

Adult social care services

This form must be completed if you have asked us for help to arrange a social care service. We need you to give us certain information so that we can work out if and how much you may have to pay. We can also check to see that you, and your partner if you have one, are receiving all of the benefits you may be entitled to and can you help to make a claim.

We can help you to complete this form. We can visit you or talk it through over the phone. If you would like some help, if you need the form in Braille, in any other language or if you have any questions, please call us on **03456 009009**.

How to complete this form

Make sure you have read the '**Paying for Care**' leaflets given to you by your Care Practitioner. This will help you to understand why we need to ask the questions that we do. If you have not received these, call us on the above number and we will send them to you.

- You can complete the form yourself or you can ask somebody else to do it. If somebody else completes it, you can sign the declaration if you are able or they can sign it if they have authority to act for you. If somebody else signs it, they must tell us about themselves in **Part 2**
- Read each question carefully, answer all the questions you are asked to and check all answers before signing the declaration
- Use the space on page 14 if you think there is anything else we need to know
- For Yes or No answers, please place a tick (✓) in the Yes or No box

Please note: Misrepresentation or failure to disclose a material fact may result in action being taken to recover any overpaid money by this authority from the person completing this form.

Everyone must complete 'Part 1 Personal details – about you'. Please turn the page and tell us about yourself.



Part 1 Personal details – about you

Your surname:

Your first name(s):

Your title (for example Mr, Miss, Mrs, Ms):

Your date of birth:

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Your National Insurance No:

(You can find your National Insurance number on any letters from the Department for Work and Pensions or Job Centre Plus. You can find it on your bank statement next to the benefits that are paid into your account. You can also find it on pension or payslips.)

Your home address:

Postcode:

Your telephone no:

Email address:

 @

If you have an email address, would you prefer us to contact you by email instead of by post?

Yes

☐

No

☐

Please note: Email is not a secure way of sending personal data

Do you have a partner? By 'partner' we mean the person you are married to, your civil partner, or the person you live with as though you are married

Yes

☐

No

☐

If you will be receiving care services in the community, we can assess you either as a single person or as a couple. You do not have to give details of your partner's finances, but by doing so it will help us to assess in the most beneficial way to you. It will also help us to check your benefit entitlement.

Part 2 About your representative

Some people need help to manage their financial affairs. If someone has completed this form for you, we need to know about him or her.

1. Has somebody helped you to complete this form? Yes ☐ No ☐

If 'No', turn the page and go to **Part 3**

2. Do you want us to write to this person about this assessment?

Yes ☐ No ☐

If 'Yes', they must tell us about themselves below

3. Has this person signed the form for you? Yes ☐ No ☐

If 'Yes', they must tell us about themselves below

Representative's full name:

Representative's address:

Representative's telephone number:

Your relationship - for example, are you the son, daughter, mother, father or close friend of the person named in **Part 1**:

Please tick a box below to tell us in what capacity you act:

I have Power or Attorney (POA)*
(signed by our client)

☐

I am the Receiver or deputy*
(appointed by the Court of Protection)

☐

Enduring Power of Attorney (EPA)*
or Lasting Power of Attorney (LPA)*
(Registered with the Office of the Public Guardian)

☐

I am the Appointee
(appointed by Department for
Work and Pensions)

☐

Representing on an informal basis

☐

*** You must send us a copy of the original document**

Part 3 Agreement to pay the full cost of care services

Next step: If you do not want to tell us about your income or capital, you will be assessed to pay the full cost. If you sign the declaration below to say you will pay the full cost, you do not need to complete the rest of this form.

However, if you are in permanent residential or nursing care and would like us to check whether your partner is receiving all benefits they may be entitled to, sign the declaration below and then complete **Parts 5 and 6** for **your partner only**.

Tick (✓) this box if you want us to check for benefit entitlement

☐

If you want us to work out if Surrey County Council can help with the cost of care services, go to **Part 4** on page 5 and complete the rest of this form

Only complete this part if:

- you have savings/capital over £24,500 (excluding the value of your former home), or
- you do not want to tell us about your income or savings, or
- you agree to pay the full cost of the care you receive

I agree to pay the full cost of any care services I receive. I understand that the full cost may be varied from time to time and that, if the care is provided by Surrey County Council, they will advise me in writing of any change to the cost. I understand that if my circumstances change, I can contact the council at any time to request a full financial assessment.

Your full name:

Your signature:

Today's date:

If you sign this declaration you do not need to complete the rest of the form.

Part 4 Property

4. Since you have needed support, have you sold, gifted, transferred ownership, or made a deed of trust on any property? Yes ☐ No ☐

5. Do you currently own or jointly own any property? Yes ☐ No ☐

Note: 'Property' means any building, accommodation or lands. For most people this is their home or former home but can also include, for example, houses lived in by someone else, holiday homes or commercial property.

If 'No', go to **Part 5** on page 6. If 'Yes', go to question 6 below.

6. Do you own more than one property? Yes ☐ No ☐

If 'Yes', go to **Part 11** on page 14. You will have to pay the full cost of your care services. If 'No', go to question 7 below

7. Is your home occupied by any of the following people? (If the answer is 'Yes', place a tick (✓) in the box next to the question)

☐ Your partner or spouse

☐ A relative aged over 60 years

☐ A relative aged under 60 who is incapacitated (for example; they are in receipt of a disability benefit or would be if they were to claim)

☐ A divorced or estranged partner, if they are a lone parent

☐ A child under 16 who is maintained by you

If 'Yes', go to **Part 5** on page 6. If not, turn the page and go to question 8.

Please note: We would only need the answers to questions 8 to 14 if it were ever agreed you needed to live in a care home permanently. We do not need the answers whilst you continue to live in the community, but if your circumstances were to change it would help us to have this information from the start. You do not have to answer these questions now, but by doing so it may avoid the need for a further financial assessment at a later date. If you do not want to answer these now, go to question 16 on page 7

Part 4 Property (continued)

8. What is the approximate value of your property?

£

9. Is it jointly owned?

Yes ☐

No ☐

If 'No', go to **Part 5** below. If 'Yes', go to question 10.

10. How many people, including you, own the property?

11. What percentage of the property do you own?

%

12. How is the property owned?

Tenants-in-common ☐

Joint beneficial ownership ☐

13. What is your relationship to the other joint owner/s?

For example: are they friends, family members or your partner?

14. Was the property purchased under the council's Right-to-Buy scheme?

Yes ☐

No ☐

If 'No', go to **Part 5**. If 'Yes', please give full detail about this in **Part 10** on page 14. We need to know when you purchased the property, how much you paid for it, the percentage discount received, whether your family bought it for you, full details of the arrangements that were made then and any agreement you have in place now.

Part 5 Savings and investments

15. If you do not own a property now, have you ever owned one in the past?

Yes ☐

No ☐

If 'No', go to question 16, over the page. If 'Yes', please give full details of any property you previously owned in **Part 10** on page 14. We need to know whether it was sold or gifted, to whom, for how much and your reasons for doing so. Then continue to question 16 over the page.

Note: The council routinely check the land registry to see whether you have been a previous owner. It is an offence to knowingly withhold or give false information when completing this financial declaration.

Part 5 Savings and investments (continued)

16. How much money do you have? Please enclose a recent statement of all accounts. Clear photocopies will be accepted. You must tell us about **all** types of savings and capital that you have. If you have a joint account with someone else, please tell us the **total** balance of that account. You should tell us if any investments have life assurance or insurance attached, as some types of policies are disregarded. Use a separate sheet of paper if necessary.

a) List all current accounts, building societies and post office accounts

Name of bank or building society	Account number	Yours	Your partner's	Joint
		£	£	£
		£	£	£
		£	£	£
		£	£	£

b) List all, investment, savings bonds, stocks, shares, ISA's and TESSA's

Company and type of holding	Number of shares	Yours	Your partner's	Joint
		£	£	£
		£	£	£
		£	£	£

c) List all national savings certificates, premium bonds and any other capital

Reference number	Issue No.	Units	Purchase date	Yours	Your partner's
				£	£
				£	£
				£	£
				£	£

Part 5 Savings and investments (continued)

17. Are you entitled to receive any income or capital from a trust fund, annuity or home income plan?

Yes ☐ No ☐

If 'Yes', how much do you receive?

£

How often do you receive this money?

You must send us a copy of the plan or trust document

Part 6 Income

18. What benefits do you receive each week? If you do not know the weekly amount, please tell us how much you receive and how often

Benefits and state pensions		Yours	Your partner's
Attendance Allowance			
Disability Living Allowance (Care component)			
Disability Living Allowance (Mobility component)			
Employment Support Allowance			
State Retirement Pension			
Incapacity Benefit			
Income Support			
Pension Credit has 2 parts: Please tell us the breakdown, as we will disregard some, if not all Savings Credit. Send us a copy of your letter from the DWP if you are not sure	Guarantee Credit		
	Savings Credit		
Severe Disablement Allowance			
Industrial Injuries Disablement Benefit			
War Disablement Pension			
War Widows/Widowers Pension			
Does this include a Supplementary Pension? Yes / No			
Bereavement Allowance			
Carer's Allowance			
Job Seekers Allowance			
Child Tax Credit			
Working Tax Credit			
Educational Maintenance Allowance			
Other benefits (please state)			

Part 6 Income (continued)

19. List all private, occupational and annuity pensions, including any from a deceased partner or spouse

Paid by	£	Frequency	Date of increase

If you ever stayed in a care home, would you like to pass half of this pension to your partner or spouse?

Yes ☐ No ☐

20. List all wages and salaries.

Paid by	£	Frequency	Date of increase

21. Does anybody receive Carer's Allowance for looking after you?

Yes ☐ No ☐

If you want us to check your entitlement to benefits, we need to know who receives this money. Please tell us if this person is your partner, relative, neighbour or a friend?

22. Do you receive payments from the Independent Living Fund (ILF)?

Yes ☐ No ☐

Part 7 Recently claimed benefits or other income

Most people that receive a service from us will be entitled to receive either Attendance Allowance or Disability Living Allowance (Care component). These benefits are not based on savings or income.

23. Have you made a claim for one of these benefits?

Yes ☐ No ☐

If 'Yes', tell us the approximate date of claim:

Have you made a claim for any other benefits or income that you are waiting to hear about?

Yes ☐ No ☐ If 'Yes', what is this?

You must tell us as soon as your claim has been decided. If the claim has not been successful, we may be able to help you to make an appeal

Part 8 Housing costs

To help us work out your share of housing costs, we need to know about any other people that live with you. We also need to know about these people if you want us to check your entitlement to benefits. You do not have to tell us the person's name if you do not want to. You can write Person 1, Person 2

Person that lives with you	Age	Relationship to you

If you receive care services in the community or have respite care, a general allowance is made for the cost of every day housing costs such as insurances, electricity, gas and telephone. You do not need to tell us about these on this form. You only need to tell us about the costs we ask for. Please tell us the total cost for each and we will work out your share.

You must send us proof of any housing costs

Housing cost	£	Frequency
Mortgage		
Rent (net of Housing Benefit)		
Council Tax (net of Council Tax benefit)		
Water charges		
Buildings insurance (excluding contents)		
Service charges		

If you pay service charges, does the amount you pay include the use of personal heating, lighting or water?

Yes ☐ No ☐

If 'Yes', how much is this?

£	wkly/monthly/4wkly
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Do you receive Housing and Council Tax Benefit?

Yes ☐ No ☐

Part 9 Disability related costs

You do not need to complete this section if you are staying in a care home or if you receive payments from the Independent Living Fund

When we work out how much you will pay for community care services, we automatically allow £20.00 per week for extra costs you may have due to disability. We do this so that if you do not want to tell us about these costs, you do not have to. If you do not want to tell us, tick the 'No' box below.

Some people have higher costs than this. If you want to, you can complete the pages overleaf and tell us about any extra disability related costs you have. The list is to help you identify these, but you may have extra costs that do not appear on it. If you want to, try to tell us about all of the costs you feel should be taken into account.

24. Do you want to tell us about your disability related costs?

☐

No - I understand £20 each week will be allowed.
Now complete the declaration on page 14

☐

Yes - my disability related costs are more than £20. I agree to provide evidence of these costs where possible.

We will take into account the extra costs you have due to disability. Different people have different needs and we will assess you as an individual. This is why we ask you to explain each extra cost you have.

If you need help, please call us on **03456 009 009**. We can arrange to visit you or and discuss these costs over the telephone

Disability related cost	Weekly amount
Domestic help: for example cleaning, laundry, shopping, as you cannot do these things yourself. Please specify:	£
Privately arranged care services: including respite care, personal assistants, carers and escorts. Please specify:	£
Medical items: for example prescription charges, supplements, extra toilet paper, cotton wool, talcum powder, dressings, soap or creams. Tell us what you buy and why you cannot get the items you need on prescription:	£

Part 9 Disability related costs (continued)

<p>Extra fuel costs: for example you need extra heating due to poor mobility or use extra electricity to charge-up equipment. We can allow extra costs, above average figures, for different types of households. You should keep your past year's fuel bills to show how much you are spending.</p> <p>Tell us the total cost of all fuel you use each year (gas, electricity, coal etc). We will work out how much extra fuel you use due to your disability</p> <p>Tell us the yearly amount here: £</p> <p>To help us work out the extra fuel you use, tell us what type of property you live in, for example a flat, semi-detached, detached or terraced house:</p> <p>Number of bedrooms:</p>	
<p>Gardening: If nobody else in your household can do the gardening, tell us what you pay for and how often:</p>	£
<p>Special dietary needs: This may include having to have more of a particular item, rather than anything special. Tell us about your needs:</p>	£
<p>Special or frequently replaced clothing and footwear: for example, incontinence, tearing, heavy or unusual wear. Tell us about these costs:</p>	£
<p>Extra bedding: due to incontinence, tearing, or heavy usage. Tell us how often you buy items and how much they cost:</p>	£
<p>Extra laundry and special washing powder: for example, due to incontinence or skin disorders. Tell us how many extra washes you do each week:</p>	£
<p>Chiropody: Only if not available from the NHS and you are unable to do this for yourself</p>	£

Part 9 Disability related costs (continued)

<p>Treatments: for example physiotherapy, osteopathy or acupuncture, if not available from the NHS. Tell us what this is for and why you cannot get this from the NHS:</p>	<p>£</p>
<p>Extra transport costs: for example taxis to go shopping, get to the doctor or hospital, or keep in social contact with friends and family. Tell us where you go and how often:</p>	<p>£</p>
<p>Mobile telephone costs: only if needed in case of emergency. Tell us why a mobile is essential to you:</p>	<p>£</p>
<p>Disability related equipment: for example stair lifts, electric scooters, buggies or wheelchairs, communication aids, computers and software which help you cope at home. Purchase costs, repairs and service agreements can be included, if not being met from other sources:</p>	<p>£</p>
<p>Community alarm systems if not met by housing benefit or Supporting People grant:</p>	<p>£</p>
<p>Frequent breakages: for example dropping crockery as a result of spasms or shaking. Please explain:</p>	<p>£</p>
<p>Other disability related costs. Please explain:</p>	<p>£</p>

Part 10 Other information

Please use this box to tell us anything else you think we should know that may affect what we ask you to pay.

Part 11 Your declaration

Please check your answers. Remember, we will use this information to work out the amount you will pay. You should read the declaration, or ask somebody to read it to you, before signing it.

I declare that to the best of my knowledge the information I have given on this form is a true and complete statement. I will notify Surrey County Council of any change in my financial circumstances as and when they occur. I understand I may be asked to verify the information I have given at any time. I understand that if I give false information or fail to notify the council of any changes, they will amend the charge and I will have to repay any overpayment made by them on my behalf. I authorise Surrey County Council to verify any information I have given on this form with any other financial body until withdrawn by me in writing. I authorise Surrey County Council to verify the benefits paid to me with the Department for Work and Pensions and any other relevant benefit authority.

Your full name:

Your signature:

Today's date:

Part 12 What happens next

You must return this form to us immediately with all supporting documents. Use the pre-paid envelope provided. If for any reason you do not have one, call us on **03456 009 009** and we will tell you where to send it.

Remember to send us a copy of all documentation asked for. Use this checklist to make sure you send us everything:

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| All savings and capital | <input type="checkbox"/> | Trust funds or annuities | <input type="checkbox"/> |
| Proof of rent or mortgage | <input type="checkbox"/> | Council tax bill | <input type="checkbox"/> |
| Private pensions and wages | <input type="checkbox"/> | Buildings insurance | <input type="checkbox"/> |
| Water bill | <input type="checkbox"/> | POA/EPOA/Receiver/Deputy | <input type="checkbox"/> |
| Proof of income (for example: benefit award letters and advice slips) | | | <input type="checkbox"/> |

When we receive this form we will work out how much you will have to pay. We will write and explain how we have worked it out. We will also tell you what to do if you feel you cannot afford to pay the charge.

If you have asked us to write to your representative, do you want us to write to you as well?

Yes ☐ No ☐

If you are required to pay, you or your representative will be billed and you will need to make arrangements to pay us. The Council's preferred method of payment is by Direct Debit. It is the easiest way to pay. A Direct Debit is an instruction from you to your bank or building society, authorising us to collect the assessed charge from your account. A guarantee is given which means you'll get immediate money back from your bank in the event of an error, advance notice if the date, frequency or amount changes and the right to cancel at any time. Please complete the Direct Debit form on page 16 if this is your preferred method of payment.

Thank you for completing this form. We will write to the person you have asked us to shortly. In the meantime, if you have any queries about the care you are receiving you should contact your care manager. If you have any queries about how we assess charges, please call us on **03456 009 009**. Information on how we charge for services can also be found on our website: www.surreycc.gov.uk

Data Protection Act 1998: Surrey County Council is the Data Controller for the purposes of the Data Protection Act 1998. This means that we are responsible for making decisions about how we process and use personal data. The purpose(s) for which we will process your data is to calculate your contribution towards social care services. We will treat the information you provide confidentially at all times. Security safeguards apply to both manual and computerised held data and only relevant staff or named disclosures can access your information.



Direct Debit Mandate

Regarding (client name):			
Your Bank/Building Society Name:			
Your Bank/Building Society Address:			
	Postcode:		
Name/Title of Account:			
Bank/Building Soc. Sort Code:	<input type="text"/>	-	<input type="text"/>
Bank/Building Soc. Account Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature/s:			
Date			
Email Address:			
To be completed by Surrey County Council staff:	Instruction to your Bank or Building Society. Please pay Surrey County Council , Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Surrey County Council and, if so, details will be passed electronically to my Bank/Building Society.		
Reference : (S)			
Surrey County Council Accounts Receivable Team Shared Service Centre Conquest House, Wood Street Kingston-upon-Thames KT1 1AB			
	Originator's Identification Number		
	9 4 0 3 6 0		

The Direct Debit Guarantee

- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change Surrey County Council will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Surrey County Council or your Bank/Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time, by writing to your Bank or Building Society. Please also send a copy of your letter to us.

