical disability or mental health problems.

You can enquire whether you are entitled to and how to claim Attendance Allowance, by contacting the **Benefit Enquiry Line on 0800 88 2200** or **text phone on 0800 24 33**.

Note 15: What happens next?

We will endeavour to complete your financial assessment within 5 working days after we have received your completed Financial Declaration Form and

other supporting documents. We will notify you the outcome in writing in due course.

Please do not hesitate to contact us if you have any queries on this matter. If you disagree with the financial assessment, then you can contact the Financial Assessment Team to request a review of the decision.

We also have a separate complaints procedure if you are dissatisfied with the service you receive. Please contact the Complaints and Representations Manager for Adults and Communities on 020 8359 4299 or email adultsocialcare@barnet.gov.uk.

If you wish to receive an acknowledgement of receipt of this form, please write the address where to send the acknowledgment to.

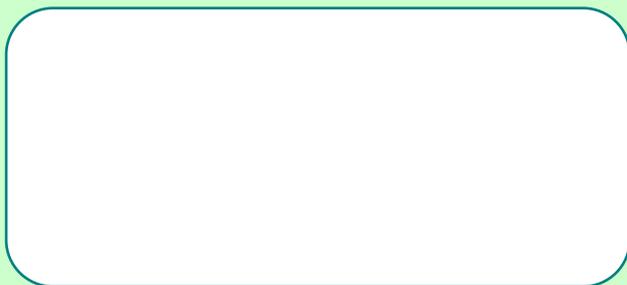
Please send me the acknowledgement that you have received my Financial Assessment Declaration to the address below (tick)

For office use only

	(Y)	Date:
Acknowledgement sent:	<input type="checkbox"/>	<input type="text"/>
Officer:	<input type="text"/>	



Please write your Address on this box:



Thank you for returning Financial Declaration Form.

- Your form is duly completed, and I have received all required documentary evidence which enables me to calculate the amount you need to contribute towards your cost of care. We will endeavor to complete your financial assessment within next 5 working days, and we will notify you in writing about the outcome.

- Your form is incomplete, and I will need additional information (list attached) before I can calculate the amount you need to contribute towards your cost of care.

This form is also available in large print, Braille, or in an alternative language.

To request your preferred format, please contact the Communication Officer for Adults and Communities on **020 8359 7150** or email: adultsocialservices@barnet.gov.uk

If you have any questions about this form, please contact the financial assessment team on:

Tel: **020 8369 2238**

Email: **financial.assessments@barnet.gov.uk**