

# Adult Social Care Financial Assessment Form

**OFFICE USE**
**REF:**

**Type of assessment**

 Non Residential  Residential/Nursing Permanent  Residential – Temporary stay 
**SECTION A: PERSONAL DETAILS**
**You**

Surname	First Name	Mr, Mrs, Ms, Miss
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Address

Date of birth	Phone Number
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National Insurance Number

 Do you live alone?  Yes  No

Number of adults in your household including yourself

**Partner or other adult living with you:**

Name	Relationship
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Date of Birth	National Insurance Number
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**Details of the person who deals with your finances, if it is not you.**

Surname	First Name	Mr, Mrs, Ms, Miss
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Address

Phone Number
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What is their relationship to you?

Do they have Power of Attorney or Appointeeship/Deputyship?

Power of Attorney – date of registration

Appointee start date	Deputy Date of Court Order
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**SECTION B: IMPORTANT NOTICE**

If you are receiving community care 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:

**Declaration:** I accept to pay the full charge for Community Care Services 

Signature

Date

Name in block capitals

<b>SECTION C: YOUR INCOME</b>			
	<b>You? £</b>	<b>Your partner? £</b>	<b>How often? Every week, Month, Year</b>
State Retirement Pension			
Pension Guarantee Credit			
Pension Savings Credit			
Occupational Pension 1			
Occupational Pension 2			
Attendance Allowance			
Disability Living Allowance / PIP (Care component)			
Disability Living Allowance / PIP (Mobility component)			
Income Support			
<b>Premiums</b>			
Premiums are paid as part of Income Support or Pension Credits. We need to know whether you are receiving any of them or have an entitlement to them to calculate your pension credit entitlement.			
Disability Premium	Enhanced Disability Premium (Under PGC age only)		
Severe Disability Premium	Carer's Premium		

	You? £	Your partner? £	How often? Every week, Month, Year
Universal Credit			
Employment Support Allowance			
Jobseekers Allowance			
Incapacity Benefit			
Carer's Allowance (Standard Rate)			
Carer's Allowance (Variable Rate)			
Severe Disablement Allowance			
Child Tax Credit			
Industrial Injuries Disablement Benefit			
War Widow's Special Payments (pre 1973)			
War Widow's Supplementary Pension			
Any other War Pension (Includes War Disablement, War Widow's or Civillian War Injury Pensions)			
Wage			
Working Tax Credit			
Other Income – weekly (please explain)			
Other Income from rent			

## SECTION D: 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 E: YOUR SAVINGS

### All Savings and Investments

Please include details of all Post Office Accounts, Bank and Building Society Accounts, Premium Bonds, Investments, Stocks and Shares and Trust Funds.

	Type of Account	Account No.	Balance £	Date of balance
Personal Accounts (1)				
Personal Accounts (2)				
Personal Accounts (3)				
Jointly held Accounts (1)				
Jointly held Accounts (2)				
Personal Investments (1)				
Personal Investments (2)				

Have you disposed of any savings and investments in the last five years  Yes  No

If yes please give details

## SECTION F: HOME AND OTHER EXPENDITURE

	You? £	Your partner? £	How often? Every week, Month, Year
Rent Paid			
Mortgage Payments			
Council Tax			
Service Charge			
Water Rates			
Building Insurance			
Other Expenditure			
Disability Related Costs <input type="checkbox"/> Yes <input type="checkbox"/> No			

If yes please give details

## SECTION G: PROPERTY ASSETS (RESIDENTIAL PLACEMENTS)

Do you own the home you live / lived in?  Yes  No  Unable to confirm

Do you part own the home you live / lived in?  Yes  No  Unable to confirm

Details of your home, if you no longer own the home what date did the home cease to be in your name

Current Net valuation £

Percentage owned by you %

Percentage owned by your partner %

Do you wish to defer charges due from the property value?

Address of the property

If you and your partner do / did not own 100%, please give details of other owners

Notes (give details re: freehold / leasehold, mortgage, details of lender, occupied / vacant, value etc)

Does anyone, other than your partner, live in the home? (This includes children under 18)  Yes  No

If yes, please give details	Name	Date of birth	Relationship to you
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Name of property key holder

Tel. No. of property key holder

Address of property key holder

Where are the deeds to the property / land held?

Is the property currently on the market?  Yes  No If yes, what date was it placed on the market

If the property has a tenant, do you intend to continue renting it out  Yes  No  Unable to confirm

**Do you currently own, or have previously owned, an interest in any other properties / land in this country or abroad?**

Yes  No  Unable to confirm

Details of other properties. If no longer owned, when did it cease to be in your name

Current Net valuation (all other properties) £

Percentage owned by you %

Addresses of all other properties

If you or your partner do / did not own 100%, please give details of other owners

Notes (give details re: freehold / leasehold, mortgage, details of lender, occupied / vacant, value etc)

Does anyone, other than your partner, live in this property? (this includes children under 18)  Yes  No

If yes, please give details. Name of other property's key holder

Tel. No. of other property's key holder

Addresses of property's key holder

Where are the deeds to the other properties / land held?

Are the other properties on the market? If yes, what date were they placed on the market

If the other properties have a tenant, do you intend to continue renting out?  Yes  No  Unable to confirm

Do you own an interest in any property / land that you no longer have?  Yes  No

## SECTION H: OTHER INFORMATION

Please use this section for any other relevant information

## SECTION I: 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

Date

Unable to sign: reason

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

Date

### 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.