

# Adult Social Care Financial Assessment Form for non-residential care

## SECTION A: PERSONAL DETAILS

### You

Surname	Mr, Mrs, Ms, Miss	First Name
Address		
Date of birth	Phone Number	
National Insurance Number		
Do you live alone? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Number of adults in your household including yourself		

### Partner or other adult living with you:

Name	Relationship
Date of Birth	National Insurance Number

### Details of the person who deals with your finances, if it is not you.

Name	Phone number
Address	
What is their relationship to you?	
Do they have power of attorney or appointeeship?	
Are you in receipt of care services in your home or attend a day centre? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## SECTION B: IMPORTANT NOTICE

If you are receiving community care, and/or supporting people services and do not give us any financial information you will be automatically charged at the highest rate. If you do not want to give us any financial information you can sign the declaration below: I agree to pay the full charge for community care, and/or supporting people services.

Signature
Date
Name in block capitals

## SECTION C: YOUR INCOME

	How much?	How often? Every week, month,year	By yourself or shared with a partner?
<b>Benefits</b>			
Income Support			
Pension Credit – Guarantee Credit			
Pension Credit – Savings Credit			
Attendance Allowance			
Disability Living Allowance – Care Component			
Disability Living Allowance – Mobility Component			
Carers Allowance			
Incapacity Benefit			
Job Seekers Allowance			
Employment Support Allowance			
Severe Disablement Allowance			
Benefits for Children			
Other			

## Pensions

State Retirement Pension			
War Pension/War Widow's Pension			
Occupation Pension 1			
Occupation Pension 2			
Other			

## Other Income

Income from Rent (sub-letting or lodgers)			
Other			

## SECTION D: INCOME RELATED TO YOUR CARE

Do you receive Independent Living Fund payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How much do you receive per week?		
How much is your contribution per week?		
Do you receive Direct Payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How much do you receive per week?		

## SECTION E: HOUSING

Are you in receipt of Housing Benefit? ☐ Yes ☐ No

If Yes, please state amount and how often?

Have you applied for Housing Benefit? ☐ Yes ☐ No

If yes please state date

## SECTION F: YOUR SAVINGS

	Name	How much?	Held alone or with partner?
Post Office Card Account			
Post Office Investment Account			
Current Bank Account			
Building Society account 1			
Building Society account 2			
Premium Bonds			
Any other savings, investments, stocks, shares			
Property other than your own home			
Other			

## SECTION G: YOUR SPENDING

	How Much?	How often?	Every week, month, year
Rent (the amount you pay after any discounts)			
Mortgage			
Council Tax (the amount you pay after any discounts)			
Service Charge			
Water Rate			
Other-please give details			
Disability Related Costs ( see guidance)			

Please give details:

## SECTION H: DECLARATION

### All service users:

- 1 As far as I know, the information I have given on this form is true and complete.
- 2 I will tell you if my financial circumstances change.
- 3 I give you permission to check this information and, if necessary, to contact the Department for Work and Pensions (DWP) and/or the organisation that pays my private/occupational pension.
- 4 I give you permission to obtain information from my bank/building society.
- 5 I give you permission to contact the Housing Benefit section to determine whether I am entitled to Housing Benefit or that my Housing Benefit has ended.

Your signature

Unable to sign: reason

Partner's signature (if you receive benefits as a couple)

### If someone has helped you fill in this form, give us the following details about them:

Name

Relationship to you

Address

Their signature

Date

Phone number

**When you have filled in this form, please return it to:**



**London Borough of Hackney, Community Care Charges Team,  
Hackney Service Centre, 1 Hillman Street (2nd Floor-South), Hackney, E8 1DY.  
Direct telephone: 020 8356 4738**

### Data Protection

This authority is under a duty to protect the public funds it administers and to this end may use information you have provided on this form for the purposes of the prevention and detection of fraud. Your information may be shared with other bodies administering public funds solely for these purposes.