

Financial Assessment Form

For Funds Dropped Below Financial Threshold



East Dunbartonshire Health and Social Care Partnership

Private and Confidential

Explanatory note

As you have indicated that your funds have dropped below the current threshold (£32,750), please complete this form to apply for help with the cost of your care. Completion of this form will enable the Council to calculate how much you can afford to pay ie client contribution.

This form may be completed by the applicant independently or by your POA / next of kin. If you need help to complete the form please contact either:

sharedservices.transactionalfinance@eastdunbarton.gov.uk

OR

carehomesupportteam@eastdunbarton.gov.uk

1 Applicant's details

Title	Enter title as appropriate.
Surname	Enter surname of applicant.
Forename(s)	Enter forename and any other names of applicant.
Date of birth	Enter date of birth.
National Insurance Number	Enter national insurance number of applicant.
Home address	Enter address of applicant's permanent residence.
Postcode	Enter postcode of applicant's permanent residence.
Phone number	Enter applicant's phone number. If no phone number, write 'none'.
Contact via Email	Our preferred method of contact is via email, please include all email addresses, where possible.
Date you moved into this address	Enter date when applicant moved into this residence. If unknown, write approximate year of move into residence.
Hospital / Residential Care / Nursing Home	Enter details if you are currently residing in any of these establishments.

1 Applicant's details

Title (Mr / Mrs / Miss / Ms / etc)

Surname

Forename(s)

Date of birth

National Insurance number

Home address

Postcode

Phone number

email

Date you moved into this address

Name of Establishment

Date of Admission

If you are currently residing in Hospital / Residential Care / Nursing Home please give us details

2 Contacts

Next of kin	Enter name, address and phone number of person identified as next of kin. Enter relationship to applicant.
Person helping with affairs	Where applicant has a legal representative or wishes to have a relative, carer or other agent assist with his / her financial affairs, please complete remainder of section. Enter name, address and phone number as appropriate.
Relationship to applicant	Enter relationship to applicant, if applicable.
Status	Indicate if curator bonis, power of attorney or appointeeship granted / approved and provide relevant documentation (ie BF56 form for DWP appointee / POA certificate).
Solicitor's details	Enter name, address and phone number of solicitor.
Person to whom accounts should be sent	Enter name, address and phone number of person to whom accounts should be sent.
Relationship to applicant	Enter relationship to applicant, if applicable.
Status	Indicate if curator bonis, power of attorney or appointeeship granted / approved.
Contact via Email	Our preferred method of contact is via email, please include all email addresses, where possible.

2 Contacts

Next of Kin

Name

Address

Postcode

Phone number

email

Relationship to applicant

Person helping with affairs

Name

Address

Postcode

Phone number

email

Relationship to applicant

Status (eg Power of Attorney, DWP
Appointee etc)

Solicitor's details

Name

Address

Postcode

Phone number

email

Person to whom accounts should be sent

Name

Address

Postcode

Phone number

email

Relationship to applicant

Status (eg Power of Attorney, DWP
Appointee etc)

3 Income

When completing Section 3 of the Financial Assessment Form, all income, including occupational pensions, annuity income, earnings etc should be listed against the appropriate heading. If there is no specific heading noted, then income should be recorded under the 'other' category with the amount, source and type of income clearly identified.

When the applicant is unable to meet the cost of residential / nursing care, the local authority has a responsibility to assist with certain costs. It is, therefore, important for the local authority that the applicant's income is fully maximised by ensuring that the applicant receives all benefits they may be entitled to.

Pension credit

Applicants who are placed in care home accommodation, and who are not currently in receipt of pension credit and who satisfy the qualifying conditions for this benefit, can have their income raised to assist with the cost of such accommodation.

Applicants who have an income which is less than the total guarantee credit must claim their full entitlement from the Department for Work and Pensions, to enable the local authority to undertake an assessment of the applicants ability to pay for the cost of their accommodation.

Occupational pensions

Refer to the National Assistance (Assessment of Resources) Amendment Regulations (Section 8) for details on option to disregard 50% of the occupational pension.

3 Income

State benefits

Proof of income must be provided ie copy of bank statements, remittance advice, confirmation of occupational pension required.

DWP benefits	Amount (£)	How often received
Retirement pension		
Pension credit – Guarantee credit		
Pension credit – Savings credit		
Attendance Allowance		
DLA – Care Component		
DLA – Mobility Component		
War widow's pension		
War pension		
Other (please specify)		

Occupational / work pensions

Name and address of employer / source	Amount (£)	How often received	Total per week (£)
<p>Will 50% of the above be passed to the spouse?</p> <p>Yes No</p>			

Any other income

Name and address of employer / source	Type of income	Amount (£)	How often received	Total per week (£)
Total income received per week (£)				

4 Capital

If the applicant has gifted or donated significant amounts of capital / savings, full details must be given.

Cash savings

Enter details of monies not held in an account ie money held by applicant at home or by a relative or carer on behalf of applicant.

The Local Authority recognises an allowable spend of £3,200 for each full, financial year. Any large spend must be in line with the Charging for Residential Accommodation Guidance (CRAG) available on the Scottish Government's website:-

https://www.sehd.scot.nhs.uk/publications/CC2021_01.pdf

Bank Accounts

For all bank accounts enter details of name of bank, full address, sort code and account number. The applicant's assets in all accounts should be detailed separately in the columns headed "Amount £".

Building Society accounts

As above.

Post Office accounts

As above.

Bank / Building Society etc Statements

The Finance Section require bank statements for the six months prior to original admission along with current statements for all accounts. Also, if a property has been sold in the time you have been resident in the care home, we need the statement that shows the money being paid into the bank. However, if you previously had a 12 week disregard we only require recent statements and the sale of property statement. These should be included when this form is submitted.

4 Capital

All boxes must be completed – if answered yes then proof must be provided. Please indicate in the owner of asset' column if the asset is owned by the applicant, partner or is jointly owned. Please denote by A for Applicant, P for Partner or J for Joint ownership.

	Yes	No	Name of bank and address	Sort code	Account number	Owner of asset	Amount (£)
Cash savings*							

Bank accounts

Building society accounts

Post office accounts

4 Capital (continued)

National Savings Certificates	Enter total value of certificates.
ISA	Enter details as for bank accounts and indicate current value(s).
Premium Bonds	Enter total value of bonds.
Stocks and Shares	Enter company and number of shares, obtain unit share value from the national press calculate total value of shares and enter in the column headed "Amount £".
Unit Trusts	Enter as for stocks and shares.
Income Bonds	Enter as for stocks and shares.
PEP	Enter as for stocks and shares.
Other investments	Enter details as appropriate. If endowment assurance / insurance policy is still being paid, give details but do not complete "Amount £" columns as capital cannot be released until the date of agreement.
Any other capital	Excluding property – enter details as appropriate.
Disposal of capital	Enter details of any capital disposed of previously.

4 Capital (continued)

***Use section 6 if you need additional space**

	Yes	No	Details		Owner of asset	Amount (£)	
National Savings Certificates							
ISA							
Premium bonds							
Funeral bonds							
	Yes	No	Details of source (Name of co, trust, etc)	Number held	Value/ current price (£)	Owner of asset	Amount (£)
Stocks and shares							
Unit trusts							
Income bonds							
PEP							
	Yes	No	Details		Owner of asset	Amount (£)	
Any other investments							
Any other capital disposed of / gifted							

5 Property

A People previously living with you prior to your admission to the care home

Enter details of all persons normally resident in the household detailing name, date of birth and relationship to applicant.

Incapacitated

Delete as appropriate.
(see note below for definition)

Bank Accounts

Enter length of time resident in household.

Definition of 'incapacitated' – person is in receipt of one or more of the following state benefits: incapacity benefit, severe disablement allowance, disability living allowance, attendance allowance, constant attendance allowance or similar benefit.

or

Person is not in receipt of any of the benefits listed but the degree of incapacity is equivalent to that required to qualify for any one of these benefits. Medical or other relevant evidence may be needed before a decision is reached.

B Details of property – ownership of accommodation

Tick as appropriate and enter date effective from.

C Tenant / lodger / other

Enter name, address and phone number of landlord.

Relationship to landlord

Delete as appropriate, enter relationship if appropriate.

Previous ownership

Delete as appropriate, enter details of previous properties owned ie address of property, date of disposal, value.

5 Property All boxes must be completed

A People previously living with you prior to your admission to the care home

Full name	Date of birth	Relationship to you	Incapacitated	Length of time resident
			Yes No	
			Yes No	
			Yes No	

B Details of property ownership of accommodation

Are you	Please tick		Date from:
Owner	Yes	No	If yes, continue to 5D
Tenant	Yes	No	If yes, continue to 5C
Lodger	Yes	No	If yes, continue to 5C
Other	Yes	No	If yes, continue to 5C

C Tenant / lodger / other

If you are not an owner, please state name and address of landlord

Postcode

Phone number

Are you (or your partner) related to your landlord? Yes No

If yes, please state relationship

Have you ever owned the property you are now resident in or any other properties? Yes No

If yes, please give details (address of all properties, value, date disposed of)*

5 Property

D Owner

Tick as appropriate and enter date effective from. Enter address and telephone number of property.
Enter date property purchased.

Joint owner	Enter names and addresses of other owners. Enter date joint ownership commenced.
Value of property	Enter value of property. If unknown, enter value of council tax banking or enter approximate market value.
Total of outstanding mortgages	Enter total amount of outstanding mortgages and securities etc, give details.
Net property value	Calculate net property value.
Type of mortgage	Specify whether mortgage is capital / interest / endowment etc.
Term of mortgage	Enter term of mortgage ie number of years.
Date of maturity	If mortgage is endowment related, enter date of maturity of policy.
Council Tax banding	Enter council tax banding.

Proof of ownership / tenancy will be required.

5 Property (continued)

D Owner

If you are an owner, are you

Please tick

Date from:

Sole owner

Yes

No

Joint owner

Yes

No

Please state address of property

Postcode

Phone number

Date property purchased

If joint owner, please state names and addresses of other owners

Date joint ownership commenced

Value of property

Value of property (£)

Total of outstanding mortgages and securities (£)

Give details

Net property value (£)

Type of mortgage

Term of mortgage

Date of maturity of endowment policy

Council tax banding

6 Additional information

Please use this space to provide any additional relevant information in support of your answers in previous sections.

7 Additional Charges

East Dunbartonshire Council will normally pay a standard amount (the approved rate) when people move into a care home. The amount depends on whether you will receive residential care or nursing care. The approved rates are normally increased each year. If you wish to move to a more expensive home, you, or someone else – “a third party”, – can make up the difference between the approved rate and the actual charge. This is called an “additional charge”. If you are going to receive additional help from relatives to pay an “additional charge”, you must make sure that the arrangement is realistic and will last. The care home will normally ask you, or the “third party”, to sign a separate contract for the “additional charge” payments. East Dunbartonshire Council cannot take responsibility for payment, and your place or room may be at risk.

If a third party eg a relative, has agreed to meet an “additional charge”, they must pay the contribution directly to the home.

Please complete the opposite page to confirm that you have understood that any additional charges are not the responsibility of East Dunbartonshire Council.

7 Additional Charges

I understand that East Dunbartonshire Council take no responsibility for the additional charges included in the fees charged by

(Name of Care Home) _____ for

(Name of Customer)

I, _____ agree to pay additional charges per week direct to the provider

Name

Address

Signed

Date

Witnessed by

Name

Address

Signed

Date

Declaration

I understand that I shall be required to contribute to my care in residential / nursing accommodation and, to the best of my knowledge, all information in this form is accurate and true. I undertake to contact the Council straight away if there is any change in my circumstances or income and authorise Social Work Resources to approach my legal or financial adviser (if any) for clarification or confirmation of the information I have given.

Signed

Date

For people signing this form on behalf of applicant

Signed

Date

Please state why you are signing this form on behalf of the applicant. (You may be an appointee, have power of attorney, be a curator or the applicant may be unable to sign due to disability.)

Please tell us about yourself:

Your full name

Your address

Your phone number

email

Mandate - to be completed in all circumstances

Name

Address

Date of birth

National Insurance number

The Manager

The Department for Work and Pensions

Dear Sir / Madam

Authorisation to release information

I hereby authorise the release of information on my entitlement to all DWP benefits to be provided to Social Work Services, East Dunbartonshire Council.

I also authorise Social Work Services to provide information to you on my behalf in connection with my entitlement to DWP benefits.

Yours faithfully

Signed

Date

Contacting us

If you require further information about services or your financial assessment, please contact your social worker at the below office:-

East Dunbartonshire Health & Social Care Partnership

Kirkintilloch Health & Care Centre
10 Saramago Street
Kirkintilloch
G66 3BF
0141 777 3000 or 0141 578 2101

Council Headquarters

East Dunbartonshire Council
12 Strathkelvin Place
Kirkintilloch
G66 1TJ
0300 123 4510
customer.services@eastdunbarton.gov.uk

The following numbers are available when local offices are closed:-

Social Work Support during evenings and weekends
Phone: 0800 811505

Care at home services during evenings and weekends
Phone 0141 578 2181

You can obtain more information from East Dunbartonshire Council's web site - www.eastdunbarton.gov.uk

If you need this information in another language or format please contact us to discuss how we can best meet your needs.

Phone: 0300 123 4510

Email: customer.services@eastdunbarton.gov.uk

Other formats and translation

This document can be provided in large print, Braille or in audio format and can be translated into other community languages.

Please contact the Council on 0300 123 4510

اس دستاویز کو آپ کی ضرورت کے مطابق دیگر زبانوں میں اور دیگر شکلوں میں پیش کیا جاسکتا ہے۔ براہ کرم 0300 123 4510 پر رابطہ کریں۔

اس دستاویز کو آپ کی ضرورت کے مطابق دیگر زبانوں میں اور دیگر شکلوں میں پیش کیا جاسکتا ہے۔ براہ کرم 0300 123 4510 پر رابطہ کریں۔

ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਮਿੱਥਾ ਕਰਨ ਤੇ ਪੰਜਾਬੀ ਵਿਚ ਅਨੁਵਾਦ ਕੀਤਾ ਜਾ ਸਕਦਾ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ 0300 123 4510 ਫੋਨ ਕਰੋ।

Gabhadh an sgrìobhann seo cur gu Gàidhlig ma tha sin a dhìth oirbh. Cuinbh fàin gu 0300 123 4510

अनुप्रास करके एस दस्तवेज हिन्दी में भाषांतरित किया जा सकता है। कृपया 0300 123 4510 पर फोन करें।