

Financial Assessment Form

Social care is not provided as a free service. It is your responsibility, if you have the means to do so, to pay for the care and support you receive. The amount you pay is known as your contribution.

The information requested in this form is needed within the requirements of the Care Act 2014, the Council's Care and Support Charging Policy and the Care and Support (Charging and Assessments of Resources) Regulations, for the Council to determine your contribution to be made towards the social care you are receiving, or are due to receive.

Completion of this form does not constitute an agreement of funding.

Failure to fully complete this form may result in you being assessed to pay for the full cost of your care.

Section 1: About your Care

Please tick one of the boxes below to confirm which service you receive or are due to receive:

Residential / Nursing Accommodation	<input type="checkbox"/>
Non-Residential (receiving care within the community)	<input type="checkbox"/>

Have you been given a copy of the Council's Care and Support Charging Policy?
Please see page 11 for more information regarding the Council's Care and Support Charging Policy

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Has the charging policy been explained to you, or your representative?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Section 2: Personal Details of the Service User

Full Name	<input type="text"/>	Reference Number	<input type="text"/>
Address	<input type="text"/>	Date of Birth	<input type="text"/>
	<input type="text"/>	National Insurance Number	<input type="text"/>
Email Address	<input type="text"/>	Phone Number	<input type="text"/>

Do you have a partner?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Are you a widow or a widower?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Section 3: Non-Disclosure of Information

You do not have to provide your financial information, but in not doing so we will be unable to assess your contribution and you will therefore be charged the full cost of your care. Please continue to **Section 4 on page 3** if you wish to provide your financial information so that we can calculate how much you should contribute towards your care.

If you do not wish to provide the financial information requested from you on this form, please sign the below agreement:

I do not wish to provide my financial information and agree to pay for the **full cost** of my care service or personal budget.

Full Name				Date		Signature	
Are you? (please tick)	Service User	<input type="checkbox"/>	Deputy	<input type="checkbox"/>			
	Appointee	<input type="checkbox"/>	Power of Attorney	<input type="checkbox"/>			
<i>You can only sign this declaration on behalf of the Service User if you are an Appointee, a Court Appointed Deputy or have Power of Attorney, of which we will require proof.</i>							

Section 4: Housing

Do you own or share ownership of any property?

Yes	
No	

If you have answered 'Yes', please give the full address(es) below:

Address(es)	Postcode

Please continue on a separate sheet if necessary

Please only answer the remaining questions on this page if you are residing in a Residential or Nursing Accommodation:

Has it been explained to you that we may need to place a charge on the property you own to meet some or all of your Residential or Nursing Accommodation costs? This is known as the Deferred Payment Agreement (DPA scheme). More information about the DPA scheme can be found on page 12.

Yes	
No	

Does your husband, wife, partner or relative live in any property you own (or jointly own)?

Yes	
No	

If the property you own (or jointly own) is occupied by your husband, wife, partner or relative, please complete the below table providing their information:

Their Name			
Their Date of Birth			
Their Relationship to You			
Are they Classed as Disabled?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe their Disability			
What Disability Benefit do they receive?			

Section 5: Income - Please declare all your income details below

Benefits	Amount	How often received? Weekly, Fortnightly, 4-Weekly, Monthly, Annually
Carers Allowance	£	
Employment and Support Allowance	£	
Income Support	£	
Jobseekers Allowance	£	
Maternity Allowance	£	
Pension Credit – Guarantee Credit	£	
Pension Credit – Savings Credit	£	
State Retirement Pension	£	
Working Tax Credit	£	
Disability Benefits		
Attendance Allowance	£	
Disability Living Allowance – Care	£	
Disability Living Allowance – Mobility	£	
Personal Independence Payment – Daily Living	£	
Personal Independence Payment – Mobility	£	
Personal Independence Payment – Terminal Illness	£	
Universal Credit		
Universal Credit – Standard Allowance	£	
Universal Credit – Housing Cost Element	£	
Universal Credit – Health Allowance / Limited Capability of Work Element	£	
Universal Credit – Health Allowance / Limited Capability of Work-Related Activity Element	£	
Universal Credit – Carers Element	£	

Please enclose your most recent Universal Credit award letter with this form
(you can obtain this from your Universal Credit portal/journal)

Local Council Benefits	Amount	How often received? Weekly, Fortnightly, 4-Weekly, Monthly, Annually
Housing Benefit	£	
Council Tax Support	£	
Private Pensions		
Name of Private Pension 1:	£	
Name of Private Pension 2:	£	
Please enclose your most recent Pension advice slip or annual letter with this form		
Other Benefits or Incomes		
Name of Benefit or Income 1:	£	
Name of Benefit or Income 2:	£	
Please enclose proof of your other Benefits or Incomes with this form		

Section 6: Investments and Savings - Please list all your saving details below

Please do **not** leave this section blank

If you do not have any of the investments or savings listed below, please enter £0.00

Investments and Savings	Account Balance / Value
Total amount of money you have in Bank Accounts	£
Total amount of money you have in Building Society Accounts	£
Total amount of money you have in Post Office Accounts	£
Total amount of money you have in ISA accounts	£
Total value of your Bonds	£
Total value of your National Savings Certificates	£
Total value of your Stocks and Shares	£
Total value of your Unit Trusts	£
Total amount of all other Investments or Savings you have	£
Total amount of money held in Cash	£
Please enclose proof of all Investments and Savings with this form	

Please declare any other Benefits, Incomes, Investments, or Savings on a separate sheet if necessary

Section 7: Essential Expenditure

The Care Act 2014 states that after paying for your social care services and housing costs you must be left with a weekly amount no less than the Minimum Income Guarantee (MIG). The MIG is set nationally by the Government.

To ensure that you are left with this amount as a minimum your MIG is removed from your remaining income once all other steps of the financial assessment process have been completed.

You are therefore expected to meet some of your essential expenditure, such as electricity, gas and water, with your MIG.

Essential Expenditure	Amount	Sole or Shared Expense?	How often paid? Weekly, Fortnightly, 4-Weekly, Monthly, Annually
Council Tax	£		
Rent	£		
Mortgage	£		
Building / Property Insurance (excluding Contents)	£		
Life Insurance	£		
Debt Management Plan Consolidated Debt Repayment Plan	£		
Other Essential Expenditure 1:	£		
Other Essential Expenditure 2:	£		
Please enclose proof of all Essential Expenditure listed above with this form			

Section 8: General Data Processing Regulations (GDPR)

The Local Authority has a duty to protect public funds and may use the information you have provided in this form, and any supporting evidence, to calculate your contribution towards the care you receive, to collect money owed to the Council and to prevent and detect fraud. We may therefore give or get information about you from other departments within the Council or other organisations. This includes sharing your information with other bodies responsible for auditing or administering public funds. Any data we obtain or share, will be in accordance with the General Data Process Regulation. We will not normally share your information with organisations other than our partner organisations without your consent. There may however be certain circumstances where we would share without consent, such as where we are required to do so by law, to safeguard public safety, and in risk of harm or emergency situations.

Section 9A: Billing, Correspondence and Authority to Act on your Behalf

If you would like all your correspondence and invoices regarding your care sent to be someone else, please complete their details below.

Please note, by entering someone’s details below, you are also agreeing to give the below named person full authority to discuss your Financial Assessment and Care Contributions with the London Borough of Barking and Dagenham, and to act on your behalf regarding your Financial Assessment and Care Contributions.

You are also giving the London Borough of Barking and Dagenham full authority to share all necessary information held in relation to your Financial Assessment and Care Contributions with the below named person.

Full Name			
Address			
Email Address		Phone Number	
Are they your (please tick)	Appointee		Relationship
	Deputy		
	Power of Attorney		
<i>If they are your Appointee, a Court Appointed Deputy or have Power of Attorney, please enclose proof with this form.</i>			

Section 9B: Authority to Discuss

If you would like to nominate someone (or an organisation) to discuss your Financial Assessment and Care Contribution with us, please give their details below.

Full Name		Relationship	
Address			
Email Address		Phone Number	

Do you give the above person full authority to discuss your Financial Assessment and Care Contributions with the London Borough of Barking and Dagenham?

Yes	
No	

Section 10: Disability Related Expenditure (DRE) for Non-Residential Services Only

The Care Act 2014 makes it a legal requirement that, if you are in receipt of a **disability related benefit**, the Council must allow you to keep enough of this benefit to pay for necessary expenditure related to your disability. The Department of Health defines Disability Related Expenditure (DRE) as any reasonable additional cost that the individual incurs due to a disability or condition.

Please refer to the Council's DRE Policy before completing this section. More information about the DRE Policy can be found on page 11.

Please note that for any DRE to be considered, you **must** provide proof of the expense(s). We will require either 5 weekly, 4 fortnightly, 3 four-weekly, 3 monthly or 1 annual recent receipt, for each declared expense. We may also require medical evidence that the expenditure is directly related to your disability.

Description of DRE	Amount	How often? <small>Weekly, Fortnightly, 4-Weekly, Monthly, Annually or One-Off</small>	Have you got the required proof of this DRE?
	£		Yes <input type="checkbox"/> No <input type="checkbox"/>
	£		Yes <input type="checkbox"/> No <input type="checkbox"/>
	£		Yes <input type="checkbox"/> No <input type="checkbox"/>
	£		Yes <input type="checkbox"/> No <input type="checkbox"/>
	£		Yes <input type="checkbox"/> No <input type="checkbox"/>
	£		Yes <input type="checkbox"/> No <input type="checkbox"/>
	£		Yes <input type="checkbox"/> No <input type="checkbox"/>
	£		Yes <input type="checkbox"/> No <input type="checkbox"/>
	£		Yes <input type="checkbox"/> No <input type="checkbox"/>
	£		Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 11: Household

Please confirm the number of children you (or your partner) receive Child Benefit for and live with:

Please confirm the number of people over the age of 18 living with you:

Section 12: Declaration

PLEASE READ AND UNDERSTAND THE FOLLOWING CAREFULLY BEFORE SIGNING

Before signing this form please note that, in accordance with the Care Act 2014 and the Authority's fairer charging policy, any person who knowingly enters incorrect information on this form (or makes a false statement), for the purpose of avoiding or reducing liability for accommodation, care or transport charges, may have proceedings brought against them by this Authority to recover any sums as a result of the incorrect information given or the failure to disclose relevant information. I declare and understand that:

- To the best of my knowledge, the information provided on this application form, and to support this application is accurate.
- The London Borough of Barking and Dagenham can verify and/or share any of the information I have provided, with other departments within the council, or to other organisations, such as government departments and local authorities, in accordance with the law, data protection and for the purposes of the prevention and detection of fraud.
- The London Borough of Barking and Dagenham can verify my state benefit information with the Department of Work and Pensions if necessary.
- I must notify the London Borough of Barking and Dagenham's Financial Assessment department immediately but within 28 days of any changes in my financial circumstances that may affect this assessment.
- I must pay for the Service provided in accordance with the scale of charges and understand these will be reviewed on an annual basis, and I confirm that I have read and understood the Council's Care and Support Charging Policy.
- If I give information that is incorrect or incomplete you may take action against me, which may include court action.

You can only sign this declaration on behalf of the Service User if you are an Appointee, a Court Appointed Deputy or have Power of Attorney.

Full Name (in block capitals)		Date	
Signature			
Are you (please tick one answer only)	Service User		
	Appointee		
	Deputy		
	Power of Attorney		

If you are an Appointee, a Court Appointed Deputy or have Power of Attorney, then proof of this must be provided with this form. This can be either a copy of the BF57 (Appointee), a letter from the courts (Deputyship) or a copy of the Power of Attorney.

Section 13: What Happens Next

Once we have submitted your electronic your completed form, we will aim to assess your financially assess your client contribution, based on the information you have given us on this form. We aim to calculate your client contribution within 28 days of this form being submitted, or within 28 days from when we receive any required evidence.

We will then send you a letter explaining the following information:

Residential / Nursing Accommodation:

- The cost of the placement
- The amount of your weekly contribution and your personal allowance
- A breakdown of how your contribution, if any, has been calculated.
- Who you will need to pay, either the Council or the Care Home
- Benefit advice based on your circumstances (if applicable)
- If you own a property, whether the Council has placed a legal charge upon it.

From 6 April 2020, all service users residing in a Residential or Nursing Accommodation will need to pay their contribution directly to the Council. The Council will raise an invoice every 4 weeks and send it to you (or the person of your choice). The invoice will need to be paid within 28 days.

Non-Residential Fairer Charging Policy

- The amount of your weekly client contribution
- A breakdown of how your contribution, if any, has been calculated

The Council will raise an invoice every 4 weeks and send it to you (or the person of your choice). The invoice will need to be paid within 28 days.

Please note that if you are a Direct Payment customer you will not receive an invoice as your contribution will be taken off from your Direct Payment.

Section 14: Evidence We Need

We may need evidence from you to accurately calculate your contribution. We usually require evidence of the following:

- Proof of your Private Pension – this can be a recent Pension pay advice slip, your most recent Annual Pension letter or a recent bank statement showing your Pension being paid in
- Proof of your Universal Credit award – This can be the award letter for your most recent Universal Credit award or a print-out (or screenshots) from your Universal Credit online account showing your most recent Universal Credit award. We will need to see the full breakdown of your Universal Credit Award
- 3 most recent months bank statements for all bank, building society and Post Office accounts you hold or jointly hold
- Proof of all other investments and savings you may have
- Proof of your rent or mortgage liability
- Proof of any Building, Property and/or Life Insurance you may have
- Proof of any Debt Management Plan (Consolidated Debt Repayment Plan) you may have
- Proof of any Disability Related Expenditure you may have (as explained on page 8)

This is not an exhaustive list and we may write to you asking you for further evidence

Section 15: Council's Care and Support Charging Policy & Disability Related Expenditure

Please visit <https://www.lbbd.gov.uk/paying-for-care> to read the Council's New Care and Support Charging Policy.

When visiting the above website, please go down the page and you will see a menu on the left-hand side of the screen. You will need to click on the "Care and support charging policy" option, where you can view the Council's Care & Support Charging Policy.

Disability Related Expenditure

Please visit page 11 of the Council's New Care and Support Charging Policy for more information about Disability Related Expenditure.

Section 16: Deferred Payment Agreement (DPA)

A deferred payment agreement means that you should not have to sell your home in your lifetime to pay care home bills. It's an arrangement with the council that will enable you to defer paying for the cost of your care home against the value of your home. This represents a loan against your property. If you're eligible, we can help to pay your care home bills. You can delay repaying us until you choose to sell your home, or until after your death.

For more information, please visit <https://www.lbbd.gov.uk/paying-for-care> .

When visiting the above website, please go down the page and you will see a menu on the left-hand side of the screen. You will need to click on the “Deferred Payment Agreement” option, where you can find more information about this scheme.

Section 17: Contacting the Financial Assessment Team

✉ Financial.Assessments@lbbd.gov.uk

☎ 020 8227 2390

📄 Financial Assessment Team
Roycraft House
15 Linton Road
Barking
Essex
IG11 8HE

Please note that this office is not open for enquiries or document drop-off and that original documents should not be sent by post, unless we have asked you for originals.