Adult Social Care Financial Assessment Form - FC2A

If you need any help with the questions in this form, please contact the Financial Assessment Team.

Telephone: 020 8545 3632 (to book a visit)
020 8545 3076 or 020 8545 4036 (non-residential queries)
020 8545 4047 (residential queries)

Fax: 020 8545 4730

Writing: The Financial Assessments Team
London Borough of Merton
Civic Centre
London Road
Morden SM4 5DX

Email: financial.assessment@merton.gov.uk

CUSTOMER SERVICE EXCELLENCE

UK

The Government Standard

Please tear along the perforation and keep for your records.

Why have I received this form?

You have received this form as you have applied to receive help from Merton Council Adult Social Care. Adult Social Care is making sure local people who need care and support have more choice and are more in control of their lives. We call this self-directed support. The information you give us on this form will help us decide if we can help you with the costs of social care.

Please complete this form and send it back to us within 14 days of receiving it.

You should tear this page from the form to keep for your information, and return the rest of the form along with relevant documents, such as bank statements, and proof of income and outgoings.

What should I do if I need help?

If you need help with the form please contact us. We can either give advice over the phone or we can visit you in your home. While we are doing your assessment we will also check that you are receiving all the welfare benefits you are entitled to. You can contact us on 020 8545 3632.

What if I don't want to complete this form or don't complete it in time?

You do not have to complete the form, but if you don't you will have to pay the full cost for any services you receive from the date they started. A list of charges for non-residential services can be found in the Non-Residential Handbook. If you elect to pay the full cost of your care please complete sections 1 and 2 of this form and then return to us.

What if my circumstances change?

If any of your financial circumstances change, such as the amount of money you have coming in, you should inform us so that we can complete a reassessment. You will also have a reassessment every April in line with the new financial year.

Section 1 About you and your partner

You		Your Partner	
Title: (Mr, Mrs, Miss, Ms)		Title: (Mr, Mrs, Miss, Ms)	
Surname:		Surname:	
First name:		First name:	
Date of birth:		Date of birth:	
Phone number:		Phone number:	
National Insurance number:		National Insurance number:	
Letters / *Numbers* / *Letter*		*Letters* / *Numbers* / *Letter*	

Are You:				Are You:		
	married?		yes ☐		single?	yes ☐
	living as a couple?		yes ☐		divorced?	yes ☐
	Are you hearing impaired?	yes ☐	no ☐		separated?	yes ☐
	Are you registered blind?	yes ☐	no ☐		widowed?	yes ☐

Does someone else deal with your financial affairs? Yes ☐ No ☐

If yes, please give us their details .....

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Do they have legal authority to act on your behalf, such as Power of Attorney, Court of Protection, Appointeeship? Yes ☐ No ☐

If you would like them to sign this form on your behalf or receive all correspondence relating to your financial assessment you should return this form to us with a copy of their Power of Attorney or Appointeeship document.

Section 2 Paying the full cost of your care

If you would like to pay the full cost of your services please sign this declaration. You will not need to fill out any further sections of this form.

If you are signing on behalf of the customer please provide proof of Appointeeship or Power of Attorney.

Signed: Date: / /

If you would like to have a financial assessment to see if we can help towards the cost of your services, **please go straight to Part 3.**

• Section 3 Your community care services

Please tell us what services you are receiving / are expecting to receive.
If you don't know what services you will be getting, please leave this section blank.

Non-residential services, such as home care, day care or direct payments ☐

Residential, nursing or respite ☐

• Section 4 Where you live

Please tell us where you live. If you are in residential care, we need to know about the property you lived in previously.

Please tick all boxes that apply to you.

Are/were you living in:

A council property? yes ☐

If you will be giving up this tenancy please tell us the tenancy end date:

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Private rented? yes ☐

If you will be giving up this tenancy please tell us the tenancy end date:

.....

Property you own? yes ☐

Other? yes ☐

Please give details: .....

.....

How long have you lived at your present address?

Years:

Months:

If less than 2 years please give details of previous address:

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If you are going into residential/nursing care and own a property, are you interested in taking up the deferred payments scheme? yes ☐ no ☐

More info about deferred payments can be found in the 'Residential Care Financial Assessments and Payment Handbook'

Have you owned and sold or transferred any property within the last 7 years?
If yes, please give us the address and details

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If you own a property, please tell us how much it is worth. £

If you are a joint tenant or owner please give the name of the other tenants or owners.

Do you own or partly own any other type of assets in the UK or abroad? (for example, property, land or a caravan)? yes ☐ no ☐

Address:

Please give the approximate value: £

Please give details of all the people who usually live with you in your home and those who may be temporarily absent:

Full name	Date of birth	Relationship to you
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

Are any of the above people sick? yes ☐ no ☐ Name:

Are any of the above people your carer? yes ☐ no ☐ Name:

How many hours per week do they care for you?

• Section 5 Income and Earnings

About money from your work	You	Your partner
Do you or your partner do any paid work?	yes ☐ no ☐	yes ☐ no ☐
Please tell us about you & your partner's income?	Your income	Your Partner's income
Amount received:	£	£
(Please tick to show whether the amount stated is a weekly or a monthly income)	per week ☐ month ☐	per week ☐ month ☐

Please provide us with proof of income that you and your partner (if you have one) receive including any benefits from the Department of Work and Pensions. Photocopies are acceptable.

Please give details of all the money you and your partner have coming in. Please tell us how often you receive it.	Amounts received		
	You	Your partner	Weekly (W) Fortnightly (F) Four-Weekly (4) Monthly (M) Yearly (Y)
Pensions			
Pension Credit (Guaranteed Credit)	£	£	
Pension Credit (Savings Credit)	£	£	
State Retirement Pension	£	£	
War Disablement Pension	£	£	
Work or Private Pension	£	£	
Money for widows			
War Widow's Pension	£	£	
Widow's Pension or Bereavment Allowance	£	£	
Benefits and family money			
Child Benefit	£	£	
Child Tax Credit	£	£	
Income Support	£	£	
Jobseeker's Allowance	£	£	
Maintenance paid to you, your partner or your children	£	£	
Working Tax Credit (give start date)			
Money for sickness and disability			
Attendance Allowance	£	£	
Carer's Allowance	£	£	

Please give details of all the money you and your partner have coming in. Please tell us how often you receive it.	Amounts received		
	You	Your partner	Weekly (W) Fortnightly (F) Four-Weekly (4) Monthly (M) Yearly (Y)
Money for sickness and disability (cont.)			
Disability Living Allowance (care component)	£	£	
Disability Working Allowance	£	£	
Employment Support Allowance	£	£	
Incapacity Benefit	£	£	
Industrial Disablement Benefit	£	£	
Severe Disablement Allowance	£	£	
Statutory Sick Pay (give start date)	£	£	
Other income			
Any other income (please give details)	£	£	
Income from personal injury payment	£	£	

Income from subtenants or boarders (or both)

Do you receive any income from subtenants or boarders? yes ☐ no ☐

Subtenants are people who rent part of your home from you.
Boarders are people who live in your home and receive meals from you.

Amount received: £ per week ☐ month ☐

Do you receive any income from letting a property or land other than your home?

Amount received: £ per week ☐ month ☐

Address of property:

• Section 6 Savings, investments and capital

Please provide all relevant documents as evidence. We will accept photocopies.
Please continue on a separate sheet if necessary and attach it to the form.

Please give details of the following	Account number	Name of the branch	You	Your partner
Bank: Current accounts			£	£
			£	£
Bank: Deposit accounts			£	£
			£	£
Trustee Savings Bank			£	£
Post office			£	£
Giro account			£	£
Building societies			£	£
			£	£
National Savings Certificates Premium Bonds			£	£
Share holdings (Give name of the company and number of shares)			£	£
Income from annuities and life assurance policies or trusts (please give details)			£	£
Any other capital (include uninvested savings) Give details			£	£
Capital from personal injury payment			£	£

Do you have savings, capital or investments in a country outside the UK? yes ☐ no ☐

Do you have any business interests or investments you have not told us about on this form? yes ☐ no ☐

Gifts

Have you made gifts worth more than £500 to relatives, friends etc in the last 7 years? yes ☐ no ☐

If yes, please give details such as who to, when, how much and why

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• Section 7 About money you pay out

Please tell us how often you pay it. Please give us copies of your bank statements, bills and payment books. We will accept photocopies.

	You	Your partner	Weekly (W) Fortnightly (F) Four-Weekly (4) Monthly (M) Yearly (Y)
Rent: **What do you pay towards your rent after Housing Benefit?**	£	£	
Mortgage repayments	£	£	
Endowment insurance connected to a mortgage	£	£	
Council Tax: **What do you pay towards your Council Tax after Council Tax benefit?**	£	£	
Water rates and sewerage rates	£	£	
Service charges not included in rent	£	£	
Support charges not included in rent	£	£	
Buildings and household insurance premiums not included in rent	£	£	
Hire-purchase charges to buy a home (for example, a mobile home)	£	£	
Loans for repairs or improvements to property	£	£	
Payments under a co-ownership scheme	£	£	
Maintenance to a former partner	£	£	
Money to support a child	£	£	
Care that we do not provide	£	£	

If you have a disability-related expense, please fill in section 8.
Otherwise, please go to section 9.

• Section 8 Disability Related Expenses

Do you have expenses that are related to your illness or disability? Yes ☐ No ☐

If you think the total cost of what you pay out due to your disability is more than £10 per week, you will need to tell us what these are and send us proof of these expenses as listed below. If you think these costs are under £10 you do not need to provide any further details.

Disability related expenses	Proof required (if more than £10)	Cost and how often you pay (Weekly/Monthly/Yearly/ one off payment)
Do you think you pay higher than average for the cost of you heating? Yes ☐ No ☐	Last two electricity and gas bills	Cost £ ..... Frequency .....
Do you have a community alarm system, such as Mascot, which you pay for? Yes ☐ No ☐	Bank statement/letter from Mascot	Cost £ ..... Frequency .....
Do you have any medical problems that need a special diet? Yes ☐ No ☐	Purchase receipts covering an 8 week period	Cost £ ..... Frequency .....
Do you pay anyone to maintain your garden due to your illness or disability? Yes ☐ No ☐	Receipts covering a 4 week period	Cost £ ..... Frequency .....
Have you paid for any of the following items: Wheelchair? Powered reclining chair/bed? Stairlift? Hoist? Yes ☐ No ☐	Invoice or purchase receipt	Cost £ ..... Frequency .....
Do you receive any care that we do not provide (e.g. private cleaner or privately arranged carer)? Yes ☐ No ☐	Receipts covering a 4 week period	Cost £ ..... Frequency .....
Do you have specialist holidays due to your disability? Yes ☐ No ☐	Invoice or purchase receipt	Cost £ ..... Frequency .....
Do you pay for prescriptions? Yes ☐ No ☐	Invoice or purchase receipt	Cost £ ..... Frequency .....
Do you have any extra toiletry or cleaning costs due to your disability? Yes ☐ No ☐	Receipts covering a 4 week period	Cost £ ..... Frequency .....
Do you have special clothing or shoes? Yes ☐ No ☐	Receipts covering a 6 month period	Cost £ ..... Frequency .....
Do you receive any extra services that are on your care plan, which you pay for, such as physiotherapy or chiropody? Yes ☐ No ☐	Invoice or receipts covering an 8 week period	Cost £ ..... Frequency .....
Do you have exceptional mobility needs that are not covered by the mobility part of Disability Living Allowance? Yes ☐ No ☐	Purchase receipts or receipts covering a 4 week period if the service is ongoing	Cost £ ..... Frequency .....
Do you feel that you have any other costs that are caused by your illness or disability, or that help you to live independently? Yes ☐ No ☐	Purchase receipts or receipts covering a 4 week period if the service is ongoing	Cost £ ..... Frequency .....

Note: To claim disability related expenses you must be in receipt of a disability benefit such as Attendance Allowance or Disability Living Allowance. If you do not receive a benefit such as these but would like to claim expenses, please contact us and we can help you apply.

• Section 9 Other Benefits

Please contact your local Benefits office for further information. If you have recently claimed any benefits you have not told us about in Section 5 please complete the following:

Benefit claimed		Date claimed	Benefit claimed		Date claimed
Pension Credit	☐		Attendance Allowance	☐	
Income Support	☐		Incapacity Benefit	☐	
Severe Disablement Allowance	☐		Other	☐	
Disability Living Allowance	☐		Name of Benefit Claimed	☐	

For office use only

Name of the council officer who has seen the documents:	Name of the person who checked the documents:

Type of document seen	Details (reference, name, address)	Seen by (initial)	Date	Checked by (initial)	Date
Payslip(s)					
Pension book(s)					
Pension from employer					
Income Support or Pension Credit					
Disability Living Allowance or Attendance Allowance					
Incapacity Benefit					
Savings					
Outgoings (i.e. housing costs)					
Land registry or other property documents					
Power of attorney or appointee / receivership					
Other documents					

• Section 10 Additional Information

• Section 11 Declaration

Please read and sign the declaration.

- I can confirm that the information I have given on this form is true and complete.
- I agree to you making any enquiries that you consider necessary.
- I understand that I must tell you immediately if there is any change to my circumstances.
- **I understand that I must pay the charge you set, and that I may have to pay the full cost if I do not fill in the form completely or if I give incorrect information.**
- I give permission for the Department for Work and Pensions and London Borough of Merton to exchange any information it has about me.
- I agree to send you details of any benefits I receive so you can process my assessment.

Surname:

First names:

Address:

National Insurance number of the client: *Letters* | *Numbers* | *Letter*

Your signature:

Date: / /

If you are not the client and are signing on their behalf, please send in the proof of appointeeship or power of attorney with this form. The application may be delayed if you do not send us this proof.

To help us process your application as quickly as possible, please send us all the information and copies of documents within the next 14 days or we may charge you for the full cost of your care. Please let us know if you cannot do this.

www.merton.gov.uk Ref No: SSCC03/21

How we use your information

We will hold and use your personal information in accordance with the requirements of the Data Protection Act 1998. We have a duty to protect the public funds we administer, and may use the information you provide for the prevention and detection of fraud. We may also share this information with other bodies responsible for auditing or administering public funds for these purposes. For further information, please see the notice on our web site www.merton.gov.uk/how-we-use-your-information.

Crystal Mark
Clarity approved by Plain English Campaign